Westchester Urban County Consortium
Community Development Block Grant Application
FY 2020 & FY 2021

Municipality: 

Applicant’s Legal Name: 

Federal I.D. #

DUNS #: 

Project Title: 

Project Priority: # of Application Submissions

Instructions:

1. One (1) original hard copy is required to be submitted with original attachments and two (2) copies of the application by 4:00 p.m., June 28, 2019.

2. The application is to be used in conjunction with the accompanying Program Manual on the Westchester Urban County Community Development Block Grant Program.

3. If you need assistance with your project, contact your Mr. Anthony Zaino at (914) 995-2429.

WESTCHESTER COUNTY
Department of Planning

Norma V. Drummond
Commissioner
Department of Planning
SECTION 1: PROJECT DESCRIPTION

Who can best answer questions on this application (must be filled out completely)?

Name: ____________________________________________________
Address: _____________________________________________________
Telephone #: __________________________ Fax #: _______________________
E-mail address: _______________________________________________

Where is this project located?

U.S. Congressional District    County Legislative District

FUNDING REQUEST:

2020

2021

Please answer the following:

National Objective Addressed by Project (Check only one):

1. Benefits low and moderate income people □ Complete Section 3, Item 1
   Select only one: □ Low/Mod Area (LMA)
   □ Low/Mod Clientele (LMC)
   □ Low/Mod Housing (LMH)
   □ Low/Mod Jobs (LMJ)

2. Eliminates slums and blight □ Complete Section 3, Item 2

3. Corrects an urgent need □ Complete Section 3, Item 3

Note: To check a box, double click on it and change the “default value” to “checked.”
Type of Project (Check ✅ Only One)

1. Housing Project
   - Total Housing Units: ______
   - Total Low/Mod Housing Units: ______
   - Complete Section 4, Item 1

2. Public Improvement Project
   - Complete Section 4, Item 2

3. Public Service Project
   - Complete Section 4, Item 3

4. Jobs Benefit Project
   - Complete Section 4, Item 4

Project Narrative

Please provide a narrative description of no more than three-five pages for your project. Your narrative should specifically address the following questions:

1. What is the goal of this project?
2. Describe the need for your project and what local documentation justify the need.
3. How does this project address the national objectives and who will benefit from this project?
4. How does this project contribute to the development of fair and affordable housing? How this project aid in overcoming the effects of any impediments to fair and affordable housing identified by the County?
5. How do you expect to measure the success of the project? What objectives and outcomes do you expect to accomplish? In addition to your response, you are also required to fill out Section 3A – Performance Measurements System.
6. What other sources/services does your municipality/agency provide and how do these services relate to your project?
7. How does this project relate to your other submissions? How does this project relate to projects previously funded with CDBG funds, if any?

Note: To check a box, double click on it and change the “default value” to “checked.”
SECTION 2: PROJECT LOCATION

1. Specific Location of Project:

   Attach an 8½" X 11" black and white base map, either Hagstrom or a local street map, clearly delineating the geographic location of your project. Do not use a census tract map for this purpose. This Attachment is labeled Attachment _____ to be included with your original application submission.

2. Label the Service Area of the project - to be included with your original application submission.

3. Label the map with the Census Tract and Block Group(s) where the project is located - to be included with your original application submission.
SECTION 3: NATIONAL OBJECTIVE ADDRESSED

CDBG projects can only benefit **ONE** national objective! Please answer the questions for the one National Objective checked in the box on Section 1.

1. **NATIONAL OBJECTIVE:** Low/Moderate Benefit:

Complete this question if your project meets the National Objective of providing a benefit to low and moderate income people (see pages ___ to ___ of the Program Manual for more information).

Projects that provide a benefit to low and moderate income people can be one of three types:

1) Low/Mod Area Benefit; or
2) Low/Mod Clientele; or
3) Low/Mod Housing

If your project is **Low/Mod Area Benefit**, complete questions A through D; if your project benefits a **Low/Mod Clientele**, complete questions E through J; if your project benefits a Low/Mod housing, complete questions K through O. *(Data needed to complete Area Benefit questions may be found in Appendix “n” of the Program Manual)*

☐ **Low/Mod Area Benefit Project:**

A. In what Census Tract(s) and Block Group(s) is your project located?
   - Census Tract #: __________, __________, __________, __________
   - Block Groups #: __________, __________, __________, __________

B. How many residents live in this area? ____________________

C. What is the percentage of low and moderate income beneficiaries? ______%

D. What documentation did the Agency Use?
   - HUD Data ☐ or Survey ☐

If Survey was used, please describe the methodology used to perform the survey and attached completed surveys. This attachment is labeled Attachment _________ to be included with your original application submission.

*Note: To check a box, double click on it and change the “default value” to “checked.”*
Low/Mod Clientele Benefit Project: (You must maintain income information for each person assisted in the case file for monitoring purposes)

E. How many persons will benefit from your project (unduplicated count)? ________

F. Percent of low and moderate income beneficiaries: ________%
   (Refer to Appendix E of the CDBG Program Manual for Income Limits)

G. Based on Income Levels:
   i. Extremely Low (0-30% of Median Family Income (MFI)) ________
   ii. Low (31-50% of MFI) ________
   iii. Moderate (51-80% of MFI) ________
   iv. Non-Low/Moderate (81% & above of MFI) ________
   v. Total (this # must be the same as Item E above) ________

H. What percentage of low/moderate income users are single-female headed households? ________%

I. What percentage of low/moderate income users are elderly? ________%

J. Based on existing clientele, list the characteristics of all users who will benefit from your project (Please refer to Appendix E of the CDBG Program Manual).

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<thead>
<tr>
<th></th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Hispanic/ Latino</td>
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<tr>
<td>White</td>
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<td>Black/African American</td>
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<td>Asian</td>
<td></td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td></td>
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<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
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<tr>
<td>American Indian/Alaskan Native &amp; White</td>
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<td>Asian &amp; White</td>
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<td>Black/African American &amp; White</td>
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<td>Am. Indian/Alaskan Native &amp; Black/African American</td>
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<tr>
<td>Other Multi-Racial</td>
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</tbody>
</table>

TOTAL
Low/Mod Housing Benefit Project:

K. How many housing units will benefit from your project?
   Ownership housing unit(s): ________ Rental housing unit(s): ________

L. Based on Income Levels:

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Owner Households</th>
<th>Renter Households</th>
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<tbody>
<tr>
<td>Extremely Low (-30% of MFI¹)</td>
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<tr>
<td>Low (31-50% of MFI)</td>
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<td>Moderate (51-80% of MFI)</td>
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<td>Non-Low/Moderate (81%+)</td>
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<tr>
<td>Total</td>
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<tr>
<td>Percent Low/Mod</td>
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</tbody>
</table>

M. What percentage of low/moderate income users are single-female headed households? ________%

N. How many housing units are occupied by Elderly? ________

O. Based on existing households, list the race/ethnicity characteristics of all households
   Note that this information is based on households not housing units. (Please refer to Appendix ___ CDBG Program Manual)

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<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Owner</th>
<th>Renter</th>
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<tr>
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<td>Total Hispanic/Latino</td>
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<td>Black/African American</td>
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<td>Other Multi-Racial</td>
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<td>Total</td>
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¹ Mediam Family Income – Income Limits can be found in Appendix E of the CDBG Program Manual
SECTION 3: NATIONAL OBJECTIVE ADDRESSED (continued)

Low/Mod Housing Benefit Project:

P. How many jobs will be created? _____________

Of this number,

how many jobs will benefit low/moderate income persons? _____
how many jobs will be full-time positions? ______
how many jobs will be part-time positions? ______

Q. How many jobs will be retained? _____________

Of this number,

how many jobs will benefit low/moderate income persons? ______
how many jobs will be full-time positions? ______
how many jobs will be part-time positions? ______

Income documentation will be collected on an annual basis for any jobs created or retained.
2. **NATIONAL OBJECTIVE: Elimination of a Slum or Blighted Condition:**

A. Boundaries: (description of the designated area. DO NOT include census tract/block group data in this field)

_________________________________________________________________________

_________________________________________________________________________

B. Percentage of deteriorated building(s): (indicate the percentage of buildings that were deteriorated when the area was designated slum/blight).

_________________________________________________________________________

C. List the number of buildings in the designated slum and blight area:

   _____ Commercial buildings     _____ Residential buildings
   _____ Mixed use buildings      _____ Industrial buildings

D. Of the buildings listed in C, how many have code violations?

   _____ Commercial buildings     _____ Residential buildings
   _____ Mixed use buildings      _____ Industrial buildings

E. Of the buildings listed in C, how many are vacant?

   _____ Commercial buildings     _____ Residential buildings
   _____ Mixed use buildings      _____ Industrial buildings
   _____ 2nd floor retail/commercial _____ 2nd floor residential

F. Public Improvement Condition: (what is the condition addressed by your project? (e.g. deteriorated buildings, lack of adequate infrastructure)

G. Describe the comprehensive strategy that will be implemented to address the conditions described above:

F. Slum/Blight Designation Year: __________________________

G. Please give a brief description of your code enforcement program:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Please attach a copy of the municipal board resolution designating the area as slum/blight. Date of the Resolution _______. Labeled this Attachment as ________ to be included with your original application submission.
### SECTION 3: NATIONAL OBJECTIVE ADDRESSED  (Continued)

3. **NATIONAL OBJECTIVE: Urgent Need:**

   Reminder -- answer the questions only for the National Objective that you checked in Section 1

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<th>B. When did this condition occur?</th>
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<td>_________________________________</td>
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</table>

<p>| C. From what sources did the community seek financing to address the problem? |
| Please list the sources and the date of request: |</p>
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<th>Sources</th>
<th>Date of Request</th>
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SECTION 3A: PERFORMANCE MEASUREMENT SYSTEM

Select **ONLY** one objective and one outcome for your proposed project. For explanation of these objectives and outcomes, please refer to the CDBG Program Manual, Chapter II, Step II – Performance Management System.

A. **Objectives**
   
   - [ ] Suitable Living Environment;
   - [ ] Decent Housing; or
   - [ ] Creating Economic Opportunity

B. **Outcomes**
   - [ ] Availability/Accessibility;
   - [ ] Affordability; or
   - [ ] Sustainability

C. **Performance Indicators**

   **Public Facilities and Improvements Projects**
   
   Of the number of persons to be assisted, how many will have:
   
   _____ new access to a public facility or infrastructure benefit;
   _____ improved access to a public facility or infrastructure benefit; or
   _____ public facility or infrastructure that is NO longer substandard.

   **Public Service Activities**
   
   Of the number of persons to be assisted, how many will have:
   
   _____ new access to a service;
   _____ improved access to a service; or
   _____ service or benefit that is NO longer substandard

   **Housing Projects**
   
   Of the number of housing units to be assisted, how many will have:
   
   _____ affordable units
   _____ section 504 accessible units
   _____ brought from substandard to standard condition (HQS or local code)
   _____ units qualified as energy star
   _____ brought into compliance with Lead Safety Rules
SECTION 4: PROJECT DEVELOPMENT

This question is designed to help the Department determine the readiness of your project. Please answer questions for the type of project you checked on Page 2.

1.   **HOUSING PROJECT:**

   A. Do you have site control (i.e. under contract)?  
      Yes [ ]  No [ ]

   B. Have you obtained a survey?  
      Yes [ ]  No [ ]

   C. Do you have architectural drawings and specifications?  
      Yes [ ]  No [ ]

   D. Have you identified a developer?  
      Yes [ ]  No [ ]

   E. Have you identified other funding sources?  
      Yes [ ]  No [ ]
      What are they? Do you have commitments?  
      If yes, attach letters to be included with your original application submission.

   F. Will a review of your project be required by:

      Architectural Review Board [ ]  Local Building Inspector/Department [ ]  Planning Board [ ]
      Zoning Board of Appeals [ ]  Other (Specify) ____________________ [ ]

   G. Have you retained the services of a consultant?  
      Yes [ ]  No [ ]

      If yes, check appropriate box:

      architect [ ]  financial analyst [ ]  attorney [ ]
      civil engineer [ ]  environmental engineer/soil scientist [ ]  planner [ ]

   H. Other information you wish to provide regarding the status of the project:

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

   I. Who will be responsible for the maintenance of this project upon completion?

   ___________________________________________________________

   Note: To check a box, double click on it and change the “default value” to “checked.”
SECTION 4: PROJECT DEVELOPMENT (continued)

2. PUBLIC IMPROVEMENT PROJECT:

A. Have you obtained a survey?  
   Yes □  No □

B. Have you retained the services of a consultant?  
   If yes, check appropriate box:  
   □ engineer  □ landscape architect  □ architect  □ planner

C. Do you have completed architectural drawings?  
   □  □

D. Do you have completed bid documents?  
   □  □

E. Will a review of your project be required by:  
   Architectural Review Board  
   Local Building Inspector/Department  
   New York State Department of Transportation  
   Westchester County Department of Public Works  
   Westchester County Board of Health  
   Other (Specify) ___________________
   □  □

F. Are you aware of any other current or proposed projects, 
   such as County, Federal, or State, that may affect the 
   timing of your project?  
   □  □

   If yes, please list the project(s), estimated date(s) of construction, and 
   agency(ies) responsible for the project:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

G. Who will be responsible for the maintenance of this project upon completion:

   ________________________________________________________________

Note: To check a box, double click on it and change the “default value” to “checked.”
SECTION 4: PROJECT DEVELOPMENT (continued)

3. PUBLIC SERVICE PROJECT:

A. What services does your Agency provide?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. How will this project relate to these services?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C. Is your project a continuation of a current activity?  [ ] Yes  [ ] No

D. Is your project an expansion of a current activity?  [ ] Yes  [ ] No

E. Have you received CDBG funding previously to operate this service?  [ ] Yes  [ ] No

F. If yes, what year(s) and how much?

<table>
<thead>
<tr>
<th>Year</th>
<th>CDBG $ Award</th>
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Note: To check a box, double click on it and change the “default value” to “checked.”
SECTION 4: PROJECT DEVELOPMENT (continued)

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<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>G.</td>
<td>If this project is not currently in operation, do you have staff to implement the project?</td>
<td>☐</td>
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</tr>
<tr>
<td>H.</td>
<td>Do you have office space to accommodate the proposed service?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I.</td>
<td>Do you have policies and procedures manual for your program? If so, attach a copy of the manual as Attachment _____ with your original application submission.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I.</td>
<td>Have you identified other funding sources? Please attach award letters from other funding sources as Attachment _______ to be included with your original application submission.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>A cost allocation plan that includes all funding sources showing the proposed CDBG funding amount must be included with your original application submission as Attachment ______.</td>
<td></td>
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</tr>
<tr>
<td>J.</td>
<td>What is the proposed start date of this program?</td>
<td>_____________________</td>
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</tr>
<tr>
<td>K.</td>
<td>Please explain how you plan to identify/outreach clients for this service.</td>
<td></td>
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<tr>
<td>L.</td>
<td>Other information you wish to provide regarding the status of the project:</td>
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</table>


### SECTION 5: ENVIRONMENTAL CONSIDERATIONS

Listed below are environmental issues concerning all construction projects. Check ✔ the boxes applicable to your project.

1. **The project is located in, is adjacent to, will impact or will involve:**
   - A. 100 year Floodplain (refer to the Flood Insurance Rate Map) [ ] Yes [ ] No
   - B. A New York State-designated wetland or locally-significant wetland (if yes, enclose a copy of local wetland ordinance) [ ] Yes [ ] No
   - C. A State and/or Federally designated coastal zone [ ] Yes [ ] No
   - D. A designated local or County designated Critical Environmental Area [ ] Yes [ ] No
   - E. The installation or rehabilitation of storm or sanitary sewer systems [ ] Yes [ ] No
   - F. A zoning or special permit action [ ] Yes [ ] No
   - G. A State or County road [ ] Yes [ ] No

2. **If the answer to “C” is yes, does the community have a Local Waterfront Revitalization Plan (LWRP)?**
   - A. Is the project consistent with the LWRP? [ ] Yes [ ] No
   - B. If not, have amendments to the LWRP been adopted? [ ] Yes [ ] No

3. **Has a New York State Environmental Quality Review (SEQR) of the project been initiated?** If yes, include documentation. [ ] Yes [ ] No

*Note: To check a box, double click on it and change the “default value” to “checked.”*
SECTION 6: HISTORIC PRESERVATION CONSIDERATIONS

Listed below are historic preservation questions relevant to all construction projects for which CDBG funds are requested and received. Check ✓ the boxes applicable to your project.

1. Is the proposed project adjacent to or will it involve or impact buildings or districts eligible for or listed in the National or State Register or Historic Places?
   - Yes ☐ No ☐
   
   A. If yes, which buildings or districts? ________________________________

   B. Describe the impact of the proposed project on these buildings or districts.

2. Does your community have a local landmarks ordinance?
   - Yes ☐ No ☐

3. Are any of the buildings adjacent to, involved in, or affected by the proposed project locally designated as individual landmarks, or as part of a local historic district?
   - Yes ☐ No ☐
   
   A. If yes, which buildings?

   B. Describe the impact of the proposed project on the locally designated buildings.
## SECTION 7: DESIGN CONSIDERATIONS

Listed below are design consideration questions relevant to all construction projects for which CDBG funds are requested and received. Check ✓ the boxes applicable to your project.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is property owned by applicant? If yes, attach a copy of the deed.</td>
<td></td>
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<tr>
<td>If no, is the property leased? If yes, attach a copy of the lease and provide evidence that the property owner is aware of your application.</td>
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<tr>
<td>2. Will the project require land acquisition?</td>
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<tr>
<td>If yes, do you have an option to purchase the property?</td>
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<tr>
<td>3. Will the project require easements?</td>
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<tr>
<td>If yes, how many? _____</td>
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<tr>
<td>4. Is there a topographical survey for the area? If yes, please attach a copy.</td>
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<tr>
<td>5. Is there a proposed site plan or sketch? If yes, attach a copy.</td>
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<tr>
<td>6. Do you currently have a consultant or in-house design staff for the project?</td>
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<td>7. Would you like the Department of Planning to provide design assistance for this project?</td>
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**Note:** Plans for ALL construction projects will be reviewed by the Department of Planning Staff.

**Note:** To check a box, double click on it and change the “default value” to “checked.”
Please complete the project budget. (Please submit one budget for each fiscal year request).

**FY 2020 Budget**

<table>
<thead>
<tr>
<th>List Line Items and Quantities</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<tbody>
<tr>
<td></td>
<td>Source of Funds (Identify Source)</td>
<td>Source of Funds (Amount for this project)</td>
<td>CDBG Amount Requested</td>
<td>Total Amount (B+C)</td>
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<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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**BUDGET SUMMARY: FY 2020**

Amount requested from Westchester County Community Development Grant Program (Column "C" total)  $__________

Amount requested from other sources (state, federal, county, other)  $__________

Amount of your contribution (local funds):  $__________

Total Project Cost:  $__________
**FY 2021 Budget**

<table>
<thead>
<tr>
<th>List Line Items and Quantities</th>
<th>A</th>
<th>B</th>
<th>C</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Source of Funds (Identify Source)</td>
<td>Source of Funds (Amount for this project)</td>
<td>CDBG Amount Requested</td>
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**TOTALS=** N/A

Type Total of Column B: $_____________
Type Total of Column C: $_____________

If you are using a cost estimate (for a construction project), please attach a copy of the cost estimate, and the name and telephone number of the person who prepared the cost estimate.

**BUDGET SUMMARY:**

**FY 2021**

- Amount requested from Westchester County Community Development Grant Program (Column "C" total): $_____________
- Amount requested from other sources (state, federal, county, other): $_____________
- Amount of your contribution (local funds): $_____________
- **Total Project Cost:** $_____________
SECTION 9: MASTER PLAN/MISSION COMPLIANCE

For All Municipal Applicants:

Is proposed project consistent with the Master Plan?  Yes ____  No ____
Briefly explain how the proposed project is or is not consistent with the municipal Master Plan.

If your municipality has an approved Neighborhood Revitalization Strategy Area, is this project located within that Strategy Area?  Yes ____  No ____
Is this project consistent with the Strategy?  Yes ____  No ____
Briefly explain how the proposed or is not consistent with the Neighborhood Revitalization Strategy.

For Not-For-Profit Applicants:

Is the proposed project consistent with the Mission Statement?  Yes ____  No ____
Is your organization a faith-based organization?  Yes ____  No ____
Briefly explain how the proposed project is or is not consistent with the Agency’s Mission Statement.
SECTION 10: CITIZEN PARTICIPATION

An important aspect of the CDBG Program is citizen participation. Each application must include documentation indicating that citizens of the community in which the project is located, have been informed of the project. This participation may be accomplished by conducting community meetings or public hearings where citizens are invited to comment on proposed projects. In addition, official notification must be conducted as follows:

1. **For Municipalities:**

   The municipal board members must be notified at a public board meeting of the intent of the municipality to submit an application for funding. Adequate advance notice of the date of the meeting must be given to the public (in accordance with General Municipal Law requirements). The following documentation of the notice and the discussion of the meeting must be included in the application:

   A. a copy of the public notice with date of publication;
   B. the agenda for the meeting with projects listed;
   C. minutes of the meeting where the application was discussed;
   D. Optional: newspaper clippings regarding the meeting at which the project was discussed; letters of support received by the municipality;
   E. signature of the Community’s CDAG Representative is required in this application.

2. **For Not-for-Profit Organizations:**

   The not-for-profit organization must appear at a municipal board meeting to notify the board that the organization intends to submit an application for funding for a project that will benefit citizens in that community. The purpose of the appearance before the board is to inform the municipal officials of the project. The following documentation of the group’s presentation at the meeting must be submitted with the application:

   A. a copy of the agenda of the Board meeting where the group appeared;
   B. minutes of the meeting where the application was discussed;
   C. optional: newspaper clippings regarding the meeting; letters of support received from the community;
   D. Signature of the local CDAG Representative is required in this application.

**NOTE:**

Not-for-profit organizations that intend to conduct projects consortium-wide must send a letter to each of the elected officials of the communities where the project will be conducted informing them of the project and offering to make a presentation to the Board if requested. These applications must have the signature of the Consortium-wide CDAG Representative as well.
SECTION 11: ENDORSING RESOLUTION

For Municipalities:

Each application from a municipality must contain a copy of a resolution from the Board of Trustees or City Council endorsing the submission of the project application, stating the amount of the CDBG request in the application, and stating the amount to be contributed by the municipality for the project.

A separate resolution is required for each application.

For Not-For-Profit Organizations:

Each application from a not-for-profit organization must contain a resolution from the organization's Board of Directors endorsing the submission of the application, stating the amount of the CDBG request in the application, and stating the amount to be contributed by the organization.

A separate resolution is required for each application.
SECTION 12: APPLICATION SUBMISSION CHECKLIST

The following items are required. Please make sure all attachments are labeled to be included with your original application submission.

☐ Completed Application (including budget & signed checklist)
☐ 8 ½ X 11” map with geographic location and service area
☐ Latest Audited Financial Statement
☐ Citizen Participation Documentation
☐ Endorsing Resolution
☐ Central Contractor Registration (CCR)

The following items are also required for Non-Profit application submissions. Please make sure all attachments are labeled.

☐ Non-Profit Certificate of Incorporation and By-Laws
☐ Non-Profit Mission Statement; date of Mission Statement _____________
☐ Current Action Plan; date of plan ________________
☐ Non-Profit List of Board of Directors with titles and professional affiliations
☐ Non-Profit Annual Operating Statement for your organization
☐ Non-Profit most recent Annual Report
☐ Non-Profit 501C(3) Status Certification
☐ Organization’s Cost Allocation Plan
☐ Program’s Policies and Procedures Manual

The following items may be applicable to your application. Please submit if appropriate. Please make sure all attachments are labeled to be included with your original application submission.

☐ Low/Mod Surveys if applicable
☐ Slum/Blight resolution if applicable
☐ Funding Sources Support Letters if applicable
☐ Local Wetland Ordinance if applicable
☐ SEQR Documentation, if applicable
☐ Topographical Survey if applicable
☐ Deed/Lease of Premises if applicable
☐ Site Plan/Schematic Design if applicable
☐ Cost Estimate, if applicable
☐ Program’s Policies and Procedures Manual (applicable to certain public facilities projects/public service programs)

Note: To check a box, double click on it and change the “default value” to “checked.”
SECTION 13: CERTIFICATION

APPLICANT Certification

I certify that the application being submitted is accurate and complete:

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Address

E-Mail Address

CDAG Representative Certification

I certify that the application being submitted has been reviewed with me and has complied with the Citizen Participation requirements.

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