

**SECTION VII**

**STANDARD DOCUMENTS and INFORMATION**

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

[Community Development - Community Development (illinois.gov)](https://dceo.illinois.gov/communitydevelopment.html)

* The name and contact information for Program/Project Matters (lines 23-30) should be the person who wrote the application.
* The name and contact information for the Business/Administrative Office (lines 31-38) should be the financial representative for the local government (City Treasurer, Clerk or other person responsible for financial accuracy of local government accounts).
* The authorized representative (lines 45-53) must be the Chief Elected Official.

**STATE OF ILLINOIS – UNIFORM BUDGET TEMPLATE**

[Community Development - Community Development (illinois.gov)](https://dceo.illinois.gov/communitydevelopment.html)

**MINORITY BENEFIT/AFFIRMATIVE HOUSING STATEMENT**

|  |  |  |
| --- | --- | --- |
| a. What is the percentage of the minority group(s) population residing in the community or the community nearest the proposed service area? |  | % |
| Identify the characteristics of the population of the project area by specific ethnic group. This information may be obtained from the most recent Census Data for the “applicant community.” If submitting an “on behalf of” application for a project in an unincorporated area, use Census Data for the project’s County. | | |

|  |  |  |
| --- | --- | --- |
| **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 |  |  |
| # of Female Headed Households |  |  |

|  |  |  |
| --- | --- | --- |
| With the exception of "Female Heads of Households", the above numbers should | |  |
| equal the total number of persons to benefit from the project service area. | |  |
|  | |  |
| b. What is the goal for the percentage of CDBG funded contracts to be awarded to  minority contractors? | | % |
|  | |  |
| c. If the percentage goal in *b* *is* substantially less than the percentage of minorities residing in the community, | | |
| please explain. |  | |
|  | | |
|  | |  |
|  | |  |
| d. The applicant agrees to affirmatively further fair housing by posting Fair Housing Posters and by making HUD Fair Housing Complaint Forms available to the public. | |  |
| In addition, the unit of local government | |  |
| Already has a Fair Housing Resolution on file. (Indicate Number and Date Passed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| If funded, will pass a Fair Housing Resolution. | |  |
|  | |  |

**Signature of Chief Elected Official:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Sample***

**PUBLIC HEARING NOTICE**

***Reasonable access to all available application materials must be provided where all persons within the community will have reasonable access (e.g., Village or City Hall or a public area such as a post office, web page, community center, bank, etc. located within the same community as the applicant) and shall be available for a reasonable amount of time to allow for response and comment.***

(Applicant) will hold a public hearing on (date), at (time), in (place) to provide interested parties an opportunity to express their views on the proposed federal funded Community Development Block Grant (CDBG) project. Persons with disabilities or non-English speaking persons who wish to attend the public hearing and need assistance should contact (name, address, and phone #) no later than (date). Every effort will be made to make reasonable accommodations for these persons.

On or about (date of application submission), (Applicant) intends to apply to the Illinois Department of Commerce and Economic Opportunity for a grant from the State CDBG program. This program is funded by Title 1 of the federal Housing and Community Development Act of 1974, as amended. These funds are to be used for a community development project that will include the following activities: (summary of proposed project). The total amount of CDBG funds to be requested is $(Amount requesting). The amount of CDBG funds proposed to be used for activities that will benefit low-to-moderate income persons is $(amount of CDBG funds requested X percentage of low-to-moderate income persons). The (Applicant) also proposes to expend $(amount) in non-CDBG funds on the project. These non-CDBG funds will be derived from the following sources: (source(s) and amount).

Information related to this project will be available for review prior to the public hearing as of (date of publication) at the office (location within the community) between the hours of (office hours). Interested citizens are invited to provide comments regarding these issues either at the public hearing or by prior written statement. Written comments should be submitted to (name and address—this may be the community or the application writer) no later than (date of public hearing) in order to ensure placement of such comments in the official record of the public hearing proceedings. A plan to minimize displacement and provide assistance to those displaced has been prepared by (Applicant) and is also available to the public. This project will result in (no displacement of any persons or businesses – or – displacement of the following persons and businesses [name and address]). For additional information concerning the proposed project, please contact (name, telephone number) or write to (person, address).

***Sample***

**COUNCIL RESOLUTION OF SUPPORT**

**Resolution No. \_\_\_\_\_\_\_\_\_\_\_**

**(The Resolution CANNOT be dated prior to the date of the Public Hearing)**

WHEREAS, the (unit of local government) is applying to the State of Illinois for a Community Development Block Grant, and

WHEREAS, it is necessary that an application be made and agreements entered into with the State of Illinois.

NOW, THEREFORE, BE IT RESOLVED as follows:

1) that the (unit of local government) apply for a grant under the terms and conditions of the State of Illinois and shall enter into and agree to the understandings and assurances contained in said application.

2) that the Mayor (County Board Chairman) and City Clerk (County Clerk) on behalf of the City (County) execute such documents and all other documents necessary for the carrying out of said application.

3) that the Mayor (County Board Chairman) and City Clerk (County Clerk) are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.

Passed this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_. (date required)

ATTEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Clerk (County Clerk) Mayor (County Board Chairman)

***Sample***

**RESOLUTION OF SUPPORT AND COMMITMENT OF LOCAL FUNDS**

**(The Resolution CANNOT be dated prior to the date of the Public Hearing)**

WHEREAS, the City (County) of (unit of local government), is applying to the State of Illinois for a Community Development Block Grant (CDBG) grant,

WHEREAS, it is necessary that an application be made and agreements be entered into with the State of Illinois, and

WHEREAS, cost of the project are such that financial participation by the grantee is necessary in conjunction with CDBG funds.

NOW, THEREFORE, BE IT RESOLVED as follows:

1) that the City (County) apply for a grant under the terms and conditions of the State of Illinois and shall enter into and agree to the understandings and assurances contained in said application.

2) that the Mayor (County Board Chairman) and City Clerk (County Clerk) on behalf of the City (County) execute such documents and all other documents necessary for the carrying out of said application.

3) that the Mayor (County Board Chairman) and City Clerk (County Clerk) are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.

4) that the City (County) of (unit of local government) does hereby commit funds from **(account/fund/source)** in the amount of $(dollars) for use in conjunction with an Illinois Community Development Block Grant, for an estimated total project cost of $(dollars).

Passed this (x) day of (month), (year) (date required)

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

Mayor (County Board Chairman)

ATTEST:

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

City Clerk (County Clerk)

**LOCAL GOVERNMENT CERTIFICATIONS**

On this (date) of (month), (year), the (title and name of the Chief Elected Official) of (name of the local government) hereby certifies to the Department of Commerce and Economic Opportunity in regard to an application and award of funds through the Community Development Block Grant that:

1. It will comply with the National Environmental Policy Act (NEPA) with the submission of this application and it further certifies that no aspect of the project for assistance has or shall commence prior to the award of funds to the community and the receipt of an environmental clearance.

2. It will comply with the Interagency Wetland Policy Act of 1989 including the development of a plan to minimize adverse impacts on wetlands, or providing written evidence that the proposed project will not have an adverse impact on a wetland.

3. It will comply with the Illinois Endangered Species Protection Act and the Illinois Natural Area Preservation Act by completing the consultation process with the Endangered Species Consultation Program of the Illinois Department of Natural Resources, or providing written evidence that the proposed project is exempt.

4. It will identify and document all appropriate permits necessary to the proposed project, including, but not limited to: building, construction, zoning, subdivision, IEPA and IDOT.

5. No legal actions are underway or being contemplated that would significantly impact the capacity of the (name of local government) to effectively administer the program, and to fulfill the requirements of the CDBG program.

6. It will coordinate with the County Soil and Water Conservation District regarding standards for surface and sub-surface (tile) drainage restoration and erosion control in the fulfillment of any project utilizing CDBG funds and involving construction.

7. It is understood that the obligation of the State will cease immediately without penalty of further payment being required if in any fiscal year the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this agreement.

8. It acknowledges the applicability of Davis-Bacon prevailing wage rate requirements to construction projects; a wage rate determination must be obtained prior to commencement of any construction or equipment installation; and, it shall discuss these requirements with the contractor.

9. It will comply with Section 3 of the Housing and Urban Development Act of 1968 to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing federal, state, and local laws and regulations, be directed to low and very low income persons and businesses.

10. It certifies that no occupied or vacant occupiable low-to-moderate income dwellings will be demolished or converted to a use other than low-to-moderate income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.

11. It will conduct a Section 504 self-evaluation of its policies and practices to determine whether its employment opportunities and services are accessible to persons with disabilities.

12. It will comply with 2 CFR 200, 24 CFR 570, Part 85, 24 CFR 58, and the Illinois’ Grant Accountability and Transparency Act (GATA).

13. **A FEMA Floodplain map is included in the application (as required) and is located on Page** \_\_\_\_\_\_\_\_.

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

Signature of Chief Elected Official Date

**MANDATORY DISCLOSURES**

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as “Grantee”) must disclose, in a timely manner and in writing to the State awarding agency, all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. See 30 ILCS 708/40; 44 Ill. Admin Code § 7000.40(b)(4); 2 CFR § 200.113. Failure to make the required disclosures may result in remedial action.

Please describe all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the awarding of a grant to your organization:

Grantee has a continuing duty to disclose to the Department of Commerce and Economic Opportunity (the “Department”) all violations of criminal law involving fraud, bribery or gratuity violations potentially affecting this grant award.

By signing this document, below, as the duly authorized representative of the Grantee, I hereby certify that:

* All of the statements in this Mandatory Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
* There is no action, suit or proceeding at law or in equity pending, nor to the best of Grantee’s knowledge, threatened, against or affecting the Grantee, before any court or before any governmental or administrative agency, which will have a material adverse effect on the performance required by the grant award.
* Grantee is not currently operating under or subject to any cease and desist order, or subject to any informal or formal regulatory action, and, to the best of the Grantee’s knowledge, it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority.
* If Grantee becomes the subject of an action, suit or proceeding at law or in equity that would have a material adverse effect on the performance required by an award, or an investigation by any state or federal regulatory, law enforcement or legal authority, Grantee shall promptly notify the Department in writing.

Grantee Organization: Company Name

By:

Signature of Authorized Representative

Printed Name: Authorized Signator Name

|  |  |
| --- | --- |
| Printed Title: Authorized Signator Title | Date: |

**CONFLICT OF INTEREST DISCLOSURE**

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as “Grantee”) must disclose in writing to the awarding State agency any actual or potential conflict of interest that could affect the State award for which the Grantee has applied or has received. See 30 ILCS 708/35; 44 Ill. Admin Code § 7000.40(b)(3); 2 CFR § 200.112. A conflict of interest exists if an organization’s officers, directors, agents, employees and/or their spouses or immediate family members use their position(s) for a purpose that is, or gives the appearance of, being motivated by a desire for a personal gain, financial or nonfinancial, whether direct or indirect, for themselves or others, particularly those with whom they have a family business or other close associations. In addition, the following conflict of interest standards apply to governmental and non-governmental entities.

1. **Governmental Entity.** If the Grantee is a governmental entity, no officer or employee of the Grantee, member of its governing body or any other public official of the locality in which the award objectives will be carried out shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.
2. **Non-governmental Entity.** If the Grantee is a non-governmental entity, no officer or employee of the Grantee shall participate in any decision relating to a State award which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the State award.

The Grantee shall also establish safeguards, evidenced by policies, rules and/or bylaws, to prohibit employees or officers of Grantee from engaging in actions, which create or which appear to create a conflict of interest as described herein.

**The Grantee has a continuing duty to immediately notify the Department of Commerce and Economic Opportunity (the “Department”) in writing of any actual or potential conflict of interest, as well as any actions that create or which appear to create a conflict of interest.**

***Please describe all current potential conflict(s) of interest, as well as, any actions that create or which appear to create a conflict of interest related to the State award for which your organization has applied.***

If the Grantee provided information above regarding a current potential conflict of interest or any actions that create or appear to create a conflict of interest, the Grantee must immediately provide documentation to the applicable Department grant manager to support that the potential conflict of interest was appropriately handled by the Grantee’s organization. If at any later time, the Grantee becomes aware of any actual or potential conflict of interest, the Grantee must notify the Department’s grant manager immediately, and provide the same type of supporting documentation that describes how the conflict situation was or is being resolved.

Supporting documentation should include, but is not limited to, the following: the organization’s bylaws; a list of board members; board meeting minutes; procedures to safeguard against the appearance of personal gain by the organization’s officers, directors, agents, and family members; procedures detailing the proper internal controls in place; timesheets documenting time spent on the award; and bid documents supporting the selection of the contractor involved in the conflict, if applicable.

By signing this document, below, as the duly authorized representative of Grantee, I hereby certify that:

* All of the statements in this Conflict of Interest Disclosure form are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001).
* If I become aware of any situation that conflicts with any of the representations herein, or that might indicate a potential conflict of interest or create the appearance of a conflict of interest, I or another representative from my organization will immediately notify the Department’s grant manager for this award.
* I have read and I understand the requirements for the Conflict of Interest Disclosure set forth herein, and I acknowledge that my organization is bound by these requirements.

Grantee Organization: Community Name

By:

Signature of Authorized Representative

Printed Name: Authorized Signator Name

|  |  |
| --- | --- |
| Printed Title: Authorized Signator Title | Date: |

**INTERGOVERNMENTAL COOPERATION AGREEMENT**

The (cooperative unit of local government), (county name) County, Illinois, seeks to support the efforts of the (applicant unit of local government) to obtain Community Development Block Grant (CDBG) funds from the Illinois Department of Commerce and Economic Opportunity for (proposed project)

located in (project location community, township, county).

As the chief executives of our respective local governments, we are signing this agreement to cooperate as much as needed to accomplish these improvements.

The (applicant unit of local government) is hereby designated as the lead agency for this application and will be the applicant for the funds. The (applicant unit of local government) will be liable for all program administration functions should the grant be awarded.

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

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

Attest Attest

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: This general form (or a suitable variation) is to be used by local government applicants whose proposed project or project area involves more than one jurisdiction. It is a required part of any "on behalf of" or joint application with appropriate modifications as may be required to fit local conditions.

**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 physical 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 original signature of the approver and date of review are required.

5. Surveys submitted without the occupant’s address, date conducted, signature of approver and date approved 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 development 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 service 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 HUD CDBG 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

***FOR LOCAL OFFICE USE ONLY***

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

*\*REVIEW APPROVED BY:*

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

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

**CDBG HOUSING NEEDS GUIDE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section A – Major Deficiencies** | **No Repair (0)** |  | **Repair (3)** |  | **Remove/Replace (6)** |
| **Roofing**  Sagging, Buckling, Rotting Rafters  Missing or Curling Shingles |  |  |  |  |  |
| **Framing – Exterior Walls & Sills**  Bulging or Leaning Walls  Rotted or Deteriorated Framing |  |  |  |  |  |
| **Framing – Load Bearing Beams**  Cracked or Sagging Beams & Joists |  |  |  |  |  |
| **Foundation**  Settlement or Cracks in Load Bearing Walls  Loose or Missing Foundation Materials |  |  |  |  |  |
| **Furnace**  Adequate Heat to All Habitable Spaces |  |  |  |  |  |
| **Plumbing – D W V**  System Properly Vented  Unobstructed Drain Lines |  |  |  |  |  |
| **Plumbing – Supply & Fixtures**  Adequate Water Flow & Pressure  Leaking Supply Lines |  |  |  |  |  |
| **Electrical Service & Distribution**  Sub-Standard Service Entry  (mast & weatherhead)  60 Amp or 110 - 2 Wire Service |  |  |  |  |  |
| **Electrical Fixtures**  Inadequate Number of Receptacles  & Switched Light Fixtures  to Serve Household |  |  |  |  |  |
| **Section B – Minor Deficiencies** | **No Repair (0)** |  | **Repair (2)** |  | **Remove/Replace (4)** |
| Doors – Interior  Missing doors, broken frames |  |  |  |  |  |
| Doors – Exterior  Broken, Rotted Doors & Frames |  |  |  |  |  |
| Porches/Entrances  Holes, Cracks or Rotting Materials  Tilting or Sagging Components |  |  |  |  |  |
| Interior Flooring  Holes or Tears in Floor Coverings |  |  |  |  |  |
| Windows  Broken, Missing or Rotted  Window Frames of Panes |  |  |  |  |  |
| Siding/Painting  Deteriorated or Missing Siding  Peeling or Chipping Paint |  |  |  |  |  |

For the purposes of creating three (3) cost estimates based on typical housing conditions, housing units being surveyed should be classified in the following three numerical categories.

**0–20**Points **Minimal** Rehabilitation Needed;**2–48**Points **Moderate** Rehabilitation Needed;**49–72**Points **Major** Rehabilitation Needed

**HOUSING REHABILITATION**

**Required Public Notice Template**

*(for local news publication for a one-week period)*

**Request for Qualifications (RFQ)**

**The (*Applicant community*)**

**CDBG Housing Rehabilitation Grant**

The (***Applicant community***) is soliciting proposals from qualified firms to provide grant-project managerial and administrative services to support the rehabilitation of housing units in **(*Applicant community*)**, Illinois.

The agreement will be a lump sum, fixed price based on the Budget Line Items of “General Administration” and/or “Rehabilitation Administration” (for inspection services). Payment terms will be negotiated with the selected firm.

Questions should be addressed to ***Applicant community*** at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Responses to this RFQ should be hand delivered to ***Applicant community*** or mailed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Responses to this RFQ must be received no later than (date). Please state “Proposal for Management of CDBG Housing Rehabilitation Grant” on the cover.**

**PART ONE: SCOPE OF SERVICES**

It is the **(*Applicant community*)** intent to select a firm to facilitate and oversee this comprehensive project’s scope of work, which consists of: (1) application intake and verification for program eligibility from local homeowners and (2) the inspections and subsequent rehabilitation of a projected number of housing units.

**The management project described by this RFQ is targeted to start by January 1, 2015 and to be completed by December 31, 2017.** All housing rehabilitation and related activities required to be performed under CDBG Housing Grant are targeted to start no later than 4-6 months from the beginning of the management project described in the RFQ and to be completed by no later than December 31, 2017.

The selected firm shall perform the following tasks if contracted to support the project described by this RFQ:

* Conduct **program marketing and outreach, application intake and verification of applicant eligibility** for homeowners, including to but not limited to total household income which meets HUD income guidelines for program eligibility, property ownership and any other eligibility requirements determined to be necessary.
* Provide **fiscal oversight of DCEO grant funds,** including but not limited to requests for draw down of necessary funds for all contractual payments (including administrative and rehabilitation contracts), submitting reports and supportive documentation to DCEO as described in the CDBG Housing Grant Reports Deliverable Schedule and maintaining appropriate ledgers and accounting for the expenditure of all grant funds.
* **Solicit and maintain the participation of local, qualified General Contractors** that are licensed Lead Abatement Contractors. These duties include but are not limited to the verification of proper and current licensure and insurance for all participating general and sub-contractors in compliance with all Illinois Building Codes and Laws and DCEO Grant requirements.
* Document and ensure compliance with requirements necessary to comply with all applicable Local, State and Federal **building codes, environmental and health laws, applicable statutes and regulations, including the Illinois Lead Poisoning Prevention Act & Code which requires a licensed Lead Inspector/Risk Assessor to oversee compliance of the code.**
* Provide any **other necessary grant management support** to effectively and properly oversee this project and grant on behalf of the **(*Applicant community*).**
* Prepare **cost estimates** for rehabilitation as described.
* Prepare **technical drawings, specification documents and all bid documents** to support the public bidding and procurement phase of the housing rehabilitation.
* Prepare a **General Conditions and Specifications Manual** for contractor’s use which addresses all phases of housing rehabilitation – inspection and housing rehabilitation.
* Provide **managerial-field oversight during the housing rehabilitation phases** and prepare weekly field logs and maintain photo documentation of activities undertaken.

Respondent firms of organizations, and those firms with which the qualifying firm will subcontract under this project, must meet all permit and licensing requirements as specified by the **(*Applicant community*)**, the Illinois Department of Public Health (IDPH), the Illinois Department of Financial and Professional Regulation, the Illinois Environmental Protection Agency (IEPA) and the Illinois Historic Preservation Agency (IHPA).

All work shall comply with all applicable requirements of: the Illinois Lead based paint Poisoning Prevention Act & Code, the Illinois Environmental Protection Act and associated regulations promulgated thereunder, the Illinois Plumbing Code, the Illinois Roofing Code, the National Electrical Code, the NESHAP for asbestos, the Illinois Commercial and Public Building Asbestos Abatement Act 225 ILCS 207/1 and/or the Illinois Asbestos Abatement Act, 105 ILCS 105/1 in the handling of any regulated ACM or other asbestos-contaminated materials in the properties connected with this project, and any local building and zoning codes and ordinances adopted by the **(*Applicant community*)**, Illinois.

**PART TWO: REQUEST FOR QUALIFICATIONS –**

**RESPONDENT INFORMATION NEEDED**

**Cover Page**

The following information should be included under title, **“Proposal Submitted to the (*Applicant community*) for Management of the CDBG Housing Grant.**

1. Name of respondent
2. Respondent address
3. Respondent telephone number

**RFQ Contents**

Interested respondents are invited to submit proposals that contain the following information. Respondents should letter and number their proposal response exactly as follows:

1. Introduction (transmittal letter)
2. Background / Experience / Knowledge
3. Staffing Resources / Firm’s Capacity / Team Qualifications

A brief description of the above listed Proposal sections follows:

1. **Introduction (transmittal letter)**

By signing the letter, the Respondent certifies that the signatory is authorized to bind the Respondent. The Proposal response should include:

1. A brief statement of the Respondent’s understanding of the scope of work to be performed;
2. A confirmation that the Respondent meets the appropriate State licensing requirements to practice in the State of Illinois;
3. A confirmation that the Respondent has not had a record of substandard work within the last seven (7) years;
4. A confirmation that the Respondent has not engaged in any unethical practices within the last seven (7) years;
5. A confirmation that, if awarded the contract, the Respondent acknowledges its complete responsibility for the entire contract, including payment of any and all charges resulting from the contract;
6. Any other information that the Respondent believes appropriate;
7. The signature of an individual who is authorized to provide information of this nature in the name of the Respondent submitting the RFQ.
8. **Respondent’s Background / Experience / Knowledge**

*If the Respondent is intending to partner or subcontract with another firm(s) with relevant experience, projects overseen by the partner / subcontractor firm(s) may be included in the Respondent’s list of references or projects. The following information must also be provided for proposed partners / subcontractors.*

Respondents must provide the following, unless listed as optional:

1. Describe Respondent’s firm by providing its full legal name, date of establishment, type of entity and business expertise, short history, current ownership structure and any recent or materially significant proposed change in ownership. Include Respondent’s federal tax identification number and name, title address, telephone number, fax number, and email address of contact person authorized to contractually obligate the Respondent on behalf of the Respondent.
2. Provide 3-5 client references for similar work completed in the last seven (7) years, including the names, phone numbers, and emails of contact persons in the organizations for any References. Respondent should include written references (letters or forms are acceptable) from private previous clients attesting to the quality of work and compliance with performance schedules Respondent cites in this section.
3. Provide a list of 3 – 5 completed CDBG projects, detailing each project’s scope, each project’s budget (not the Respondent’s fee), each project’s location (city) and the Respondent’s scope of service provided. The projects should describe how the Respondent assisted each entity in managing a housing rehabilitation grant and project.
4. Respondent should describe its knowledge of HUD requirements for the Community Development Block Grant Program.
5. Respondent should describe its presence in Illinois. Specifically, if the Respondent is based exclusively in Illinois, it should state such; if the Respondent’s presence in Illinois is connected to specific engagements, it should briefly list and describe.
6. Optional: Describe any issues the characteristics of which would be uniquely relevant in evaluating the experience of Respondent’s firm to handle the proposed project(s).
7. **Staffing Resources / Respondent’s Capacity / Team Qualifications**

Respondents must provide the following, unless listed as optional:

1. Provide organizational chart for Respondent’s project team to support this contract, including any functions/positions to be supported by partners or subcontractors.
2. Describe the firm’s existing workload and capacity to accomplish the work in the required time. Include any existing engagements, or awarded projects that may not have started, providing the contract term for each engagement.
3. Estimate the number of FTE hours to be assigned to this project.
4. Provide a list of staff members (or if currently not filled, the functions for proposed team members) who will be assigned to the project by the Respondent. Key management and field positions and functions providing the service described in Part One: Scope of Services, will generally include: (1) Principal in charge, President or Chief Executive Officer, (2) Project manager(s), (3) Licensed Lead Inspector/Risk Assessor Inspector(s), (4) Fiscal Manager and (5) Field Manager. Include staff that are or will be available at the start of the project and staff that will be hired or contracted by the Respondent if selected. If Respondent will utilize existing staff to support this project, please name these staff, their position and/or job function, and the number of hours the staff will be utilized on this project. If staff will be hired or contracted by the Respondent, contingent upon the Respondent being awarded this contract, please provide the names (if known), the job function and number of hours for each prospective hire that will be utilized on this project.
5. Include resumes or curriculum vitae and license (for applicable functions) of each project team member identified above.
6. Provide current information on professional liability coverage by Respondent’s firm, including amount of coverage.
7. Provide evidence of adequate financial stability through certified financial statements, including a balance sheet and income statement. The (Applicant community) reserves the right to request any additional information to assure itself of a Respondent’s financial status.

**PART THREE: SELECTION CRITERIA**

Firms requesting consideration for selection will be evaluated on the basis of written materials submitted and according to the following project related factors\*:

* Respondent’s Experience and Qualifications (including any proposed partners or subcontractors). (30) points
* Respondent’s Capacity and Team Resources. (35) points
* Respondent’s Ability to meet the Project Schedule Requirements and Scope of Work (25) points
* \*Respondent Team’s Proximity to the Project Site. (10) points

\* Geographic preference may be used as a selection factor for these services if there is adequate competition (two or more firms that are responsive and responsible).

**ECONOMIC DEVELOPMENT**

**JOB CLASSIFICATIONS**

* **Officials and Managers**

Classification includes administrative and managerial personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual Departments or special phases of a firm's operation.

Includes: officials, executives, middle management, plant managers, department managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.

* **Professional**

Classification includes occupations requiring either college graduation or experience of such kind and amount as to provide a background comparable to college education.

Includes: accountants and auditors, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, personnel and labor relations specialists, physical scientists, physicians, social scientists, surveyors, teachers, and kindred spirits.

* **Technicians**

Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education, such as is offered in many technical institutes and junior colleges, or through equivalent on-the-job training.

Includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematical aides, licensed, practical or vocational nurses, photographers, radio operators, scientific assistants, technical illustrators, technicians (medical, dental, electronic, physical science), and kindred workers.

* **Sales**

Occupations engaging wholly or primarily in direct selling.

Includes: advertising agents and sales workers, insurance agents and brokers, real estate agents and brokers, stock and bond sales workers, demonstrators, sales workers and sales clerks, grocery clerks and cashier-checkers, and kindred workers.

* **Office and Clerical**

All clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual, although some manual work not directly involved with altering or transporting the products is included.

Includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators, legal assistants, and kindred workers.

JOB CLASSIFICATIONS CONTINUED

* **Craft Workers (Skilled)**

Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. These workers exercise considerable independent judgment and usually receive an extensive period of training.

Includes: the building trades, hourly paid supervisors and lead operators who are not members of managements, mechanics and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, arts occupations, hand painters, coaters, decorative workers, and kindred workers.

* **Operatives**

Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training.

Includes: apprentices (auto mechanics, plumbers, bricklayers, carpenters, electricians, machinists, mechanics, building trades, metalworking trades, printing trades, etc); operatives, attendants (auto service and parking); blasters; chauffeurs; delivery workers; dressmakers and sewers (except factory); dryers; furnace workers; heaters (metal); laundry and dry cleaning operatives; milliners; mine operatives and laborers; motor operators; oilers and greasers (except auto); painters (except construction and maintenance); photographic process workers, stationary firefighters, truck and tractor drivers; weavers (textile); welders and flame cutters; inspectors; testers and graders; hand packers and packagers; and kindred workers.

* **Service Workers**

Workers in both protective and non-protective service occupations.

Includes; attendants (hospital and other institutions, professional and personal service, including nurses' aides and orderlies); barbers; cleaners; cooks (except household); counter and fountain workers; elevator operators; firefighters and fire protection workers; guards; door keepers; stewards; janitors; police officers and detectives; porters; servers; amusement and recreation facilities attendants; guides; ushers, public transportation attendants; and kindred workers.