WESTMORELAND COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
(2012 - 2014)

ADMINISTERED BY THE WESTMORELAND COUNTY
DEPARTMENT OF PLANNING & DEVELOPMENT (WCDPD)

Applicant: _____

Address: _____

_____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Type of Organization: _____ Municipality _____ Public Agency _____ Private Non-Profit

_____ Private For-Profit [501(C)(3)] (Attach Documentation)

_____ Other (Describe)_____

Taxpayer I.D. Number _____

Executive Officer: _____

Project Title: _____

Contact Person / Phone / Email: _____

1. Project or Program Description (Description should have adequate detail to convey purpose of activity):

_____

_____

_____

_____

_____

_____

_____

_____

_____

Attach an additional page if necessary.

2. If the Applicant is NOT a Municipality or a Public Agency, please state the applicant's overall mission and purpose. You may attach a one page description and any relevant brochures or flyers.

_____

2. (Continued)

_____

_____

_____

3. Goals and objectives of Project or Program. Please be as specific as possible. Use Outcome-Based Goals and objectives, i.e. the number of households benefiting from activity; the number of persons provided services, etc. This section will be utilized in the cost-benefit evaluation of the application.

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4. Does the Project or Program provide positive impacts on the health and/or safety of the residents (of the County)? If so, please describe the benefit and provide documentation of that benefit (i.e., supporting documentation provided by the applicant from third parties that demonstrates the necessity of the Project or Program, i.e. PA DEP notification on malfunctioning septic systems.)

_____

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5. Program or Project benefits low and moderate income persons. The CDBG Enabling Statute sets forth the primary objective of the CDBG Program as the development of viable communities by principally benefiting persons of low and moderate income. Please indicate which specific method of benefiting low and moderate income persons will be utilized for the Project.

Please check one

_____ A. Proposed activity serves a delineated area in which the residents are low and moderate income. The applicant must provide the rationale/basis for the area being so designated.
The actual % of low/moderate income persons is _____% based upon:

_____ i income surveys (attached)

_____ ii census data (48.8% minimum)

_____ B. For a Facility - at least 51% of all clientele of the proposed facility are low and moderate income persons, senior citizens (62 years of age or older) and/or handicapped adults. [For projects qualified under this criteria, the applicant must provide the basis for compliance, i.e., the programs operating in the facility have income limitations, the applicant or its affiliate collects and documents family income data, the applicant provides documentation that (the applicant or affiliate) program(s) provide a service to beneficiaries who are presumed to be low and moderate income.]

_____ C. The proposed activity has income limits that restrict the beneficiaries to low and moderate income status (i.e., serves only public housing residents, serves only persons receiving TANF, etc.). Please provide documentation of compliance.

_____ D. The proposed activity involves employment of persons 51% of whom are from families that are low and moderate income. Please provide documentation of how this will be achieved. (Job Creation - new hires for for-profit enterprises).

6. Provide a detailed map of the area to be served by the Project or Program. A map is required if you utilized 5 A above.

7. Project or Program Financial Information. In order to offset the demand for CDBG resources, the WCDPD will attempt to prioritize those activities that leverage other funds. For activities that last longer than a single program year, the WCDPD cannot guarantee renewal of assistance for subsequent years.

Itemize Project Costs: $_____ (Attach a current, engineer's cost estimate. If no engineering estimate is available, indicate how project costs were determined.) For waterline extensions, include total number and cost of hydrants; for water and sewer extensions, include tap fees or any other fee required for a homeowner to gain access to the improvement.

IF THE PROJECT COSTS EXCEED THE AMOUNT OF CDBG FUNDS ALLOCATED TO THE PROJECT, THE MUNICIPALITY / APPLICANT WILL BE REQUIRED TO PROVIDE THE ADDITIONAL FUNDS.

NOTE: CDBG funds may NOT be used to pay for third party professional costs such as engineering, consulting, etc. unless the project is classified as a planning activity.

TOTAL PROJECT COSTS

Phase	Match	CDBG	Total
1. Administrative			
2, Legal			
3. Financial / Accounting			
4. Engineering			
5. Permits			
6. Construction			
7. Contingency			
8. Other			
Totals			

Please provide the name and address of the person / firm responsible for the cost estimate along with a daytime telephone number.

_____

_____

8. Project or Program Readiness. Is the Project or Program developed to point that implementation

could begin with six (6) months of funding notification? (Y/N) _____.

If yes, does the activity require permits or clearances? (Y/N) _____.

If yes, list permit and status of each permit or clearance?

_____

_____

_____

9. If engineering/architectural services are required, have these services been completed? (Y/N)_____

If no, when will those services be completed? _____

10. If the project will require the acquisition of temporary and / or permanent right-of-ways (easements), please contact this office immediately for further instruction.

Note that any property acquired for this project must be acquired according to Uniform Relocation Act and Real Property Acquisition Policies Act of 1970, as amended (URA).

12. Date of Public Meeting / Municipal approval concerning this project:

_____

a. Attach a list of Public Officials, Titles.

b. Attach a list of Board Members, Titles.

SUBMITTED BY: _____

Typed Name / Title

_____

Signature Date

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING UNTIL ALL INFORMATION REQUESTED HAS BEEN SUBMITTED

PLEASE RETURN COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO:

Westmoreland County Department of
Planning and Development
Fifth Floor, Suite 520
40 North Pennsylvania Avenue
Greensburg, PA 15601
(724) 830-3600