

**SECTION VI**

**DISASTER RESPONSE PROGRAM**

**SECTION VI**

**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: 420-75-1637

CSFA TITLE: COMMUNITY DEVELOPMENT BLOCK GRANTS DISASTER RESPONSE PROGRAM

DCEO FUNDING OPPORTUNITY NUMBER: 24-7

DCEO FUNDING OPPORTUNITY TITLE: CDBG DISASTER RESPONSE PROGRAM

Applications may be submitted based on the published Guidebook. The Guidebook and required supporting documentation for the application can be found at: <https://dceo.illinois.gov/communitydevelopment.html> **Sections I, II and VII apply to all program elements. Please be certain to review these sections as well as the specific programmatic section of the Guidebook.**

**DISASTER RESPONSE PROGRAM**

The Department has not allocated a specific amount of CDBG funds for the Disaster Response component, however DCEO will seek to make funds available if the need arises. A grant ceiling of $250,000 per Unit of Local Government (UGLG) has been established. This program is designed for communities experiencing an imminent and urgent threat to public health and safety as indicated by a disaster declaration by the Governor of the State of Illinois.

Applications for the Disaster Response program must be received by the Department within six (6) months from the date of the Gubernatorial Disaster Declaration. Funds will be available on an as needed basis to all eligible applicants meeting program and component requirements until all funds allocated to this component have been distributed.

Applicants must demonstrate the financial burden of the activity; and other sources of funding are not available.

A grant award document will be issued for a contract period of twelve months – no extensions will be granted.

A. **Eligible Activities**

When emergency conditions threaten the public health and safety and/or immediate action is necessary to stop physical deterioration after a disaster has occurred, certain activities are allowed on an interim or temporary basis. Under these circumstances acceptable activities include:

* Debris removal;
* Clearance of streets including snow removal and similar activities;
* Temporary or permanent street repair that does not alter environmental conditions and is limited to protection, repair, or restoration activities necessary only to control or arrest the effects from the disaster;
* Activity Delivery for required documentation and compliance. Activity Delivery must be charged on an hourly basis and cannot exceed $5,000 per grant award.

B. **Ineligible Activities**

The following are specifically identified as ineligible.

* Regular activities of local government, such as curbside collection of garbage or trash.
* General government expenses.
* Repair of parks or playgrounds.
* Repair or construction of buildings, or portions thereof, used predominantly for the general conduct of government (e.g., city halls, courthouses, jails, police stations).
* Costs of repairing or maintaining public infrastructure and services.
* Servicing or refinancing of existing debt.
* Repair, replacement, clearance or demolition of/on privately owned structures/property.

C. **ELIGIBILITY THRESHOLDS**

Projects must meet the following minimum thresholds:

1. Application must be for an area included in a Disaster Declaration by the Governor of the State of Illinois.
2. The community must be able to demonstrate the financial burden of the activity.
3. The community has exhausted all other options/sources for funding the activity.

D. **DOCUMENTATION REQUIREMENTS**

1. Each application must include the UGLG’s most recent audit. If unavailable, please contact the Department to determine potential alternative documentation.
2. All required application forms must be completed with appropriate backup documentation.
3. The Department reserves the right to designate an application “DO NOT FUND”, and not complete the rest of its’ review for the following reasons:
   * 1. Using self-created forms.
     2. Forged, copied, taped, pasted or any alterations to original signatures or dates.
4. The project must qualify for the National Objective of Urgent Need, however, the percentage of Low-to-Moderate income persons in the area must be provided. If the area meets or exceeds 51% LMI, the National Objective of LMI will be utilized in the grant award.

**Low-to-Moderate Income Benefit Documentation**

To meet federal requirements the project must be shown to meet a National Object for the CDBG Program. In the case of the Disaster Response program there are two possible National Objectives:

1) benefiting to low and moderate-income (LMI) residents or

2) meeting an urgent need.

The State wishes to qualify a project as benefiting LMI residents when possible. To determine if a project can be qualified under the LMI National Objective, the applicant should reference the most recent data from the HUD Low and Moderate-Income Summary Data for the jurisdiction that most closely reflects the applicant’s boundary. Please see Section I for details.

E. **NARRATIVE RESPONSES / INCLUSIONS**

All applications must include the following narrative responses as well as the requested documentation. **See the “Application Checklist” for placement in the application.**

1. **Letter of Transmittal** – must include the amount requested, a brief project description, the LMI benefit, and certify that the application meets the eligibility threshold of Urgent Need.

**2**. **Project Summary** - should consist of a narrative covering all key points of the project. This summary should include the following:

1. Describe the project – Describe the emergency nature of the project (the severity and immediacy of the problem) and what was completed to address the issue. What threat to health and safety was being addressed? On what date did the emergency occur? Has the project been completed?
2. Describe the project area, including legal boundaries. Who was affected and how?
3. Justification of the local government's need for CDBG assistance in relation to its overall financial capability, including discussion of outstanding indebtedness.

3. **Project Maps -** The following maps must be included in the application submission.

1. **A project location map** must be included in the application. It is expected to be sufficiently detailed to show the following information:

1) specific boundaries of the project area;

2) railroads, highways, interstates, and corporate limits.

The project map must be suitable for reproduction and shall not exceed the page size of 11 x 17 inches. (Applicants may also submit blueprints or larger project maps as a supplement to their submission, if they deem necessary in order to show project details sufficiently.)

1. **A FEMA issued Floodplain map** **must** be included in the application. You can obtain this map by calling FEMA at 1(800) 358-9616 or by using the website <https://msc.fema.gov>. The project area must be clearly drawn on the map prior to submission.

4. **Governor’s Disaster Declaration** – Each application must include a copy of the pertinent Governor’s Disaster Declaration.

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. The actual number of awards will be subject to funding availability and the amount of each applicant's request. Applications are reviewed in the order in which they are received. 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.

G. **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 submitting an application.

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

1. **State of Illinois Uniform Grant Application** <https://www2.illinois.gov/dceo/CommunityDevelopment/Pages/CDBG_Programs.aspx>
2. **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.
3. **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>).
4. **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

1020 South Spring

Springfield, IL 62704

**Or mailed to:**

Illinois Department of Commerce and Economic Opportunity

Office of Community Development

1011 South 2nd Street

Springfield, IL 62704

**Facsimile or electronic 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:

For Example:

VILLAGE OF ABRACADABRA

Disaster Response

03/17/2024

Original

* NAME OF APPLICANT
* Disaster Response
* Date of Disaster
* Original or Copy

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

**Submit the original and one complete copy.  Include all of the following:**

* **All Application Materials** (Application 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.***

**SECTION VI**

**DISASTER RESPONSE**

**H. APPLICATION FORMS**

**CDBG Disaster Response Application Submission Checklist**

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. (‚)

\_\_\_\_ Original grant application (*indicate the "original" on the cover*)

\_\_\_\_ A copy of the grant application.

PROJECT INFORMATION PAGE NUMBER

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

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

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

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

\_\_\_\_ Project Summary (See Section VIE) \_\_\_\_\_\_

\_\_\_\_ Project Maps (See Section VIE) \_\_\_\_\_\_

\_\_\_\_ FEMA Issued Floodplain Map \_\_\_\_\_\_

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

\_\_\_\_ Force Account Summary Record (FEMA Form 90-123) \_\_\_\_\_\_

\_\_\_\_ Materials Summary Record (FEMA Form 90-124) \_\_\_\_\_\_

\_\_\_\_ Rented Equipment Summary Record (FEMA Form 90-125) \_\_\_\_\_\_

\_\_\_\_ Contract Work Summary Record (FEMA Form 90-126) \_\_\_\_\_\_

\_\_\_\_ Force Account Equipment Summary Record (FEMA Form 90-127) \_\_\_\_\_\_

\_\_\_\_ Costs Summary \_\_\_\_\_\_

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

DOCUMENTATION, CERTIFICATIONS, RESOLUTIONS

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

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

\_\_\_\_ Publisher’s certification \_\_\_\_\_\_

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

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

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

(Template in Section VII)

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

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

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

\_\_\_\_ Intergovernmental Cooperation Agreement, if applicable (See Section VII) \_\_\_\_\_\_

ATTACHMENTS

\_\_\_\_ Unit of Local Government’s most recent financial audit \_\_\_\_\_\_

\_\_\_\_ Governor’s Disaster Declaration \_\_\_\_\_\_

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

\_\_\_\_ SAM Registration (CAGE #) \_\_\_\_\_\_

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

Sample

Letter of Transmittal

Date

Director's Office

Illinois Department of Commerce and Economic Opportunity

607 East Adams

Springfield, Illinois 62701

Dear Director:

The (name of local government) is submitting an application for consideration under the Community Development Block Grant (CDBG) Program Disaster Response (DR) Component. The initial request for consideration of funding is in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be used to (use of funds). The benefit to low-to-moderate income individuals is \_\_\_\_\_\_%.

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**

**TYPE OF CDBG REQUESTED:**

 DISASTER RESPONSE

**National Objective**

** Urgent Need**

** Low-to-Moderate Income**

**I. PROJECT BENEFIT INFORMATION**

Provide the following information:

The LMI benefit was determined by using:  CENSUS DATA

 Previous Community Wide INCOME SURVEY:

 Previous Community Wide RANDOM SAMPLE:

TOTAL NUMBER TOTAL NUMBER PERCENT BENEFIT

OF PERSONS SERVED OF LMI PERSONS SERVED TO LMI PERSONS

(Census Data OR (Census Data OR (Census Data OR

Survey Worksheet – **Line 16**) Survey Worksheet - **Line 14**) Survey Worksheet - **Line 17**)

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**II. GRANT ADMINISTRATOR FOR THIS PROJECT**

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

**PROJECT SUMMARY**

*(See Section VI E)*

**PROJECT MAPS**

*(See Section VI E )*

**FEMA ISSUED FLOODPLAIN MAP**

*(See Section VI E )*

**STATE OF ILLINOIS – UNIFORM BUDGET TEMPLATE**

*(See Section VII for Form Information)*

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| DEPARTMENT OF HOMELAND SECURITY  Federal Emergency Management Agency  **FORCE ACCOUNT LABOR SUMMARY** | | | | | | | | | | | PAGE \_\_\_\_\_\_ OF  O.M.B. Control Number: 1660-0017  Expires: December 31, 2021 | | | | | |
| APPLICANT | | | | | PA ID # | | | | | PROJECT # | | | DISASTER | | | |
| LOCATION/SITE | | | | | | | | | | CATEGORY | | | PERIOD COVERING | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | | | | |
| NAME | DATES AND HOURS WORKED EACH WEEK | | | | | | | | | COSTS | | | | | | |
| DATE |  |  |  | |  |  |  |  | TOTAL HOURS | | HOURLY RATE | BENEFIT RATE/HR | | TOTAL HOURLY RATE | TAL COSTS |
| JOB TITLE |
| NAME | REG. |  |  |  | |  |  |  |  |  | |  |  | |  |  |
| JOB TITLE | O.T. |  |  |  | |  |  |  |  |  | |  |  | |  |  |
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| JOB TITLE | O.T. |  |  |  | |  |  |  |  |  | |  |  | |  |  |
| **TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME** | | | | | | | | | | | | | | | | $ |
| **TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME** | | | | | | | | | | | | | | | | $ |
| **I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.** | | | | | | | | | | | | | | | | |
| CERTIFIED | | | | | TITLE | | | | | | | | | DATE | | |

**FEMA Form 009-0-123 PREVIOUS EDITION OBSOLETE**

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| DEPARTMENT OF HOMELAND SECURITY  Federal Emergency Management Agency  **MATERIALS SUMMARY RECORD** | | | | | | PAGE \_\_\_\_\_\_ OF  O.M.B. Control Number: 1660-0017  Expires: December 31, 2021 | | | | | | | |
| APPLICANT | | PA ID #. | | | | | PROJECT #. | | | DISASTER | | | |
| LOCATION/SITE | | | | | | | CATEGORY | | | PERIOD COVERING | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | |
| VENDOR | DESCRIPTION | | | QUAN. | UNIT PRICE | | | TOTAL PRICE | DATE DATE PURCHASED USED | | | INFO FROM (CHECK ONE) | |
| INVOICE | STOCK |
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**FEMA Form 009-0-124 PREVIOUS EDITION OBSOLETE**

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| DEPARTMENT OF HOMELAND SECURITY  Federal Emergency Management Agency  **RENTED EQUIPMENT SUMMARY RECORD** | | | | | | PAGE \_\_\_\_\_\_ OF  O.M.B. Control Number: 1660-0017  Expires: December 31, 2021 | | | | | |
| APPLICANT | | | | PA ID #. | | | | PROJECT #. | DISASTER | | |
| LOCATION/SITE | | | | | | | | CATEGORY | PERIOD COVERING | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | |
| **TYPE OF EQUIPMENT**  **Indicate size, Capacity, Horsepower Make and Model as Appropriate** | **DATES AND HOURS USED** | **RATE PER HOUR** | | | **TOTAL COST** | | **VENDOR** | | **INVOICE NO.** | **DATE AND AMOUNT PAID** | **CHECK NO.** |
| **W/ OPR** | **W/OUT OPR** | |
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| **GRAND TOTAL** | | | | | | | | | |  | |
| **I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.** | | | | | | | | | | | |
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**FEMA Form 009-0-125 PREVIOUS EDITION OBSOLETE**

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| DEPARTMENT OF HOMELAND SECURITY  Federal Emergency Management Agency  **CONTRACT WORK SUMMARY RECORD** | | | | PAGE \_\_\_\_\_\_ OF  O.M.B. Control Number: 1660-0017  Expires: December 31, 2021 | | | | |
| DATE | | | PA ID # | | PROJECT # | | DISASTER | |
| LOCATION/SITE | | | CATEGORY | | | | PERIOD COVERING | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | |
| **DATES WORKED** | **CONTRACTOR** | | **BILLING/INVOICE NUMBER** | | | **AMOUNT** | **COMMENTS- SCOPE** | |
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| **GRAND TOTAL** | | | | | |  |  | |
| **I CERTIFY THAT THE INFORMATION WAS OBTAINED FROM PAYROLL, INVOICES, OR OTHER DOCUMENT THAT ARE AVAILABLE FOR AUDIT.** | | | | | | | | |
| CERTIFIED | | TITLE | | | | | | DATE |

**FEMA Form 009-0-126 PREVIOUS EDITION OBSOLETE**

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| DEPARTMENT OF HOMELAND SECURITY  Federal Emergency Management Agency  **FORCE ACCOUNT EQUIPMENT SUMMARY RECORD** | | | | PAGE \_\_\_\_\_\_ OF  O.M.B. Control Number: 1660-0017  Expires: December 31, 2021 | | | | | | | | | | | | | | |
| APPLICANT | | PA ID # | | | | PROJECT # | | | | | | DISASTER | | | | | | |
| LOCATION/SITE | | | | | | CATEGORY | | | | | | PERIOD COVERING | | | | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | | | | | | |
| **TYPE OF EQUIPMENT** | | **OPERATOR'S NAME** | | | **DATES AND HOURS USED EACH DAY** | | | | | | | | | | **COSTS** | | | |
| **INDICATE SIZE, CAPACITY, HOURSEPOWER, MAKE AND MODEL AS APPROPRIATE** | **EQUIPMENT CODE NUMBER** | **DATE** | |  |  |  |  |  | |  |  | **TOTAL HOURS** | | **EQUIPMENT RATE** | **TOTAL COST** |
|  |  |  | | | **HOURS** | |  |  |  |  |  | |  |  |  | |  |  |
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| **GRAND TOTAL** | | | | | | | | | | | | | | |  | |  |  |
| **I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.** | | | | | | | | | | | | | | | | | | |
| CERTIFIED | | | TITLE | | | | | | | | | | | | | DATE | | |

**FEMA Form 009-0-127 PREVIOUS EDITION OBSOLETE**

**DISASTER RESPONSE**

**COSTS SUMMARY**

* Summarize all activities included within the project by providing totals indicated on the previously completed FEMA forms as identified below.
* Add the amounts.
* If Total Disaster Costs exceed $250,000, indicate the amount that will need to be covered by other sources.
* On the Amount to be Reimbursed line, enter $250,000 OR $250,000 less the Activity Delivery Request OR the Total Disaster Costs if less than $250,000
* Enter the Activity Delivery Request. Cannot exceed $5,000.
* Enter the Total Disaster Response Grant Request. Cannot exceed $250,000 (without Director approval).

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **CDBG**  **$ Request** | **Other**  **Funds** | **Identify Other Source(s)** |
| Total Costs for Force Account Labor Regular Time (FEMA Form 90-123) |  |  |  |
| Total Costs for Force Account Labor Overtime (FEMA Form 90-123) |  |  |  |
| Material Summary Record Grand Total (FEMA Form 90-124) |  |  |  |
| Rented Equipment Summary Record Grand Total (FEMA Form 90-125) |  |  |  |
| Contract Work Summary Record Grand Total (FEMA Form 90-126) |  |  |  |
| Force Account Equipment Summary Grand Total (FEMA Form 90-127) |  |  |  |
| **TOTAL DISASTER COSTS** |  |  |  |
| Less Amount Covered by Other Sources |  |  |  |
| **Amount to be Reimbursed by CDBG Grant Funds (no more than $250,000)** |  |  |  |
| **Request for Activity Delivery (up to $5,000 paid hourly)** |  |  |  |
| **TOTAL DISASTER RESPONSE GRANT REQUEST (no more than $250,000)** |  |  |  |

**MINORITY BENEFIT/AFFIRMATIVE HOUSING STATEMENT**

*(See Section VII for Form)*

**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)*

**INTERGOVERNMENTAL COOPERATION AGREEMENT**

*(See Section VII for Form if Applicable)*

**UNIT OF LOCAL GOVERNMENT’S MOST RECENT FINANCIAL AUDIT**

**GOVERNOR’S DISASTER DECLARATION**

**W-9**

*(See Section VI G )*

**SAM REGISTRATION (UEI #)**

*(See Section VI G )*

**IRS CERTIFICATION LETTER**

*(See Section VI G )*

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