

**SECTION IV**

**COMPETITIVE HOUSING REHABILITATION COMPONENT**

**SECTION IV**

**FUNDING OPPORTUNITY INFORMATION**

This Application is for the use of federal Community Development Block Grant (CDBG) Funds through the State of Illinois” Department of Commerce and Economic Opportunity (DCEO), Office of Community Development.

CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER: 14.228

CFDA TITLE: COMMUNITY DEVELOPMENT BLOCK GRANTS/STATES PROGRAM

CATALOG OF STATE FINANCIAL ASSISTANCE (CSFA) NUMBER: 420-75-1633

CSFA TITLE: COMMUNITY DEVELOPMENT BLOCK GRANTS

HOUSING REHABILITATION PROGRAM

DCEO FUNDING OPPORTUNITY NUMBER: 24-3

DCEO FUNDING OPPORTUNITY TITLE: CDBG HOUSING REHABILITATION PROGRAM

Applications may be submitted based on the published Guidebook. The Guidebook and required supporting documentation for the application can be found at: <https://www2.illinois.gov/dceo/CommunityDevelopment/Pages/CDBG_Programs.aspx>

***COMPETITIVE* HOUSING REHABILITATION COMPONENT**

The Department is allocating $7,000,000 to this program component and will establish a grant ceiling of $650,000 per project.

The program targets housing projects which preserve single-family, owner-occupied housing and encourage neighborhood revitalization. The funds are available to address housing needs of eligible low-to-moderate income households. Rehabilitation codes and standards which address mechanical, structural, energy efficiency and other associated rehabilitation activities should, at a minimum, incorporate applicable State plumbing, electrical and lead based paint codes as well as any local rehabilitation codes and standards.

The program emphasizes the dual goal of serving low-to-moderate income households and maximizing program impact. In this endeavor, DCEO has established a maximum or limitation of funds that may be expended at $60,000.00 of CDBG funds per household. Communities are encouraged to supplement CDBG funds with other available financial resources such as the United States Department of Agriculture Rural Development programs as well as other local resources.

Applications for the Competitive Housing Rehabilitation Program will be due at the DCEO Springfield office on or before **5:00p.m**., **Thursday, January 18, 2024** (See Submission Information, Section IV, Part H.)

A. **Eligible Activities**

Under the CDBG Housing Rehabilitation component grants may be used to finance the rehabilitation of single-family, owner-occupied residential buildings, including improvements to increase the energy efficiency of the structures. All grant funds must relate to one of the following HUD-defined activity codes:

**14 A Rehab: Single-Unit Residential** to be used for the rehabilitation of owner-occupied, single-family homes.

CDBG-eligible costs include:

* Labor and materials,
* Replacement of principal fixtures and components of existing structures;
* Water and sewer connections; (if needed for code compliance)
* Initial homeowner warranty premium;
* Hazard insurance premium;
* Flood insurance premium;
* Conservation costs for water and energy efficiency;
* Garages where health & safety issues have been identified;
* Evaluating and treating lead-based paint; and
* Removal of architectural barriers that restrict the mobility and accessibility of elderly or severely disabled persons.

Rehabilitation to a single-family, owner-occupied residential property that is also used as a place of business and is required to operate the business may be considered homeowner rehabilitation (as opposed to commercial rehabilitation) if the improvements provide general benefit to the residential occupants of the building.

**14 H Activity Delivery**to be used for administrative services necessary to the delivery/ completion of the CDBG housing rehabilitation project. This activity is a fee of up to and not exceeding $35,000.

**14 HI Rehab: Administration** (*inspection)*to be used for all delivery costs (including staff, other direct costs, and service costs) directly related to carrying out housing rehabilitation activities. Examples include appraisal, architectural, engineering, and other professional services; preparation of work specifications and work write-ups; loan processing; survey, site and utility plans; application processing; and other fees. See Fee Scale below.

|  |  |
| --- | --- |
| 8 Homes | $34,000 |
| 9 Homes | $36,000 |
| 10 or more Homes | $38,000 |

B. **Ineligible Activities**

The following activities are specifically identified as ineligible.

1. Construction of buildings, or portions thereof, used predominantly for the general conduct of government (e.g., city halls, courthouses, jails, police stations).

2. General government expenses.

3. Costs of operating and maintaining public facilities and services (e.g., mowing parks, replacing street light bulbs).

4. Servicing or refinancing of existing debt.

5. No elected official or official appointed to an elected position is eligible for rehabilitation

assistance.

C. **ELIGIBILITY THRESHOLDS**

Projects will be reviewed to determine if they meet the following minimum thresholds. If they do not meet the following thresholds, they will be an automatic **DO NOT FUND.**

1. **Benefit to Low-and-Moderate Income Persons:**

Each application must include documentation that the proposed project will benefit 100 percent low-to-moderate income persons. Those projects benefiting less than 100 percent low-to-moderate income persons will not be considered further.

1. **Scope:**

Applicants must provide a scope of work of eight (8) homes or more to be rehabilitated. Applications that do not provide at least the minimum are ineligible to receive funding.

1. **Demonstration of adequate programmatic policies and procedures:**
   * + - Submission of general conditions and specifications manual for general contractors/subcontractors that address industry standards of acceptable materials and applications, bidding process, contract award, reporting requirements, payments to contractors and ongoing project management.

* Submission of policies and procedures manual prepared for the project that address general administrative procedures and staff responsibilities, including but not limited to; inspection duties, application solicitation, application intake and eligibility processing, fiscal controls, conflict resolution, reporting requirements and project close-out.
* Applicant has established rehabilitation standards which at a minimum include; applicable local building codes, Illinois State Plumbing Code, National Electrical Code, Illinois Lead Poisoning Prevention Act & Code, Illinois Energy Code or compatible property maintenance codes in the absence of local building codes.

D. **HOUSING REHABILITATION PROJECT REQUIREMENTS**

In addition to the requirements listed in Section II, the following are requirements which specifically apply to applications submitted for consideration under the Housing Rehabilitation component.

1. Housing Rehabilitation is a direct benefit activity. When CDBG funds are used for rehabilitation, 100 percent of CDBG housing rehabilitation funds must benefit low-to-moderate income persons. CDBG funds can be used to rehabilitate only those homes occupied by families verified to be of low-to-moderate income.
2. One of the important factors in evaluating applications submitted to the Department for Community Development Block Grant (CDBG) Program Housing Rehabilitation funds is demonstrating need for rehabilitation. Attached is the survey form to be used in preparing an application for the Housing Rehabilitation component of the CDBG. Survey format and applicable instructions are contained in Section IV, Part I of this guidebook.

S*urvey forms received from the project area shall be submitted in your housing rehabilitation application. All survey forms submitted shall be originals* and must be completed after the deadline for the previous round of funding. Surveys completed prior to January 20, 2023 will not be accepted. **Surveys must be double-sided!**

1. Applicants must be able to document support for the proposed project from eligible residents of the project area. This can be done through the minutes of public meetings and/or resident sign-up sheets and the above-described survey.

E. **NARRATIVE RESPONSES/INCLUSIONS**

All applications must include the following narrative responses as well as the requested documentation. See the Application Checklist contained in Section IV, Part I for placement in the application.

1. **Letter of Transmittal** – Must include the amount requested, a brief project description, the LMI benefit, and the additional funding amount and source.

2. **Project Summary -** Describe the need for the proposed project covering the following key points:

* Identify the project area and explain how the area was selected.
* Describe the scope of any other activities planned or ongoing in the project area which will support the proposed project.
* Address other financing to be expended and the status of that financing.

3. **Housing Project Design -** Describe the general design of the proposed housing project. Emphasis should be on demonstrating an understanding of the procedural and management requirements for a housing rehabilitation program by addressing the project readiness evaluation criteria. This should include a response to each of the following:

* Proposed application selection process, i.e., prioritization schedule – very low income, elderly, handicap households receiving 50% or more of available prioritization points.
* Proposed housing rehabilitation priorities, e.g., the types and priority of work to be performed within the limitations of $60,000 in CDBG funds per housing unit.
* Housing Rehabilitation Codes which have been adopted, e.g., rehabilitation code or standards that must include at a minimum; electrical, plumbing, lead based paint, etc.
* Program promotion and solicitation of applicants, i.e., type of informational correspondence regarding the program to all project area residents, any additional program outreach such as public hearings, community meetings or announcements in local media regarding the program.
* General Activity Delivery of the housing program, housing inspector and construction management and an identification of key individuals and their roles and responsibilities.
* Where the applicant proposes to enter into a third-party contract for Activity Delivery and Administration services with an entity that is not a **Regional Planning Commission, Council of Officials, or Community Action Agency**, said applicant must select an administrative entity prior to application submission in conformance with HUD regulations found at 2 CFR 200 Procurement. The formal procurement process shall include but not be limited to a Request for Qualification (RFQ) from eligible respondents.
* Sample documents to be used in the formal procurement process are provided in Section IX, Attachments. This process must be completed prior to application submission. Evidence of the process to procure services through a third party, including advertising through public notice, selection and scoring criteria shall be provided in the application for funding, including the qualifications as submitted by the selected entity.

1. **Project Maps** - The following maps must be included in the application submission.
   * **A Project Location Map(s)** must be included in the application. The project map(s) must be clear and readable and provide the geographic location of the area to be served. The map(s) must clearly identify:
     + boundaries (streets, highways, landmarks, etc.) of the project area and provide the names of all roads or streets within the project area;
     + any part(s) of the project area within a designated 100-year floodplain;
     + all surveyed housing units in the project area by street address, including rural route addresses; units should be identified as: LMI owner-occupied single-family homes in need of rehabilitation.
     + all previously funded target areas within the community, including program year and grant number.

The project map(s) must be suitable for reproduction and shall not exceed the page size of 11 x 17 inches.

* **A FEMA-Issued Floodplain Map** must be included in the application. You can obtain this map by calling FEMA at 800.358.9616 or by using the website <https://msc.fema.gov>.

5. **Commitment Letters - The status of the “Coordination of Resources” financing is of particular importance.** As noted on the CDBG Submission Checklist/Table of Contents, the application must include copies of the “Coordination of Resources” commitment letters in order to meet the “Coordination of Resources” scoring criteria. **A firm commitment letter must include at a minimum, the following information as appropriate to the type of fund source being considered**.

* A firm commitment letter from a financial institution must include specific terms and conditions which would enable low-income persons to qualify for financial assistance, including, but not limited to, specific amounts, specific terms in years, and specific lower interest rates.
* A firm commitment from the United States Department of Agriculture Rural Development (RD) or other state or federal source must include a specific dollar amount, program sources, and type of assistance.
* When a local government is proposing to use its own funds (i.e., cash on hand) for the Coordination of Resources, a local council or board resolution committing a specific dollar amount to the project must be included.

1. **Cost Estimates for Housing Rehabilitation Work- Three (preferably one minimum, one moderate and one maximum) cost estimates must be included in the application, with photos of each home.**

F. **Application Review and Evaluation Process**

The screening and review process for the program is designed to ensure that limited CDBG funds are awarded to communities that demonstrate the need for financial assistance and have a well-designed project. The actual number and types of awards will be subject to funding availability and the amount of each applicant's request. The Department reserves the right to perform a site visit or request additional information. All recommendations are forwarded to the director of the Department who makes the final funding decisions; however, all decisions will be based on the general distribution of funds described under each CDBG program component.

The Department will review all applications as follows:

* All applications must meet the Thresholds as outlined in Section IV, Part C “Eligibility Thresholds”. Projects that do not meet all Thresholds will not be reviewed further.
* Applications will be evaluated according to the evaluation criteria described in Section IV, Part G.
* In cases where projects have identical overall ratings, Project Readiness score will be used to decide the higher score.

G. **RANKING CRITERIA FOR HOUSING REHABILITATION**

The maximum available score per application is 100 points. The maximum scores available for each of the four scoring criteria, with examples of scoring determinations are as follows:

Project Need: 20 points

Project Impact: 20 points

Coordination of Resources: 30 points

Project Readiness: 30 points

1. **Project Need – Maximum Score 20 Points**

Project need is indicated in several ways, specifically inclusion in an Opportunity Zone, an Underserved Area, or the number of low-to-moderate income homes in the area.

* Opportunity Zones: Illinois has 327 designated opportunity zones, all of which are low-income communities. To further encourage the investment in and vitality of these communities, three (3) points will be given to applicant communities when at least half of the eligible surveyed homes are within opportunity zones. For more information on Opportunity Zones, please see: <https://dceo.illinois.gov/oppzn.html>

Opportunity Zone = 3 Points

* DCEO Underserved Area: An “underserved area” is a census tract which meets one of the following four tests. Project or community
  + Poverty rate of at least 20%; or 35% or more of the families with children in the area are living below 130% of the poverty line, according to the latest American Community Survey; or
  + At least 20% of the households in the area receive assistance under the Supplemental Nutrition Assistance Program (SNAP); or
  + Average unemployment rate that is more than 120% of the national unemployment average, for a period of at least two (2) consecutive calendar years preceding the date of the application.

Two (2) points will be given to applicant communities when at least half of the eligible surveyed homes are within a DCEO Underserved Area. For more ‘information and to identify an underserved area, please see: <https://dceo.illinois.gov/expandrelocate/incentives/underservedareas.html>

Underserved Area = 2 Points

* Up to 15 points may be received based on the low-to-moderate income (LMI) of an entire

community, an individual census block or combined census blocks. The

Score will be based on total percentage of LMI households in the project area.

Applications that do not provide a defined project area that meets this criterion will receive zero (0) points for project need. HUD Map showing LMI must be included in application. Use link below to determine LMI.

<https://www.hudexchange.info/programs/acs-low-mod-summary-data/acs-low-mod-summary-data-block-groups-places/>

Total Number of LMI households Points

80% and higher = 15 points

75-79.9% = 14 points

70-74.9% = 13 points

65-69.9% = 12 points

60-64.9% = 11 points

55-59.9% = 10 points

50-54.9% = 9 points

45-49.9% = 8 points

40-44.9% = 7 points

35-39.9% = 6 points

30-34.9% = 5 points

25-29.9% = 4 points

20-24.9% = 3 points

15-19.9% = 2 points

10-14.9% = 1 point

2.  **Project Impact – Maximum Score 20 Points**

In order to document an achievable impact in the project area, a minimum number of completed Housing Needs Surveys must be submitted with the application. All submitted surveys must document eligible households (LMI owner-occupied single-family owner-occupied homes in need of rehabilitation).

The minimum number of surveys to be submitted will be the equivalent of two times the projects proposed scope of work. However, to assure there are enough eligible homes to complete the project, we strongly suggest you complete surveys at the equivalent of three times the proposed scope of work.

Example: If the proposed scope of work is the rehabilitation of eight (8) homes, a minimum of 16 eligible surveys must be submitted, but we suggest you obtain 24 eligible surveys.

3:1 surveys to scope of work = 20 points

2:1 surveys to scope of work = 10 points

Less than 2:1 surveys to scope of work = 0 points

3. **Coordination of Resources – Maximum Score 30 Points**

* Additional Funding Sources: The following numerical scores will be provided based upon the applicant’s submission of documentation of additional funding resources which will provide assistance to LMI households in coordination with the CDBG housing programs.

Additional Funding Resources must meet the criteria as set forth in Section IV, Part E(5). Additional Funding can be any amount from any identified resource but must meet a total of at least $5,000. Points will be given based on the total of all Additional Funding Resources.

Total Additional Funding Amount Points

$20,000 or more = 10 points

$15,000 = 8 points

$10,000 = 6 points

$ 5,000 = 4 points

Less than $5,000 = 0 points

* Project Administration A professional Grant Administrator with a proven track record is an important resource for completing a successful Housing Rehabilitation project. The track record of a Grant Administration Agency will be evaluated by examining their open Housing Rehabilitation grants on the application deadline date, January 18, 2024. In the week following, calculations will be made to provide DCEO staff the overall average percentage of funds drawn on open grants of each Grant Administration Agency. This percentage will be sent to the Grant Administration Agency after calculation.

Points will be assessed on the average draw-down percentage as follows:

Average Drawdown Percentage Points

80% or more drawn = 20 points

70 – 79.9% drawn = 16 points

60 – 69.0% drawn = 14 points

50 – 59.9% drawn = 12 points

40 – 49.9% drawn = 8 points

30 – 39.9% drawn = 4 points

20 – 29.9% drawn = 2 points

Less than 20% drawn = 0 points

These points will then factor into the Coordination of Resources score for every application the Grant Administration Agency applies for.

If the Grant Administration Agency does not have any recent Housing Rehabilitation grants, the percentage and point value will be based upon other recent grant activity. Further, the Grant Administration Agency will be limited to managing one Housing grant until they have demonstrated their ability to successfully complete the grant in a timely manner.

1. **Project Readiness – Maximum Score 30 Points**

The following numerical scores will be provided based upon the applicant’s submission of documentation that all administrative and technical issues involved in assuring a successful housing project have been addressed, including but not limited to:

* + - Letters from General Contractors that have been pre-qualified by the applicant, stating they are available and interested in performing rehabilitation activities within the applicant community = 2 points per letter proving contractor is Illinois Environmental Protection Agency (EPA) Renovation, Repair, Painting (RRP) certified (if lead EPA lead contractor, provide copy of license) 1 point per letter from non-licensed lead contractor - Maximum 10 points
    - Substantial owner interest in the housing project = .5 points for each project area household attending the required public hearing, verified through sign in sheet from public hearing – Maximum 5 points
* Selection of Housing inspector – Maximum 5 points

1. Applicant has selected a qualified housing inspector (resume required) that is currently licensed by IDPH as a Lead Inspector/Lead Risk Assessor = 5 points.
2. Applicant has not selected a qualified housing inspector that is currently licensed by IDPH as a Lead Inspector/Lead Risk Assessor but will retain one upon grant award (submit qualifying criteria) = 2.5 points

* Applicant provides detailed cost estimates of three specific housing units including photo within the project area, defined in surveys as requiring Minimal, Moderate, and Major housing rehabilitation assistance. = Maximum 5 points
* Applicant includes description of the proposed application process which identifies how the project area population will be notified and encouraged to apply for rehabilitation assistance = Maximum 2.5 points
* A project map clearly showing all LMI surveyed homes = Maximum 2.5 points

H. **Submission Information**

Under the Grant Accountability & Transparency Act (GATA), all applicants must register with the State of Illinois via the “Grantee Portal” at [www.grants.illinois.gov](http://www.grants.illinois.gov) and be pre-qualified prior to application, along with completion of the Internal Controls Questionnaire for Fiscal Year 2024

In cooperation with GATA, please submit the following as part of your CDBG grant application package:

1. **State of Illinois Uniform Grant Application** Available at: <https://www2.illinois.gov/dceo/CommunityDevelopment/Pages/CDBG_Programs.aspx> Uniform Grant Application - Lines 23-30 should contain the grant administrator’s contact information; lines 45-51 should contain the chief elected official’s contact information; and line 52 should be signed by the Chief Elected Official as the “Authorized Representative.”
2. **State of Illinois Uniform Budget Template** Available at: <https://www2.illinois.gov/dceo/CommunityDevelopment/Pages/CDBG_Programs.aspx>
3. **IRS Certification Letter:** Include in the application “Letter 147c” or “Letter 4158c” provided by the IRS to verify the Taxpayer Identification Number (TIN) or Federal Employer Identification Number (FEIN) for the applicant. If you do not have a current (dated within five years) copy of an IRS certification letter on file, please call the IRS Business line, **1-800-829-0115**, to request a **“Letter 147C”**, *or* call **1-877-829-5500** to request a "**Letter 4158c.”** Only the applicant is authorized to request a copy of this letter.
4. **W-9 Form** – Include a completed W-9 form. The name of the entity must exactly match the name indicated on the IRS certification letter, and the W-9 must be the most current issued (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>).
5. **SAM Registration/UEI#:** All grantees, sub-recipients and contractors participating in the CDBG Program are required to be registered in the System for Award Management (SAM) at [www.sam.gov](http://www.sam.gov) for the purpose of obtaining a Commercial or Government Entity (CAGE) Code. The CAGE Code is a unique identifier assigned to government agencies and various organizations.  **UEI** numbers provide a standardized method of identifying a given facility at a specific location. **This documentation, for the applicant, must be submitted with the application.**

All applicants should complete the application package and submit all requested material to the Department’s **Springfield** Office at:

**In Person:**

Illinois Department of Commerce and Economic Opportunity

Office of Community Development

1 West Old State Capitol (known as the Myers Building)

2nd Floor

Springfield, IL 62701

**Or mailed to:**

Illinois Department of Commerce and Economic Opportunity

Office of Community Development

607 East Adams

3rd Floor

Springfield, IL 62701

Applications for the competitive Housing Rehabilitation component must be submitted by the submission deadline of **Thursday, January 18, 2024** **no later than** **5:00 p.m.** Facsimile submissions will not be accepted.

**PACKAGING YOUR APPLICATION**

All grant application materials **must** be:

* Typed (except for signatures and maps)
* Clipped together with a large binder clip on the top. Any oversize pages such as maps should be placed at the end of the application.
* Contained in two brown **legal-size**, open-top (no foldovers with cords or ties) expandable folders.(One marked “original,” and one marked “copy!”)
* Labeled with a 2”x 4” white label, placed in the top right-hand corner of the folder with the following information:
* Name of Applicant
* Grant Year & Type of Grant
* Original or Copy

For Example:

VILLAGE OF ABRACADABRA

2023/2024 Housing Rehabilitation

Original

**DO NOT USE:** dividers, staples, binders, folders or other methods of containment.

**Submit the Original including all of the following:**

* **All Application Materials (**The Section IV, Part I forms and documentation). *Please clearly label the original***.**

***NOTE: All application materials requiring a signature from the applicant must be signed by the Chief Elected Official.***

**Don’t Forget to Submit One Full Copy!**

**SECTION IV**

**COMPETITIVE HOUSING REHABILITATION COMPONENT**

**I. APPLICATION FORMS**

***Note: Applicants are required to use the forms contained in this application guidebook. Incomplete forms will not be accepted. Please see Section I, Part D for specifics.***

**HOUSING REHABILITATION**

**CDBG Submission Checklist**

**AND TABLE OF CONTENTS**

All CDBG applications will be screened for completeness. Applicants must complete and submit this checklist with the application. **All pages of the application must be sequentially numbered**. Use the right-hand column, labeled "Page Number" to indicate the page for each item.

Both the original grant application (*indicate "original" on the cover*) and a complete copy (*indicate “copy” on the cover*) of the grant application must be submitted. See Section IV, Part H for submission information.

APPLICATION FORMS PAGE NUMBER

\_\_\_\_ Completed Submission Checklist (This Page)  \_\_\_\_\_\_

\_\_\_\_ Letter of Transmittal from Chief Elected Official \_\_\_\_\_\_

\_\_\_\_ State of Illinois DCEO Uniform Grant Application (See Section VII) \_\_\_\_\_\_

\_\_\_\_ CDBG Applicant Project Information \_\_\_\_\_\_

\_\_\_\_ Housing Fact Sheet \_\_\_\_\_\_

\_\_\_\_ Project Summary for Housing Projects, applicant insert \_\_\_\_\_\_

\_\_\_\_ Housing Project Design, applicant insert (See Section IV E) \_\_\_\_\_\_

\_\_\_\_ State of Illinois Uniform Budget Template (See Section VII) \_\_\_\_\_\_

\_\_\_\_ Housing Rehabilitation Working Cost Estimate/Activity Delivery & Rehab Admin Detail \_\_\_\_\_\_

\_\_\_\_ Income Survey/Housing Needs Survey (**must be double-sided**) \_\_\_\_\_\_

\_\_\_\_ Minority Benefit/Affirmative Housing Statement (In Section VII) \_\_\_\_\_\_

\_\_\_\_ Project Need Map of Community \_\_\_\_\_\_

\_\_\_\_ Project Readiness Information (See Section IV G)

Letters from General Contractors \_\_\_\_\_\_

Resumes/Copy of EPA, RRP certification \_\_\_\_\_\_

Cost Estimates of Three Specific Housing Units (Min, Mod, Major) \_\_\_\_\_\_

DOCUMENTATION, CERTIFICATIONS, RESOLUTIONS

**Citizen Participation: 7-Day Notice/Public Hearings (See Section IIC, Form In Section VII)**

\_\_\_\_ Newspaper clipping, \_\_\_\_\_\_

\_\_\_\_ Publisher’s certification (No emails) \_\_\_\_\_\_

\_\_\_\_ Certified minutes \_\_\_\_\_\_

\_\_\_\_ Attendance sheet(s) \_\_\_\_\_\_

\_\_\_\_ Council Resolution of Support and Commitment of Local Funds \_\_\_\_\_\_

\_\_\_\_ Local Government Certifications (In Section VII) \_\_\_\_\_\_

\_\_\_\_ Mandatory Disclosures (In Section VII) \_\_\_\_\_\_

\_\_\_\_ Conflict of Interest Disclosure (In Section VII) \_\_\_\_\_\_

\_\_\_\_ Environmental Review for Activity/Project that is Exempt or Categorically Excluded Not Subject to Section 58.5 \_\_\_\_\_\_

\_\_\_\_ Project Location Map, (See Part E., 4 and Part G., 1) \_\_\_\_\_\_

\_\_\_\_ FEMA issued Flood Plain Map (See Part E., 4) \_\_\_\_\_\_

ATTACHMENTS

\_\_\_\_ Letters of Commitment for Leveraging Sources \_\_\_\_\_\_

\_\_\_\_ Local Administrative Policy & Procedures Manual (one copy only) \_\_\_\_\_\_

\_\_\_\_ Local General Contractors Information \_\_\_\_\_\_

\_\_\_\_ Fair Housing Ordinance/Resolution \_\_\_\_\_\_

\_\_\_\_ W-9 \_\_\_\_\_\_

\_\_\_\_ SAM Registration (UEI #) \_\_\_\_\_\_

\_\_\_\_ IRS Certification Letter \_\_\_\_\_\_

\_\_\_\_ GATA Registration Printout \_\_\_\_\_\_

*Template*

**LETTER OF TRANSMITTAL**

*This information must be transferred to the Applicant Community’s Official Letterhead*

Date

Illinois Department of Commerce

and Economic Opportunity

607 East Adams

Springfield, Illinois 62701

Dear Director:

The (unit of local government) is submitting an application for a housing grant under the Community Development Block Grant (CDBG) Program Housing Rehabilitation Component. The grant request is in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be used to (use of funds). The benefit to low-to-moderate income individuals is 100%. The (name of local government) will contribute $\_\_\_\_\_\_\_\_\_ from (source of funds) toward the completion of the project.

Very truly yours,

(Signature of Chief Elected Official)

**STATE OF ILLINOIS – DCEO UNIFORM GRANT APPLICATION**

*(See Section VII for Form Information)*

**CDBG APPLICANT PROJECT INFORMATION**

**HOUSING REHABILITATION COMPONENT**

**I. PROJECT BENEFIT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME LEVEL** | **NUMBER OF UNTS TO BE REHABILITATED** |  | **NUMBER OF PERSONS** |
| LOW (80%) |  |  |  |
| VERY LOW (50%) |  |  |  |
| POVERTY (30%) |  |  |  |
|  |  |  |  |

**II. APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Business Phone Number |  | |
| Business E-mail |  | |
| Fiscal Year End Date | MM | / DD |

**III. APPLICATION WRITER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  | | | |
| Last Name |  | | | |
| Title |  | | | |
| Agency Name |  | | | |
| Agency Type |  | | | |
| Mailing Address |  | | | |
| Telephone |  | | Email |  |
| Federal Employer Identification Number | |  | | |
| RACF ID Number | |  | | |

**IV. HOUSING INSPECTOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name |  | | | | |
| Last Name |  | | | | |
| Title |  | | | | |
| Agency Name |  | | | | |
| Agency Type |  | | | | |
| Mailing Address |  | | | | |
| Telephone |  | Email |  | | |
| Federal Employer Identification Number | | | |  | |
| **ILLINOIS IDPH LEAD INSPECTOR/RISK ASSESSOR LIC.** | | | | |  |

**HOUSING FACT SHEET**

Please complete the information requested below:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Total Project Cost: | |  | | | | | | $ |
| 2 | Number of housing units in the community | | |  | | | | | # |
| 3. | Number of housing units in project area:  (*including rental units, modular homes, and vacant housing units)* | |  | | | | | | # |
|  |
| Number of surveys received from the project area: | | | | | | | | |  |
|  | Number LMI owner occupied housing units in project area in need of rehabilitation:(*must be supported by submitted surveys*) | | | | | | | |  |
|  | Number of LMI owner occupied housing units in project area to be rehabilitated: | | | | | | | |  |
| 4. | Person who will be Fiscal Coordinator | |  | | | | | | |
|  | Name |  | | | Title |  | | | |
| 5. | Person who will be the housing inspector | | | |  | | | | |
|  | Name |  | | | Lic # |  | | | |
| 6. | List professional services which may be contracted for, e.g. regional planning commission or consulting firm. | | | | | | | | |
|  | Name |  | | | Telephone | |  | | |
|  | Title |  | | | Email | |  | | |
|  |  |  | | |  | |  | | |
|  | Name |  | | | Telephone | |  | | |
|  | Title |  | | | Email | |  | | |
| 7. | Specify whether any of the project area is in a floodplain. | | | | | | | Yes  No | |
| 8. | If yes, does the applicant participate in the National Flood Insurance Program? | | | | | | | | |
|  |  | | | | | | | Yes  No | |

**PROJECT SUMMARY**

*(See Section IV E)*

**HOUSING PROJECT DESIGN**

*(See Section IV E)*

**HOUSING REHABILITATION**

**WORKING COST ESTIMATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Budget** | **Total Amount Per Activity** | **CDBG**  **$ Request** | **Other**  **Funds** | **Identify Other Sources** |
| **14A Rehabilitation** |  |  |  |  |
| **(Other)** |  |  |  |  |
| **14H Activity Delivery** |  |  |  |  |
| **14HI Rehabilitation Administration** |  |  |  |  |
| **TOTAL COSTS:** |  |  |  |  |

**INCOME SURVEY COVER SHEET**

**COMMUNITY DEVELOPMENT SURVEY**

Name of Community \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent's Street Address (Required):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Structure Number Street Name

Introduction: Hello, I'm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I'm conducting a survey for the City/Village of \_\_\_\_\_\_\_\_\_\_\_\_\_. We're collecting information needed to complete an application for a community development grant. What you say will be kept strictly confidential in accordance with the Privacy Act of 1974 (Public Law 93-579). Your answers are very important to our community improvement effort.

**INSTRUCTIONS**

1. The Income Survey **must** include the structure address of the respondent but it is not necessary for them to sign the Survey.

2. Complete all requested information based on the household occupants.

3. If the respondent wishes to not complete the “minority benefit determination” section of the Income Survey, the “I choose to not respond” box **must** be checked.

4. The “Housing Needs Survey” must include:

the street address of the household interviewed;

the original signature of the person approving the Survey; and

the date of approval.

1. The completed, signed Community Development Block Grant Income Survey and the Housing Needs Survey must be a double-sided original.
2. Surveys submitted without the occupant’s address, required signature of reviewer, and date will be considered spoiled/unusable. Further, verification of survey results may be randomly conducted by CDBG Program Staff.

*The Survey data will be used in the evaluation of the community grant application. Completion of the Survey does not constitute an application for or guarantee assistance.*

**COMMUNITY DEVELOPMENT BLOCK GRANT INCOME SURVEY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Community: | |  | | | | County: | | | |  | | | |
| Street Address: | |  | | | | Date Conducted: | | | |  | | | |
|  | | | | | | | | | | | | | |
| 1. How many people are living in the house? | | | |  | | |
| 2. Check here if female headed household ( ) | | | | | | | |
| 3 How many people are over 62 years old? | | | |  | | |
| 4. How many persons with physical or developmental disabilities are there in your household: | | | | | | | | | | |  |
| 5. Do you own your own home? | |  | Or rent? | | |  |
| 6. To help determine the ethnic population of your locality or project area, please indicate the number of persons in the household in each appropriate category: | | | | | | | | | | | | |
| **MINORITY BENEFIT DETERMINATION** | | | | | | | | | | | | |
| **Racial Group** | | | | | | | | **Total Persons** | | **# of Hispanic / Latino Ethnicity** | | |
| White | | | | | | | |  | |  | | |
| Black/ African American | | | | | | | |  | |  | | |
| Asian | | | | | | | |  | |  | | |
| American Indian/Alaskan Native | | | | | | | |  | |  | | |
| Native Hawaiian/Other Pacific Islander | | | | | | | |  | |  | | |
| American Indian/Alaskan Native and White | | | | | | | |  | |  | | |
| Asian and White | | | | | | | |  | |  | | |
| Black/African American and White | | | | | | | |  | |  | | |
| American Indian/Alaskan Native and Black/African American | | | | | | | |  | |  | | |
| Other Individuals Reporting more than One Race | | | | | | | |  | |  | | |
| I choose to not respond 🞎 | | | | | | | | | | | | |

Use the most recent Section 8 Income Limits for your county. Indicate Month/Year:\_\_\_\_\_\_\_ (See Section IX Attachments)

Enter the figures detailed on the line entitled “LOW-INCOME” for 80% and “VERY LOW-INCOME” for 50%.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Persons in Family /Household** | **Annual Income Limit**  **30% of median**  **(A)** | **Annual Income Limit**  **50% of median**  **(B)** | **Annual Income Limit**  **80% of median**  **(C)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

7. Based on the number of persons in your household, check whether your entire household income is:

|  |  |  |  |
| --- | --- | --- | --- |
| **Lower** than Column A …….. |  | Between Columns B & C …. |  |
| Between Columns A & B ….. |  | **Higher** than Column C ……. |  |

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING NEEDS SURVEY**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed for ALL housing rehabilitation projects**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. How many rooms are in the house – not counting bathrooms? |  | | |  |  |
| 2. Is your house connected to a central sewer system |  |  | Yes |  | No |
| 3. Are any major improvements needed to your home |  |  | Yes |  | No |
| If yes, please describe below |  |  |  |  |  |
| Roofing |  |  |  |  |  |
| Plumbing |  |  |  |  |  |
| Electrical/Wiring |  |  |  |  |  |
| Heating/AC |  |  |  |  |  |
| Foundation |  |  |  |  |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |
| Is your home One-story  or Two-story  | | | | | |
| Does your home have a Basement  or Crawl Space  |  |  |  |  |  |
|  |  |  |  |  |  |

***FOR INTERVIEWER ONLY!***

|  |  |  |  |
| --- | --- | --- | --- |
| Place corresponding points to describe the extent of each structural deficiency. | | | |
| **SECTION A – Major Deficiencies** | | | |
| **Points: (6) Remove/Replace (3) Repair (0) No Repairs Needed** | | | |
| Roofing |  | Plumbing – Drain/Waste/Vent |  |
| Framing – Exterior walls & Sills |  | Plumbing – Supply & Fixtures |  |
| Framing – Load bearing beams & joists |  | Electrical Service & Distribution |  |
| Foundation |  | Electrical Fixtures |  |
| Furnace |  | **Section A Total (Max. 54)** |  |
|  | | | |
| **SECTION B – Minor Deficiencies** | | | |
| **Points: (4) Remove/Replace (2) Repair (0) No Repairs Needed** | | | |
| Doors – Interior |  | Interior Flooring |  |
| Doors – Exterior |  | Windows |  |
| Porches/Entrances |  | Siding/Painting |  |
|  | | **Section B Total (Max. 24)** |  |
| Approximate Square Footage: **\_\_\_\_\_\_\_\_\_\_\_** | | **Total Points (A + B)** |  |
| **Designate if housing unit is a Mobile Home Yes**  **No**  **Eligible? Yes**  **No**  | | | |

*Type of Survey Conducted**: 🞎 Door-to-Door 🞎 By Mail: 🞎 Combination*

*INCOME & HOUSING NEEDS SURVEYS APPROVED BY:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed Name Signature Date*

***\*Surveys submitted without the occupant’s address, date conducted and signature and date of approver will be considered spoiled/unusable. Further, verification of survey results may be randomly conducted by CDBG Program Staff.***

**MINORITY BENEFIT/AFFIRMATIVE HOUSING STATEMENT**

*(See Section VII for Form)*

**PROJECT NEED MAP OF COMMUNITY**

*(See Section III E)*

**LETTERS FROM GENERAL CONTRACTORS**

**RESUMES/COPY OF EPA RRP CERTIFICATION FOR CONTRACTORS**

**COST ESTIMATES OF THREE SPECIFIC HOUSING UNITS**

**(Min, Mod, Major)**

**PUBLIC HEARING NOTICE**

*(See Section VII for Sample)*

**NEWSPAPER CLIPPING**

*(See Section II C)*

**PUBLISHER’S CERTIFICATION**

*(See Section II C)*

**CERTIFIED MINUTES**

*(See Section II C)*

**ATTENDANCE SHEET(S)**

*(See Section II C)*

**COUNCIL RESOLUTION OF SUPPORT**

*(See Section VII for Template)*

**LOCAL GOVERNMENT CERTIFICATIONS**

*(See Section VII for Form)*

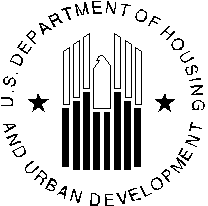
**MANDATORY DISCLOSURES**

*(See Section VII for Form)*

**CONFLICT OF INTEREST DISCLOSURE**

*(See Section VII for Form)*

**U.S. Department of Housing and Urban Development**



451 Seventh Street, SW

Washington, DC 20410

www.hud.govespanol.hud.gov

**Environmental Review**

**for Activity/Project that is Exempt or**

**Categorically Excluded Not Subject to Section 58.5**

**Pursuant to 24 CFR Part 58.34(a) and 58.35(b)**

**Project Information**

**Project Name: Activity Delivery and Rehabilitation Administration for Housing Rehabilitation Project in the community’s full legal name.**

**Responsible Entity:**

**Grant Recipient** (if different than Responsible Entity):

**State/Local Identifier**: TBD, If CDBG-HR Grant is Awarded.

**Preparer:**

**Certifying Officer Name and Title:**

**Consultant** (if applicable):

**Project Location: Street Address for community’s governmental building only**

**Description of the Proposed Project** [24 CFR 58.32; 40 CFR 1508.25]**: Activity Delivery and Rehabilitation Administration necessary to eventually undertake a single family, owner-occupied LMI Housing Rehabilitation project in a project area of the community’s full legal name, project county’s name, Illinois.**

**Level of Environmental Review Determination:**

Activity/Project is Exempt per 24 CFR 58.34(a): 1, 3, 5, 6.

Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Number** | **HUD Program** | **Exempt Amount** | **Categorically Excluded Amount** |
| TBD | State CDBG | $ |  |
|  |  |  |  |

**Estimated Total HUD Funded Amount:**

**This project anticipates the use of funds or assistance from another Federal agency in addition to HUD in the form of** (if applicable)**:**

**Estimated Total Project Cost** (HUD and non-HUD funds) [24 CFR 58.32(d)]**: $(total of Activity Delivery & Rehab Admin only), with $\_\_\_\_\_\_\_\_ for Activity Delivery and $\_\_\_\_\_\_\_\_\_\_ for Rehabilitation Administration.**

# Compliance with 24 CFR §50.4 and §58.6 Laws and Authorities

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

|  |  |  |
| --- | --- | --- |
| **Compliance Factors**: Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6 | Are formal compliance steps or mitigation required? | Compliance determinations |
| **STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6** | | |
| **Airport Hazards**  24 CFR Part 51 Subpart D | Yes No | No sale or acquisition of property will occur. |
| **Coastal Barrier Resources**  Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501] | Yes No | *Illinois is not a covered state under these Acts.* |
| **Flood Insurance**  Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a] | Yes No | *The project is exempt pursuant to Section 58.6(a)(3), because it is funded through a HUD formula grant made to a state.* |

**Mitigation Measures and Conditions [40 CFR 1505.2(c)]**

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

|  |  |
| --- | --- |
| Law, Authority, or Factor | Mitigation Measure |
|  |  |
|  |  |
|  |  |
|  |  |

Preparer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

Name/Title/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Entity Agency Official Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).



**PROJECT LOCATION MAP**

*(See Part E., 4 and Part G., 1)*

**FEMA ISSUED FLOODPLAIN MAP**

*(See Part E., 4)*

**LETTERS OF COMMITMENT FOR LEVERAGING SOURCES**

**LOCAL ADMINISTRATIVE POLICY & PROCEDURES MANUAL**

*(one copy only)*

**LOCAL GENERAL CONTRACTOR’S INFORMATION**

**FAIR HOUSING ORDINANCE/RESOLUTION**

**W-9**

**SAM REGISTRATION (UEI #)**

*(See Section III I)*

**IRS CERTIFICATION LETTER**

*(See Section III I)*

**GATA REGISTRATION PRINTOUT**

*(See Section III I)*