

AGENCY NAME:

Public Facilities Activity Name:

12. This activity fits the definition of the following Public Facilities Matrix Code (*Check Only One – See Definitions*):

- | | | |
|---|---|---|
| <input type="checkbox"/> 03A Senior Centers | <input type="checkbox"/> 03B Handicapped Centers | <input type="checkbox"/> 03C Homeless Facilities |
| <input type="checkbox"/> 03D Youth Centers | <input type="checkbox"/> 03E Neighborhood Facilities | <input type="checkbox"/> 03F Parks, Recreational Facilities |
| <input type="checkbox"/> 03G Parking Facilities | <input type="checkbox"/> 03H Solid Waste Disposal Improv. | <input type="checkbox"/> 03I Flood Drainage Improv. |
| <input type="checkbox"/> 03J Water/Sewer Improv. | <input type="checkbox"/> 03K Street Improvements | <input type="checkbox"/> 03L Sidewalks |
| <input type="checkbox"/> 03M Childcare Centers | <input type="checkbox"/> 03N Tree Planting | <input type="checkbox"/> 03P Health Facilities |
| <input type="checkbox"/> 03Q Facilities for Abused/Neglected Children | <input type="checkbox"/> 03R Asbestos Removal | <input type="checkbox"/> 03S Facilities for AIDS Patients |
| <input type="checkbox"/> 03 Other Public Facilities/Improvements | | |

13. This activity falls under one the following Performance Measures codes (*please check only one*):

- Suitable Living & Availability/Accessibility*
- *Roadway, sidewalk, curbs, curb cuts, and crosswalks;*
 - *Installation of water mains, manhole retrofits;*
 - *ADA improvements to municipal buildings, libraries, other public facilities.*
- Suitable Living & Affordability*
- *Improvements to municipal parks, recreational facilities and historical facilities;*
 - *Senior Citizen Center Improvements;*
 - *Improvements to facilities serving senior citizens, disabled or low-income clientele;*
 - *Tree Planting.*

14. This activity will meet the indicated National Objective with the following documentation:

- Area Benefit (Low/Mod Area) – Registration sheet including client’s name, address, age & signature which can be compared to census tract info. – including area boundaries.*
- Low/Mod Income Persons (Low/Mod Clientele) – Registration sheet including client’s address, # in household, income, ethnicity, age, if Hispanic/ signature. Include proof of income (tax return, public benefit letter, etc.)*
- Slum/Blight – Slum/Blight Determination signed by Construction Official including address or area boundaries.*
- Urgent Need – Health & Safety Hazard Determination by City Official (Construction, Housing, or Health) including address or area boundaries.*

15. Briefly explain the resulting anticipated measurable outcomes (*resulting benefits to participants i.e. # of clients placed in permanent jobs at a living wage, # of homeless that moved into permanent housing, etc.*).

16. How will the agency self evaluate the proposed activity and at what intervals?

AGENCY NAME:

Public Facilities Activity Name:

SITE INFORMATION

1. Site Control:

Contract of Sale Deed of Ownership Contract or Authority to Execute a Long Term (15 year) Leasehold Mortgage

2. Are there liens/mortgages or other encumbrances (deed restrictions, etc.) on subject property?

No Yes

If Yes, please complete the following:

Mortgage Company/Bank	Total Loan Amount	Interest Rate	# Years	Current Loan Balance
	\$	%		\$

Other Encumbrances No Yes

If Yes, please explain:

3. Identify any Federal/State/Local Requirements:

Permits Approvals Licenses Matching Grants

Other: Please describe:

4. Are there any impediments, contingencies, or environmental site conditions or issues that might delay or prohibit project from moving forward in a timely manner?

Issues

Flood Hazard	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Brownfields	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lead Paint	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asbestos Removal	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Historic Preservation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Underground Tanks	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Relocation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Zoning Change	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Please Describe:

AGENCY NAME:

Public Facilities Activity Name:

5. Photographs of Site (Insert here):

AGENCY NAME:

Public Facilities Activity Name:

ESTIMATED COST OF IMPROVEMENTS

<i>Trade Item/Description of Work</i>	<i>Quantity</i> (Approximate)	<i>Unit Cost</i>	<i>Total Cost</i>
1. Demolition			
2. Site Prep			
3. Excavation			
4. Footings			
5. Masonry			
6. Concrete Work			
7. Structural Steel			
8. Framing			
9. Roofing			
10. External Walls			
11. Rough Plumbing			
12. Rough Electric			
13. HVAC			
14. Windows/Doors			
15. Insulation			
16. Drywall			
17. Spackling/Sanding			
18. Wall/Floor Tile			
19. Finish Carpentry			
20. Painting			
21. Finish Electric			
22. Finish Plumbing			
23. Finish HVAC			
24. Finish Floors			
25. Site Work			
26. Other (describe:)			

TOTAL HARD COSTS \$

Cost Estimator Name: Company:

Signature: _____ Date: _____

AGENCY NAME:

Public Facilities Activity Name:

Sources/Uses Chart

	ACTIVITY TYPE	FEDERAL FUNDS	STATE FUNDS	PRIVATE FUNDS	OWNER CONTRIB.	CDBG FUNDS REQUESTED	TOTAL FUNDS
	Acquisition						
HARD COST	Lead/Asbestos Removal						
	Demolition						
	Construction						
	Rehabilitation						
	Hard Cost Subtotal						
SOFT COST	Architect						
	Engineering						
	Legal						
	Environmental						
	Closing Costs						
	Auditing						
	Relocation						
	Reserves						
	TOTAL						

 Total Funds Requested  Total Activity Cost

AGENCY NAME:

Public Facilities Activity Name:

Status of Other Funds

Source Name Date Submitted Pending/Approved Amount

Other Federal

State

Local

Private

TOTAL

TIMETABLE

<i>PROPOSED ACTIVITIES</i>	Start Date Month/Year	Completion Date Month/Year
Environmental Investigation (Assessments/Studies)		
Arch/Engineering		
Site Plans		
Zoning/Variances		
Other Local Approvals		
Close on Construction Financing		
Acquisition		
Permits		
Lead/Asbestos Removal		
Demolition		
Rehabilitation/Construction Milestones:		
Foundation/Footing		
Rough Plumbing		
Rough Electric		
Roof		
Windows/Doors		
HVAC		
Fire Suppression		
Certificate - of - Occupancy		
Permanent Financing		
Marketing		
Occupancy		