# CITY OF BEAVERTON
# COMMUNITY DEVELOPMENT BLOCK GRANT
# APPLICATION FOR PROGRAM YEAR 2011

**SECTION I.** **GENERAL INFORMATION**

1. Name of Applicant Organization: _____
2. Mailing Address: _____
   Street Number/PO Box

   _____ _____
   City Zip
3. Contact Person: _____ _____
   Name Title
   Business Telephone Number: #####  Fax Number: #####

4. Executive Director/Chairperson: _____
   Business Telephone Number: _____
5. Amount of Funding Requested: _____

**APPLICATIONS ARE DUE BY 5:00 PM ON FRIDAY, DECEMBER 3, 2010. AN ORIGINAL COPY OF THE APPLICATION MUST BE RECEIVED AT CITY BY THIS DATE AND TIME, NO LATE APPLICATION NOR POSTMARKS WILL BE ACCEPTED.**

**DELIVER TO:**

**CDBG/HOME PROJECT COORDINATOR**
**CITY OF BEAVERTON**
**4755 SW GRIFFITH DR**
**PO BOX 4755**
**BEAVERTON, OR 97076**

*If you have any questions, please call (503) 526-2533*

## SECTION II. ORGANIZATION INFORMATION

1. Please check all that apply:

   ☐ Non-Profit Organization ☐ Community Development Housing Organization
   ☐ Faith-Based Organization[1] ☐ For-Profit Organization
   ☐ Public Agency

2. Longevity:

   a. Number of years organization has been in business: _____
   b. Number of years organization has operated as a 501(c)(3): _____
   c. Has this organization operated under another name? ☐ yes ☐ no
      If yes, list all previous names: _____
      Number of years program has conducted the program/managed the type of facility for which funding is requested: _____

*[1]Generally, a faith-based organization was founded by a faith or religion. Such organizations often choose to demonstrate that faith by carrying out one or more activities that assist persons who are less fortunate.*

## SECTION III. FUNDING NARRATIVES (Attach additional sheets as necessary.)

1. Has your organization previously received CDBG or HOME funding? ☐ yes ☐ no

   a. If yes, when? _____
   b. How much? _____
   c. Describe the specific use of that funding to date: _____

2. What other sources of funding are budgeted for the proposed activity? Please list all committed and proposed sources of funding for this project and indicate the status of each source. Attach copies of any commitment letters you may have.

| Source | Amount | Committed |
|---|---|---|
| | $ | Yes |
| | $ | Yes |
| | $ | Yes |
| | $ | Yes |
| | $ | Yes |

## SECTION IV. PROJECT INFORMATION

Check the category which best described the type of activity for which funds are being requested:

☐ Housing…….(new construction, rehabilitation, acquisition)
☐ Public Facility……...(acquisition, new construction, rehabilitation of a facility where a public service or program will be located)
☐ Other _____

### A. PROJECT DESCRIPTION

1. Please provide a concise description of the proposed project (work to be performed/project to be undertaken) and describe in detail how the requested funding will be used.

   _____

### B. PROJECT CHARACTERISTICS

1. Name and address of the project site or facility:

   _____

   Legal property owner: _____

2. Describe the geographic boundaries of the neighborhood, community, or region to be served by this project. This description should include service area boundaries if land acquisition or structural improvements are proposed. (Attach a map).

   _____

3. If this is a collaborative project, name the organizations involved and explain their involvement. Provide letters of intent from each participating agency specifying the agency's role and contribution to the project.

   _____

4. Please describe all planning/predevelopment steps that have been completed to date (e.g., architectural plans, engineering, land use approvals, permits, funding commitments, etc.)

_____

5. When will construction start and end? (include a detailed schedule with all critical milestones.)

_____

6. Provide further information on building or property for which improvements are being proposed. Indicate whether it is owned or rented; if rented, provide conditions and terms of lease. Indicate whether property that would be renovated or purchased with CDBG funds is currently occupied for residential or commercial/industrial uses.

_____

7. Does the proposed activity conform with the City's planning, zoning and other regulations?

_____

8. Are there environmental issues, such as flooding, hazardous materials, lead-based paint, or historic preservation that will need to be considered?

☐Yes ☐No

If yes, please explain:

9. Any construction project over $2,000 will require payment of prevailing wages (Davis Bacon). Any construction project over $50,000 may require the payment of Oregon prevailing wages (BOLI). Did you consider using these wages when developing your project budget?

☐Yes ☐No

10. If the proposed project includes acquisition and/or rehabilitation of rental property that may require temporary or permanent displacement of tenants, this project may be subject to the Uniform Relocation Act and therefore, your budget must include the cost of relocating the displaced tenant. Did you include relocation costs when developing your project budget?

☐Yes ☐No

## C. PERFORMANCE OUTCOME MEASUREMENT

The three program performance categories listed below are utilized by HUD to uniformly report program accomplishments to Congress on an annual basis. Please check one of the boxes under the following program performance categories that best apply to your proposed project.

1. Which one of the following objectives will the proposed activity address? (What is the *purpose* of the activity?)

☐ Create a Suitable Living Environment
Relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by low- and moderate-income persons, from physical problems with their environments, such as poor quality infrastructure, to social issues such as crime prevention, literacy, or elderly health services.

☐ Provide Decent Housing
Covers the wide range of housing activities that are generally undertaken with CDBG funds. This objective focuses on housing activities whose purpose is to meet individual family or community housing needs.

☐ Create Economic Opportunities
Activities related to economic development, commercial revitalization, or job creation.

2. Which one of the following outcomes will the proposed activity meet? (What type of *change* or *result* am I seeking?)

☐ Improve Availability or Accessibility
Applies to activities that make infrastructure, public services, public facilities, housing or shelter available or accessible to low- and moderate-income people, including persons with disabilities. Accessibility does not refer only to physical barriers, but also to making the services for daily living available and accessible to low-and moderate-income citizens where they live.

☐ Improve Affordability
Applies to activities that provide affordability by lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household. Activities can include affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

☐ Improve Sustainability
Sustainability is specifically tied to activities that are designed for the purpose of ensuring that a particular service or facility is able to sustain the same level/quality of service to low- and moderate-income individuals in the

community. Sustainability may also apply to the removal of slum and blighted areas throughout Beaverton.

3. Describe in **quantifiable** terms how you will measure progress toward meeting your objective(s) during the proposed funding period (e.g. number of person served, linear feed of public facility improvement, etc.).

   _____

4. Describe how you will collect data to measure and evaluate your success in meeting your identified goals and objectives

   _____

**D. PROJECT BENEFICIARIES**

All CDBG programs must primarily benefit lower income persons. Income verification is required to demonstrate benefit to a MINIMUM of 51% unduplicated very low- (30% MFI), low- (50%MFI), and moderate-income (80% MFI) persons. Income verifications may include the following types of documentation: tax returns, receipt of public assistance, etc. HUD also presumes that a number of specific populations automatically qualify as LMI persons, and do not require income verification (severely disabled, homeless, migrant workers, etc). If you believe your project may serve one of the populations that are presumed to be LMI, please contact the City for verification prior to submitting your application.

1. Indicate the target population(s) most applicable to your project:

   ☐ Abused Children
   ☐ Battered Spouses
   ☐ Severely Disabled Adults
   ☐ Homeless Persons
   ☐ Elderly Persons (over 65)
   ☐ Migrant Farm Workers
   ☐ LMI Youth
   ☐ LMI Families
   ☐ Other LMI Persons

2. Provide the number of people or households that will directly benefit from you program daily and annually. Indicate how these numbers were obtained or derived. (History of program, census data, etc).

   ☐ Persons ☐ Households

   Number Daily: _____
   Number Annually: _____

   Method: _____

   Describe the method that you will use to verify that beneficiaries are lower income persons including verification of income and residence.

   _____

3. Describe the method used to gather demographic and other statistics for reporting purposes.

   _____

## E. DEMOGRAPHIC INFORMATION

1. Indicate the percentage of clients to be served by income level:

   Very Low-Income _____% Low-Income _____% Moderate-Income _____%
   (≤ 30% Median) (31-50% Median) (51-80% Median)

2. Indicate the number of clients to be served (*List the number of persons of each race and if any of those persons consider their ethnicity to be Hispanic. Also list the number of persons who are disabled and the number of female head of households)*

| | **Total** | **Hispanic or Latino** |
|---|---|---|
| **Single Race:** | | |
| 1. American Indian or Alaska Native | | |
| 2. Asian | | |
| 3. Black or African American | | |
| 4. Native Hawaiian or Other Pacific Islander | | |
| 5. White | | |
| | | |
| **Multi-Race:** | | |
| 6. American Indian or Alaska Native AND White | | |
| 7. Asian AND White | | |
| 8. Black or African American AND White | | |
| 9. American Indian or Alaska Native AND Black or African American | | |
| 10. Other multi-racial | | |
| Disabled | | |
| Female Head of Household | | |

3. What is the basis of the provided demographic information?
   _____

## F. PROJECT PHASING

1. Can the proposed project be divided into smaller projects, if necessary?

   ☐ Yes ☐ No

2. Is the proposed project part of a larger project involving more that one phase?

   ☐ Yes ☐ No

3. Pease attach a description and map of the overall project area for environmental assessment purposes.

   ☐ Included in Appendix #

## SECTION V. FINANCIAL INFORMATION

1. For CDBG applicants, provide a proposed line-item budget for this activity indicating the sources and used of funds. The format for the budget should be funding sources as column headers (e.g. CDBG, Agency Cash, Volunteer In-Kind labor, etc) and funding uses as row headers (Design Professional Costs, Construction, Land, Finance Charges, etc.)
   ☐ Included in Appendix #

2. Provide a copy of your organization's financial statement for the most recent completed fiscal year. Include a balance sheet and income and expenditure statement.
   ☐ Included in Appendix #
3. Provide a copy of letter or audit indicating review of most recent financial statement from certified and/or public accountant.
   ☐ Included in Appendix #
4. If non-profit, provide proof of non-profit status; copy of determination from State Tax Board or Federal Internal Revenue Service confirming non-profit status.
   ☐ Included in Appendix #

## SECTION VI. AUTHORIZED SIGNATORY

I hereby certify that I have read this application and the exhibits/appendices thereto, and know the contents thereof, and that the statement therein are true, and that I have been authorized by the governing board to submit this application.

_____ _____

Authorized Representative Signature Date

_____

Printed Name and Title