



CONSOLIDATED GOVERNMENT
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Columbus Consolidated Government
Community Development Block Grant Program
(CDBG)
Economic Development Project Application

Applicant Agency

Applicant's Name and Title

**Columbus Consolidated Government
Community Reinvestment Department
410 E. 10th Street
Columbus, GA 31901
(706) 653-4613
(706) 653-4486 fax**



2017 CDBG Economic Development Project Application

Please return one hard copy of all application materials to the following:

**Community Reinvestment Department
Attn: Ms. Marilyn Denson
420 E. 10th Street
Columbus, GA 31901**

In addition to the hardcopy, please submit an electronic copy of the application PDF (as well as any additional pages used to answer application questions) to mdenson@columbusga.org.

The deadline for submitting all applications is: Tuesday, February, 21 2017, 4:00 PM
(Applications received after this date and time will not be accepted. No exceptions will be made)



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GENERAL AND COMPLIANCE ITEMS

Organizational Type;

- Governmental Unit of Columbus Consolidated Government
- Other governmental unit or authority
- Non-profit corporation; date of incorporation _____
- For-profit Corporation; date of incorporation _____
- Community Housing Development Organization (CHDO); date of incorporation _____

Type of Funding Requested;

- Grant Loan (Explain Below) Combination (Explain Below)

If this is a loan request or a combined loan/grant request, provide proposed repayment schedule and terms. Please note that for-profit agencies are generally **not** eligible for grants. (Expand Space below as needed to answer.)

Total Amount Requested: _____

Total Matching Funds, if applicable: _____

Is this project consistent with the FY 2017 – FY 2021 Five Year Consolidated Plan?

- Yes No

Is your agency a faith based agency?

- Yes No

Is your agency minority owned?

- Yes No

Is your agency women owned?

- Yes No



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APPLICANT INFORMATION

Organization's Legal Name: _____

DUNS #: _____ *Tax ID #:* _____

Applicant Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Project Manager: _____

Email: _____

Telephone: _____ *Fax:* _____

Chief Executive Officer Name: _____

E-mail Address: _____

Applicant Website Address: _____

*The signature below must be from the person authorized in the resolution supporting the application.

Signature *Date*

Title

National Objective: (Check One)

CDBG requires that each activity funded, except for program administration and planning activities, must meet one of the three national objectives outlined below. An activity that does not meet a national objective is not compliant with CDBG requirements and is therefore ineligible for funding. Applicants are strongly encouraged to consult the application guide for more detailed information.

Primary Objective - Benefit to low- and moderate income (LMI) persons

This objective is known as the “primary” national objective because CDBG regulations require that funding recipients expend 70% of their CDBG funds to assist low- and moderate-income persons. There are four methodologies that can be utilized to meet this national objective as listed below:

- 1.) **Area Benefit Activities** – these activities must benefit all residents in a particular service area, where at least **51%** (for water, sewer, and flood control projects) or **50.3%** (for capital improvement projects) of persons in the service area are low- and moderate-income, per most recent U.S. Census Data.
 - The service area is determined based upon the nature of the activity, location of the activity, accessibility issues, availability of comparable activities, and boundaries for public facilities and public services. Service area must be determined prior to provision of CDBG assistance.
 - Examples of eligible activities include infrastructure, public facilities, and economic development.
- 2.) **Limited Clientele Activities** – At least **51%** of the beneficiaries of the proposed project activity must be low- and moderate-income. In contrast to the low-mod area benefit activity category listed above, it is not the low- and moderate-income concentration of the service activity that determines eligibility, but rather the actual number of low-and moderate-income persons that will benefit from the activity. In order to qualify under this category, an activity must satisfy *one* of the following criteria:
 - Benefit a clientele that is generally presumed to be principally low- and moderate-income including abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers *or*
 - Document household size and income which demonstrates that at least **51%** of the clientele are low- and moderate-income *or*
 - Restrict income eligibility for the activity to low- and moderate-income persons *or*
 - Be of such a nature and in such a location that it can be concluded that clients are primarily low- and moderate-income
- 3.) **Housing Activities** – include that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by at least 51% low- and moderate-income households.
- 4.) **Low-mod job creation or retention activities** – these activities must be undertaken with the purpose of creating or retaining permanent jobs, at least **51%** of which (computed on a fulltime equivalent basis) will be made available to or held by low-and moderate-income persons.

Aid in the prevention or elimination of slums or blight

Prevent or eliminate slum and blight or on an area basis, or eliminate specific conditions of blight or physical decay on a spot basis that are not located in a slum or blighted area.



PROJECT INFORMATION

Project Title: _____

Project Address: _____

Project Site Control: Indicate below if the organization has in place the items listed. For items not currently in place, or partially in place, explain in the space below the listing why these are not in place.

- Applicant owns property: Date acquired: _____
- Lease. Expiration Date: _____
- Option to purchase. Expiration Date: _____
- Other, please describe (*Expand space as needed to answer.*)

Project Site Compliance: If project operations are currently being carried at the site, indicate if site is compliant, partially compliant, or is not compliant with the items listed. For items with which the site is not compliant or partially compliant, explain in the space below what actions are planned to achieve compliance.

- Building Code compliance _____
- Fire Code compliance, and date of last inspection _____
- Health Code compliance, if applicable, and date of last inspection _____
- Other, please describe (*Expand space as needed to answer*)

Zoning: Provide the zoning status of the project site. If zoning is not known, contact the Columbus Consolidated Government’s Planning Department at (706) 653-4421

What is the current zoning classification of project site? _____

Is the site zoned correctly for the proposed activity? Yes No Don’t know

If “No” or “Don’t know,” will the project need to obtain a zoning change, special-use permit, or variance? Yes / No

If acquisition is required for this project, is the property vacant? Yes No If yes, please specify how long property has been vacant: _____



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Eligible Economic Development Activities: Please check below the eligible economic development activities that will be undertaken: *(Check all that apply)*

- Commercial/Industrial land acquisition/disposition
- Commercial/industrial infrastructure development
- Commercial/industrial building acquisition, construction, rehabilitation
- Other commercial/industrial improvements
- Direct financial assistance to for-profits
- Economic development technical assistance
- Micro-enterprise assistance
- Other; specify: _____

Estimated Full-time Private Sector Jobs Created/Retained *(if applicable)*

of new jobs to be created: _____
existing jobs to be retained: _____
of jobs to be available to low/mod persons: _____

Types of Private Sector Jobs Created/Retained *(If applicable)*

Indicate the specific types of jobs to be created/retained, including the # of each type of job and the pay or professional level. *(Expand space below as needed to answer)*

Estimated number of businesses Assisted *(if applicable)*

of new businesses to be assisted _____
of business expansions to be assisted _____
of business relocations to be assisted _____

For business relocations: Specify area/location from which business will move, and explain why relocation is needed. *(Expand space below as needed to answer)*



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Describe the proposed project and designated project area (must be within Muscogee County): Provide a detailed description of the project site and area that will benefit. If applicable, please provide any map or other attachments at the end of this application that shows the project site and area that will benefit)

Summary of Project Need and Justification: Provide a concise summary of the need for the project and why this project is a priority. Please indicate who is served or will be served by the facility, and include information about the location of similar facilities; the demand for services in the surrounding area; pedestrian, bicycle and public transit accessibility; and the applicant's financial ability to operate and maintain the facility. *(If additional space is required, please include attachments.)*



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BUDGET INFORMATION (For Construction/Development Projects)

Budget: Complete the budget chart below. Include all items associated with implementing the proposed activities. If the project has more than one distinct component – for example, a project that will be developing two or three different cost items at each site – copy this budget form and complete a separate budget for each separate component. Complete the heading below to indicate which component the budget covers.

N/A; no components Project component or site (name): _____

Budget line item	Total Project Cost \$	City \$s Requested
Acquisition/Land		
Acquisition/Structures		
Appraisals		
Demolition		
Site Preparation		
Relocation		
Architect/Engineering		
Lead-Based Paint Assessment/Abatement		
Insurance/Bonding ¹		
Construction Management Fees		
Builder/Developer Fees		
Audit ²		
Other (Specify):		
Other (Specify):		
Other (Specify):		
Construction (List below by components):		
Grand Totals \$		

¹ Note that General Liability Insurance or General Commercial Liability (1 million); Automobile Liability Insurance, Worker’s Compensation, Fidelity Bond (100% of contract amount), and Payment and Performance Bonding are usually required for all contractors. Builders’ Risk Insurance is required for all new construction. Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, it is an eligible CDBG expense. All policies must have endorsement specifically naming Columbus Consolidated Government as additional insured.

² All projects must have annual independent audit. Agencies with federal or federally-derived funded expenditures of \$750,000 or more must have an annual A-133 audit. Cost of conducting this audit is an eligible CDBG expense.



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Matching Funds, In-Kind Resources, and/or Donations from Other Sources: Complete the chart below to show cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind professional match. Also include other Federal, State, County, and City funding, as well as Low Income Housing Tax Credits (LIHTC) if applicable.

NOTE: If project includes both capital and operational funding and agency is submitting request for funding for both components, the same match cannot be used for both components.

Proposed Source	C/IK ³	\$ Value	Status Code ⁴	Date that \$/Resource will be available to project
Total \$ Value				

³ Indicate whether Resource is being provided as Cash **(C)** or and In Kind **(IK)** Contribution.

⁴ **Status Codes** (See Below):

C = Committed: **Attach documentation** or provide timetable for submission of documentation. Professional in-kind match is considered as Committed only with written documentation. For continuing-funding resources not yet committed for next year, provide most recent award letters. Additional documentation may be submitted as available through August. If committed but undocumented, explain in an attachment to this application.

A = Applied for: Provide Status and estimated notification date in additional attachment.

TBR = To be Raised: Describe funding plan and timetable in additional attachment.



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BUDGET INFORMATION (For Service/Operational Costs)

**Note:* A project that has both physical improvement and operational components in the same project should complete both budget sections. For Development/Construction projects, do not use this budget.

Summary Budget: Complete the budget chart below. Include all items associated with implementing the proposed activities, regardless of funding source. Include only the costs associated with the proposed activity, not all of the agency or organization expenses or resources.

Budget line item	Total Project Cost \$	City \$s Requested
Staff Salaries ⁵		
Staff Fringe Benefits		
Staff Travel		
Office/Program Communications		
Office/Program Rental/Lease		
Office/Program Utilities		
Equipment Purchase		
Printing and Reproduction		
Office/Program Materials/Supplies		
Insurance/Bonding ⁶		
Contractual Services		
Audit ⁷		
Office/Program Maintenance and Repairs		
Other direct Office/Program Cost		
Direct client Cost ⁸		
Indirect Costs ⁹		
Grand Total	\$	

⁵ Attach job descriptions of all staff members to be paid under this project.

⁶ Note that General Liability Insurance or General Commercial Liability (1 million); Automobile Liability Insurance, Worker's Compensation, Fidelity Bond (100% of contract amount), and Payment and Performance Bonding are usually required for all contractors. Builders' Risk Insurance is required for all new construction. Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, it is an eligible CDBG expense. All policies must have endorsement specifically naming Columbus Consolidated Government as additional insured.

⁷ All projects must have annual independent audit. Agencies with federal or federally-derived funded expenditures of \$750,000 or more must have an annual A-133 audit. Cost of conducting this audit is an eligible CDBG expense.

⁸ Direct client costs Include those expenses that can be tied directly with a benefitting client or household, and those tangible items that are supplied directly to clients. These costs can include: rental/lease of a housing unit; payment of utility bills for a housing unit; MARTA Breeze cards; furniture or equipment for a housing unit; financial aid to prevent homelessness or to enable a family to move into a permanent housing unit; clothing or hygiene supplies for clients; etc.

⁹ Under the OMB "Omni Circular" published 12-26-2013 (<https://www.federalregister.gov/a/2013-30465>), non-profit subrecipient may include, in their project budgets, an Indirect Cost charge as appropriate given the funded project or activity. For subrecipient entities with a negotiated indirect cost rate, their federally approved rate must be used. Subrecipient entities that have never received a negotiated indirect cost rate, may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.



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