

## **State of Alaska**

# COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) CFDA 14.228 FFY 2021 Application

### DUE NO LATER THAN FRIDAY, DECEMBER 3, 2021 @ 4:30 PM

### APPLICANT (BOROUGH OR CITY) INFORMATION

| Name:                         |                                  |                      | DUNS#:  |
|-------------------------------|----------------------------------|----------------------|---|
| Address:                      |                                  |                      |   |
| City:                         |                                  | State:               | Zipcode:  |
|                               |                                  |                      |   |
| Phone:                        |                                  | Fax:                 |   |
| Email:                        |                                  |                      |   |
| ☐ Co-Applicant or Joint       | Applicant ( <i>if applicable</i> | )                    |   |
| Name:                         |                                  |                      | DUNS#:  |
| Address:                      |                                  |                      |   |
| City:                         |                                  | State:               | Zipcode:  |
|                               |                                  |                      |   |
|                               |                                  |                      |   |
|                               | PROJECT INF                      | ORMATION             |   |
| Project Title:                |                                  |                      |   |
| Eligibility Category:         |                                  |                      |   |
| ☐ Community Develop           | oment [Project eligible unde     | er Section 105(a)(2) | (4)(5)(14)(15)]   |
| ☐ Planning [Project eligib    | le under Section 105(a)(12)]     |                      |   |
| ☐ Special Economic De         | evelopment (Project eligib       | le under Section 10  | 05(a)(14)(17)]  |
| Proposed Budget:              |                                  |                      |   |
| \$                            | CDBG Request                     |                      |   |
| \$                            |                                  |                      |   |
|                               | <br>In-Kind Contributior         | าร                   |   |
|                               | <b>Total Project Cost</b> (t     |                      | hree lines)   |
|                               | CERTIFICA                        | ATION                |   |
|                               |                                  |                      | to the best of my knowledge and belief,   |
| • •                           | •                                | •                    | uthorized by the governing body of the  |
|                               |                                  | •                    | <ul> <li>functions and provide the services</li> <li>h all applicable State and Federal laws</li> </ul> |
| and regulations in implementi |                                  |                      |   |
| Authorized Signature:         |                                  |                      | Date:   |
|                               |                                  |                      |   |
|                               |                                  | <del></del>          |   |

Date Received by DCCED:

#### CRITERION #1 / Maximum Points Available 15

## **Project Description & Selection / Citizen Participation Plan**

#### A. Project Description

What are you going to do? Describe the project as completely and in as much detail as possible by first identifying existing conditions, the nature of the proposed project, and what needs the project will address in your community (see page 28 of the Handbook). Though not required, have you attached photographs illustrating the existing conditions? If your project is eligible under Section 105(a)(14) or (17) of the Special Economic Development category, identify the private for-profit entity or entities which will receive assistance. Show how jobs will be created. If your project is eligible under the Planning category, identify the specific plan you will produce as a result of this project.

#### B. Selection Process/Citizen Participation Plan

How and why did the community decide on this project? Describe the public participation process used and how and when residents, especially low and moderate-income residents, had the opportunity to comment. Does the project demonstrate community consensus? Identify the other projects considered for CDBG funding and explain why this project was selected as the priority.

Attach copies of minutes of at least one public hearing, which was held within the six-month period prior to acceptance of this application (*no earlier than June 3, 2021*). Your <u>minutes must</u> show the following:

- ✓ CDBG program and funding categories were explained
- ✓ Public had opportunity to comment
- ✓ Other projects were considered for CDBG funding.
- ✓ Selected project has community consensus

(See page 28 of Handbook) *This is a federal requirement. This application cannot be considered for funding without minutes showing that the public had an opportunity to comment and suggest a variety of possible projects.* 

## **Guidelines for Mandatory Public Hearing for FFY 21 CDBG Application**

|    | Give adequate notice to residents about the Public Hearing. Post notices in several different places around your community to reach as many individuals as possible. Clearly state the time, place, and reason for the Hearing. (See "C" below)   |
|----|---|
|    | The Public Hearing may be called as a special meeting or may be part of the regular City Council meetings. It must be held by the eligible applicant (City or Borough).   |
|    | After calling the Hearing to order, explain what the CDBG Program is and explain that CDBG grant funds can be used for different activities. They can be used for Community Development projects, Planning projects, or Special Economic Development projects. Ask if there are any questions on the types of projects that CDBG funds can be used for. (See "E" below) |
|    | Give an example of a proposed project that is currently needed in the community. Tell what it is and why it should be chosen for the FFY 21 CDBG proposed project. (See "E" below)  |
|    | Call for alternative proposals. Discuss all proposals fully to clearly identify what projects are needed and why they are important to the community. (See "F")   |
|    | If there are no alternative proposals, clearly state this fact in the minutes of the meeting.   |
|    | Approve project and submission of the CDBG application.   |
|    | After the meeting, the minutes of this Hearing must be written up and attached to the application. You should now be able to answer the remaining questions in this section of the application. (See "D" below)   |
| C. | Date of Public Hearing/Community Meeting:  Must be within six months of application submission. Include copy of the public notice for this meeting.   |
| D. | Are minutes of meeting attached as required? ☐ Yes ☐ No   |
| E. | Do the minutes demonstrate that the CDBG program was explained and the types of projects that can be funded discussed? ☐ Yes ☐ No   |
| F. | Do the minutes demonstrate that residents had the opportunity to suggest a variety of possible projects for which to apply?    Yes   No   |
|    | TE: You must be able to answer "YES" to questions D, E, and F above and attach a copy of meeting minutes. ot, your application will not hmove forward.  |

## CRITERION #2 / Maximum Points Available 25

## Project Plan / Readiness

| Ke          | entify major project activities and dates for completion rep in mind that awards are usually announced in the springs will not be available until the grant negotiation and e | ing followir | ng subn | nission of the application, a |
|-------------|---|--------------|---------|-------------------------------|
| Pr          | oposed Project Start Date:  |              |         |                               |
| Pr          | oject Completion Date:  |              |         |                               |
| Ad          | ctivity   |              |         | Date to be Completed          |
|             |   |              |         |                               |
|             |   |              |         |                               |
|             |   |              |         |                               |
|             |   |              |         |                               |
|             |   |              |         |                               |
| . <u>In</u> | dicate whether you have the following:  |              |         |                               |
| 1.          | Completed Feasibility Study   | ☐ Yes        | □ No    | □ N/A                         |
| 2.          | Final Engineering Documents (Design)  | ☐ Yes        | □ No    | □ N/A                         |
| 3.          | State Fire Marshal Approval of Plans  | ☐ Yes        | □ No    | □ N/A                         |
| 4.          | U.S. Army Corps of Engineers Permit   | ☐ Yes        | □ No    | □ N/A                         |
| 5.          | Other Required Permits (See Appendix G)   | ☐ Yes        | □ No    | □ N/A                         |
| 6.          | Cooperative/Joint Agreements (See Appendix E & F)   | ☐ Yes        | □ No    | □ N/A                         |

## Name of Agency **Contact Person** Reason for Involvement 2. \_\_\_\_\_ Name of Agency **Contact Person** Reason for Involvement 3. Name of Agency **Contact Person** Reason for Involvement 4. Name of Agency **Contact Person** Reason for Involvement 5. Name of Agency **Contact Person** Reason for Involvement

C. Identify other State/Federal/Public agencies involved with this project:

| D. | Describe the community's plan for implementing the proposed project. Include timelines, goals, objectives and expected outcomes (see page 29 of the Handbook). |
|----|--|
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |

| Ε. | Describe what efforts the community has undertaken to ensure the success of the project. What project agreements are in place; what resources are dedicated to the project? Did you receive CDBG funding for this project within the past two years for project design, engineering, feasibility, and/or planning? Have you completed and attached an Operations and Maintenance Budget for Community Development activities? If your project is a Special Economic Development project, has the community completed a feasibility study and/or marketing study? |
|----|--|
|    |  |

| •• | for        |   | ease, or e                                  | easemen                            | ect involves the use<br>t showing that the co  |  | •   |  |
|----|------------|---|---|------------------------------------|--|--|---|--|
|    | a.         | Provide the le                                      | egal desc                                   | ription o                          | f the property:  |  |   |  |
|    | b.         | Attach a map  | which ide                                   | entifies t                         | he property. Map at  | tached?  | Yes 🗖 No  |  |
|    | c.         | Indicate which                                      | n docume                                    | ent you h                          | ave that proves own  | ership or your lega  | l right to use the I                                      | property.                                    |
|    |            | ☐ Deed:   | Copy At                                     | tached?                            | □ N/A  |  |   |  |
|    |            | ☐ Lease:  | ☐ Yes                                       | □ No                               | □ N/A  |  |   |  |
|    |            | ☐ Easement:   |   | □ No                               | □ N/A  |  |   |  |
|    | d.         | right to use the                                    | ne prope<br>other ent                       | rty? For e<br>ity? fir             | bove documents, whexample, do you neenalize ANCSA 14(c)(3)   | d to purchase the reconveyance? P                                | land? negotiate   | e and execute a                              |
|    | e.         | Have you contand asked for                          | =   |                                    | D Regional Office ite control?   | Yes  | □ No  |  |
|    | f.         | Has this prope                                      | erty been                                   | occupie                            | d over the last 12 mo  | nths?  Yes   | □ No  |  |
|    | g.         | Will there be a for this project                    | =   | lisplaced                          | from the property  | Yes  | ☐ No  |  |
| â. | cle<br>env | arances for tl<br>vironmental re<br>tification of a | neir prop<br>quireme<br>ward. A<br>view req | posed ac<br>nts of ea<br>fter this | cessful applicant for Cotivity. The Depart ch project and notify application is subset in the control of the co | ment will make<br>veach grantee abo<br>mitted, <b>all projec</b> | a determination<br>out appropriate p<br>out activity must | regarding the rocedures after stop until the |
|    | ш          |   |   |                                    |  |  |   |  |

#### CRITERION #3 / Maximum Points Available 25

## **Project Impact**

| Α. | list of possible ways in which a project might benefit a community. Check the boxes beside those which are appropriate for the specific project you are proposing. |
|----|--|
|    | Contributes to solving public facility problems by constructing, upgrading, or reducing operational costs of essential community services                          |
|    | Eliminates imminent threats to public health/safety  |
|    | Develops infrastructure for community/economic development   |
|    | Promotes self-sufficiency and diversification  |
|    | Attracts other funds and resources to the community  |
|    | Promotes long-term positive solutions to continuing or reoccurring problems  |
|    | Promotes small business development in the community   |
|    | Utilizes an "underutilized work force"   |
|    | Utilizes "underutilized capital resources"   |

**B.** Describe how your project will result in the benefits identified above as well as any additional benefits the project will have on the community not listed above. Focus on the direct benefits to low- and moderate-income residents. Describe how the needs of local low- and moderate-income residents will be met with this project (see page 30 of the Handbook). Be specific. Attach additional pages if necessary.

**B.** (continued)

C. Pages 11 and 12 of this application apply to <u>Special Economic Development Projects Only</u>. If your project is eligible under Section 105(a)(14) or (17), or is part of a community economic development project under Section 105(a)(15), you must meet the <u>Guidelines and Objectives for Evaluating Project Costs & Financial Requirements</u> and the <u>Public Benefit Standards</u> identified on page 9 of the Handbook. Attach supporting documentation.

Identify the number of jobs to be created or retained by the applicant as a direct result of this project (see page 21 – 22 of the Handbook for definitions). **Note:** This <u>does not</u> include short-term jobs created for implementation of this project. Only permanent jobs may be counted.

|         |                               | Full-time        | P               | art-time     | TOTAL                 |                 |               |
|---------|-------------------------------|------------------|-----------------|--------------|-----------------------|-----------------|---------------|
| a.      | Jobs to be CREATED:           |                  |                 |              | <del></del>           |                 |               |
| b.      | Jobs to be RETAINED:          |                  |                 |              |                       |                 |               |
| c.      | Identify each of the above ic | lentified jobs l | by <b>title</b> | and attach p | position descriptions | if available.   |               |
|         | <u>Created</u>                | Desc<br>Attac    | ription<br>ched |              | <u>Retained</u>       | Descr<br>Attacl | iption<br>hed |
|         |                               | Yes              | No              |              |                       | Yes             | No            |
| Γitle:_ |                               |                  |                 | Title:       |                       |                 |               |
| Γitle:_ |                               |                  |                 | Title:       |                       |                 |               |
| Γitle:_ |                               |                  |                 |              |                       |                 |               |
| Γitle:_ |                               |                  |                 | Title:       |                       |                 |               |
|         |                               |                  |                 |              |                       |                 |               |
|         |                               |                  |                 | T:41         |                       |                 |               |

d. Explain what efforts you will make to ensure that the above jobs are targeted for low and moderate income residents.

| D. |    | cial Economic Development projects, describe how you dete<br>and viable by providing cash flow and profitability data. | rmined tha | this project is economically |
|----|----|--|------------|------------------------------|
|    |    |  |            |                              |
|    |    |  |            |                              |
|    | a. | Have you completed feasibility and/or marketing studies? (If yes, please attach copies)                                | □Yes       | □No                          |
|    | b. | Have you completed an Operations/Maintenance Budget?   | □Yes       | □No                          |
|    |    |  |            |                              |
|    |    |  |            |                              |

#### CRITERION #4 / Maximum Points Available 25

## **Budget / Match / In-Kind**

#### A. General Information about preparing your budget is provided below:

Refer to pages 24 – 26 of the Handbook for detailed instructions on how to prepare your budget to receive the highest possible score. Below is some of the most important information from the Handbook.

#### 1. Are you applying for funding for construction?

If so, there are two ways to pay for construction labor:

#### Force-Account

Force-account labor means the applicant will hire construction workers, those workers will be on the applicant's payroll, and they will be paid prevailing wages for that area. The applicant will either manage the project in-house or hire a project manager. If you are using force-account construction labor, you must complete the Force Account Labor and Fringe Benefits table on page 15.

#### Contractual

A contracted project means the applicant will go out to bid and hire a construction firm to construct the project. The workers in this case will be on the contractor's payroll and will be paid Davis Bacon wages.

#### 2. Does your budget include matching funds?

In order to score the maximum number of points, your budget should include at least 25% matching funds. The following are examples of how your community can contribute matching funds:

- Cash contribution from the applicant
- Administrative costs
- Other grant funds
- Cost of a design or feasibility study
- Cost of work already completed on the project
- Value of land for projects using real property (not design or planning grants)

#### 3. Have you included documentation?

Your budget numbers should be supported by documentation that shows how you calculated your budget. The following are some examples of budget documentation:

- Grant award letters or cover sheets
- Letters of commitment or municipal resolutions showing commitment of funds
- Construction cost estimates
- Quotes for materials and freight
- Equipment rental cost rates
- Balance sheets showing available cash match

#### B. Line Item Proposed Budget

Fill in the chart below to indicate how project funds will be allocated. Round off figures to the nearest whole dollar and check addition on all cost totals and sub-totals.

| Cost Category         | CDBG<br>Request | Cash Match | In-Kind | TOTAL |
|-----------------------|-----------------|------------|---------|-------|
| 1. Labor              |                 |            |         | 0     |
| 2. Fringe Benefits    |                 |            |         | 0     |
| 3. Materials          |                 |            |         | 0     |
| 4. Freight            |                 |            |         | 0     |
| 5. Equipment Rental   |                 |            |         | 0     |
| 6. Equipment Purchase |                 |            |         | 0     |
| 7. Contractual        |                 |            |         | 0     |
| 8. Insurance          |                 |            |         | 0     |
| 9. Other              |                 |            |         | 0     |
| 10. Administration    |                 |            |         | 0     |
| TOTAL*                | 0               | 0          | 0       | 0     |

<sup>\*</sup>These totals must match the cover page of your application.

#### C. Force Account Labor and Fringe Benefits, NOT Contractual:

Include only labor and fringe benefits to be paid with CDBG funds.

| Position | Wage<br>Rate | No. of<br>Hours | Gross<br>Wages | FICA | ESC | Workers<br>Comp. | Other | Total<br>Labor<br>Cost |
|----------|--------------|-----------------|----------------|------|-----|------------------|-------|------------------------|
|          |              |                 |                |      |     |                  |       |                        |
|          |              |                 |                |      |     |                  |       |                        |
|          |              |                 |                |      |     |                  |       |                        |
|          |              |                 |                |      |     |                  |       |                        |
|          |              |                 |                |      |     |                  |       |                        |
| Total    |              |                 |                |      |     |                  |       |                        |

**NOTE:** Acceptable fringe benefits include, but are not limited to, FICA @ 7.65% (includes Social Security @ 6.2% and Medicare @ 1.45%); ESC (list the current rate for the employer's share that has been computed by DOL); and Workers Compensation (%varies).

#### D. Matching Funds Detail

Please provide the following information about matching funds. **Attach documentation** in the form of grant award letters, letters of commitment, bank account balance sheets, property appraisals, etc. for all matching funds listed.

| Source and Type (federal (include CFDA #), state, local, or private | e) Amount | Cash? or In-Kind? |  |  |
|---|-----------|-------------------|--|--|
|   |           |                   |  |  |
|   |           |                   |  |  |
|   |           |                   |  |  |
|   |           |                   |  |  |
|   |           |                   |  |  |
|   |           |                   |  |  |
|   |           |                   |  |  |

| Ε. | Budget Narrative: Please provide an explanation for each budget figure listed on page 14 and 15 and specifics about what it will be used for. Provide a copy of city/borough's approved indirect cost rate for Administration, if applicable. Add additional pages if necessary. |  |  |  |  |
|----|--|--|--|--|--|
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |
|    |  |  |  |  |  |

## **CRITERION #5** / Maximum Points Available 10

## **Administrative Capabilities**

| Add additional pages if necessary |   |  |  |  |
|-----------------------------------|---|--|--|--|
| Α.                                | Identify who will be responsible for the day-to-day management of this project.   |  |  |  |
| В.                                | Describe the <b>applicant's</b> ability to manage CDBG funds and comply with Federal/State accounting and reporting requirements.   |  |  |  |
| C.                                | List other grant(s) which the applicant has administered in the past; the amount of funds involved; and whether the projects were successfully completed.   |  |  |  |
| D.                                | Does applicant have the cash resources to administer a cost reimbursable grant agreement?   |  |  |  |
| E.                                | Attach one copy of the <b>applicant's</b> most recent audit including management letters and any other reports received with the audit. If findings are identified, describe how they have been resolved or what the current status is. If an audit has not been done, a copy of the entity's most recent <b>certified</b> financial statement must be submitted. |  |  |  |
| F.                                | If applicable, note any tax liens or judgments and how you have addressed them.   |  |  |  |

| G. | Have you included the printout from <a href="https://sam.gov/content/home">https://sam.gov/content/home</a> of your active DUNS and CCR # (including co-applicant)? | □Yes                | □No        |
|----|---|---------------------|------------|
|    | Have you included the Authority to Participate form (Appendix A), completed and signed by an authorized signer?   | □Yes                | □No        |
|    | Have you completed and included the Determining Benefit to Low and Moderate-Income Persons form (Appendix B1)?  | □Yes                | □No        |
|    | Have you included the Statement of Assurances and Certification (Appendix C)?   | ☐ Yes               | □No        |
|    | Have you included minutes of a Public Hearing held within six months of submission which demonstrates community support for this project?                           | □Yes                | □No        |
| Н. | Will your application be received by <b>December 3, 2021 at 4:30 p.m.</b> in <i>This is a firm deadline</i> .   | n the Fairbanks DCC | ED office? |
|    | rms is a jiim acadime.  | □Yes                | □No        |