

**TENNESSEE SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

APPLICANT: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

**Water and Sewer Systems Application**

(Choose the appropriate subcategory)

Date of application completion \_\_\_\_\_



.....Water System

Sewer System

Total Cost: \$ \_\_\_\_\_ CDBG REQUEST: \$ \_\_\_\_\_

**OTHER FUNDING**

**SOURCE**

**STATUS**

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**National Objectives:** (Check one)

- Low and Moderate Income
- Imminent Threat
- Slums and Blight

**Project Profile: ❶**

LMI percentage: \_\_\_\_\_  
 County or Multi-Jurisdiction Unemployment Rate  
 2012 ❷ \_\_\_\_\_ %  
 2002-2012 ❷ \_\_\_\_\_ %  
 Per Capita Income  
 Target Area Survey \$ \_\_\_\_\_  
 2009 Income ❷ \$ \_\_\_\_\_

Census Tract: \_\_\_\_\_

Development District: \_\_\_\_\_

County: \_\_\_\_\_

Applicant's Population: \_\_\_\_\_

Is the applicant a Three-Star community?  Yes  No

Does the community decline the Three-Star reduction in match?  Yes  No (If declining, a letter must be included)

**Chief Executive Officer:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Street Address \_\_\_\_\_

E-mail \_\_\_\_\_

FEIN \_\_\_\_\_

Signature \_\_\_\_\_

DUNS \_\_\_\_\_

**Application Preparer:**

Name \_\_\_\_\_

Agency \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

❶ Information should be based on location of beneficiaries.  
 ❷ Information distributed by Federal Programs

NOTE: All fields on this page are required.

Applicant/Project : \_\_\_\_\_

**DESCRIPTION** *(Be specific with a brief project description and include total number of persons and LMI percentage):*

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**Local Contact:** (If different from the Chief Executive Officer)

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

**Utility Contact:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

**Engineer/Architect:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

**Administrator:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Applicant/Project : \_\_\_\_\_

Go to <http://www.capitol.tn.gov> to check for the correct Senator and Representative.

**State Legislators:**

Name \_\_\_\_\_

Title State Senator \_\_\_\_\_

Name \_\_\_\_\_

Title State Representative \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

**Federal Legislator:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_

Title U.S. Representative \_\_\_\_\_

\_\_\_\_\_ Phone (202) \_\_\_\_\_

**PROGRAM NARRATIVE**

- Provide a brief description of the project. Be specific.
- State the major problem that is to be solved by this project,
- Describe how each proposed improvement addresses the major problem
- Describe any unusual features of the project.

**ECONOMIC DEVELOPMENT**

In the Program Narrative also address how this project affects Economic Development in the community. For example, describe how completion of the proposed project will lead to job creation, how it will address goals in the Strategic Plan, etc.

Please limit your program narrative to **three pages** or less.

Applicant/Project : \_\_\_\_\_

Applicant/Project : \_\_\_\_\_

Applicant/Project : \_\_\_\_\_

Applicant/Project: \_\_\_\_\_

## EXISTING FACILITY INVENTORY

Complete the following information on existing and under-construction facilities which **relate to the proposed project**. Include documentation in engineering report when applicable.

Also include a statement from the utility district or city utility department on their letterhead that they have had input regarding the project.

### A. Water Source

Type and Capacity of Source (GPD):	Existing	Proposed	Total
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Subtotal	_____	_____	_____
Average Daily Demand (GPD)	_____	_____	_____
Peak Daily Demand (GPD)	_____	_____	_____

### B. Water Treatment Plant\*

Name of System _____	Existing	Proposed	Total
Design Capacity (GPD)	_____	_____	_____
Average Daily Demand (GPD) (July 2011 through June 2012)	_____	_____	_____
Peak Daily Demand (GPD)	_____	_____	_____
Average Daily Pumping Time (Hours)	_____	_____	_____
Average Percentage Water Loss (July 2011 through June 2012)	_____	_____	_____
Average Daily Water Sold (GPD) (July 2011 through June 2012)	_____	_____	_____

\* For applicants without a treatment plant, report the average water pumped and average water sold for your system only.

NOTE: WHEN THE APPLICATION IS FOR BUILDINGS, DOCUMENTATION OF ADEQUATE WATER PRESSURE FOR FIRE PROTECTION MUST BE PROVIDED.

Applicant/Project: \_\_\_\_\_

**C. Water Storage Volume**

Total Storage Capacity \_\_\_\_\_ MG (with clearwell)

Total Distribution Storage Capacity \_\_\_\_\_ MG (without clearwell)

Capacity Available for Public Fire Protection \_\_\_\_\_ MG

**D. Sewage Treatment Plant**

Name of System _____	Existing	Proposed	Total
Design Capacity Hydraulic (MGD)	_____	_____	_____
Organic Loading (lbs/day)	_____	_____	_____
Average Daily Demand (MGD)	_____	_____	_____
Peak Daily Demand (MGD)	_____	_____	_____

Include a copy of the NPDES permit limits for existing plants in the supporting documentation. If a new discharge permit is required, attach a copy of the planning limits provided by the Division of Water Pollution Control, Permits Section, for a proposed discharge or upgrade.

**E. Permit Violations**

Are any of the existing facilities related to the proposed project presently under citation from the Tennessee Department of Environment and Conservation or the U.S. Environmental Protection Agency due to permit violations?

**A**  
~~AAAAAA~~ Yes      No.

~~AAAAAA~~ -yes, identify facility and violation and include a copy of the citation in the ~~AAAAAA~~ supporting documentation.



Applicant/Project: \_\_\_\_\_

Provide the following information about the major users in the service areas:

**EXISTING SYSTEM**

	<b>No. of Hookups</b>	<b>No. of Persons</b>	<b>Present Water Demand/Flow(GPD)</b>
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Subtotal	_____	_____	_____

**PROPOSED IMPROVEMENTS**

	<b>No. of Hookups</b>	<b>No. of Persons</b>	<b>Projected Water Demand/Flow(GPD)</b>
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Subtotal	_____	_____	_____

**TOTAL**

	<b>No. of Hookups</b>	<b>No. of Persons</b>	<b>Projected Demand/Flow Year ____ (GPD)</b>
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Subtotal	_____	_____	_____

Applicant/Project: \_\_\_\_\_

What is your existing residential water/sewer rate structure and what is the water/sewer cost for 5,000 gallons of water consumed? If this project will raise your rates, what will the new rate structure be and how much will 5,000 gallons cost? Do **NOT** include taxes, fees, etc., only include the amount for 5,000 gallons of water.

1. Attach existing and proposed rate structure from the provider on their **letterhead**. The letter needs to state the amount for 5,000 gallons without taxes, fees, etc.

Be sure to also show the **basis** for the dollar amount charged.

2. Monthly water/sewer bill based on 5,000 gallons consumed

*Existing*

Inside City	\$
Outside City	\$

#### PROJECT IMPACT

1. \$ \_\_\_\_\_ CDBG ÷ \_\_\_\_\_ Persons = \$ \_\_\_\_\_/Person

2. \$ \_\_\_\_\_ CDBG ÷ \_\_\_\_\_ LMI Persons = \$ \_\_\_\_\_/LMI

If there are multiple activities, please calculate the cost/person and cost/LMI for all jurisdictions (See TN CDBG website for the appropriate form).

3. LMI % (Persons) = \_\_\_\_\_ %

4. Rate Factor Formula: (Round to 3 decimal places)

$$\frac{\text{Monthly Water/Sewer Bill 5000 gals.}}{\text{Target Area Per Capita Income}} \times (100) = \underline{\hspace{2cm}}$$

$$(\$ \underline{\hspace{2cm}}) \div (\$ \underline{\hspace{2cm}}) \times (100) = \underline{\hspace{2cm}}$$

Applicant/Project : \_\_\_\_\_

**Project Budget**

EXPENSE OBJECT LINE-ITEM CATEGORY	GRANT CONTRACT (Requested Amount)	GRANTEE or OTHER PARTICIPATION	TOTAL PROJECT
Construction			
Construction Inspection			
Engineering Design			
Engineering (other than design)			
Legal Services			
Appraisals			
Acquisition of Property			
Relocation (payments and assistance to persons, businesses, or non-profit organizations, including movement to other temporary or permanent sites)			
Housing Rehabilitation (loans and grants for single-unit, privately-owned homes)			
Housing Inspection			
Clearance and Demolition of Structures			
Professional Fee (Detail attached)			
Tap Fees (for "low and moderate income" beneficiaries)			
Environmental Review			
Other Non-Personnel Expenses (Detail attached)			
Project Contingency (for potential project costs exceeding the total budget amount in line items above)			
<b>GRAND TOTAL</b>			

What ability to pay percentage applies to this project? \_\_\_\_

What is the ability to pay percentage if the Three-Star incentive is included (if the community is not declining)? \_\_\_\_

What type of funding (i.e. local funding, Rural Development, SRF, etc.) makes up the "GRANTEE or OTHER PARTICIPATION" column? If the funding has been approved, attach a copy of the approval (i.e. a resolution from the council, approval letter from another funding agency). If it has been applied for, attach information on the status of the application.

Applicant/Project : \_\_\_\_\_

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**DETAIL OF COSTS**

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**\*\*OTHER ENGINEERING SERVICES**

Surveys	\$ _____	
Geotechnical	\$ _____	
Other	\$ _____	
Total	\$ _____	or ____ N/A

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**\*\*\*OTHER (Specify what products or services are included in this line item):**

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How long will construction take?

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Will any of the project be done using force account?\* \_\_\_\_ yes \_\_\_\_ no.

**NOTE:** Approval to do force account work requires that the grant recipient must own the necessary equipment, use currently employed city forces, and obtain State approval by submitting the following information after grant is awarded:

1. Names and engineering qualifications of personnel performing the work and their capabilities for design, supervision, planning, inspection, testing, etc. as applicable.
2. Details of experience with projects of like or similar nature.
3. Information on workload as it may affect capacity to do the work within time frame or work schedule.
4. Justification for doing the work by force account rather than by contract.
5. A complete breakdown showing: (a) the number of work hours and cost per hour for each category of labor; and (b) a list of non-salary costs such as materials, supplies, equipment, etc.
6. Certification from the above mentioned personnel's supervisor confirming that they are full time City/County employees and have not been hired just for this project.
7. Certification confirming the equipment to be used is owned by the City/County and that it is not rental equipment.

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\* This includes service lines and/or hookups.

Applicant/Project : \_\_\_\_\_

### DETAIL OF ADMINISTRATIVE COSTS

Name of Person or Firm Providing Services \_\_\_\_\_

TASK	Projected Number of Hours	Amount
1. Environmental Review Record		
A. Project Not In Floodplain		
B. Project In Floodplain		
C. Project Requiring Archaeological Survey		
2. Project Files		
A. Set Up		
B. Monthly Maintenance/Update		
3. Fair Housing/Equal Opportunity		
A. Fair Housing Activity		
B. Equal Opportunity		
1. Section 3 Plan		
2. On-Site Poster Documentation		
3. Contact Female/Minority Contractor		
4. Contractor/Subcontractor Activity Report		
4. Acquisition - Fee Simple		
A. Identification of Properties To Be Acquired and Locating Property Owners		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Coordinating Services of Title Attorney, Surveyor and Appraisers		
D. Negotiation to Purchase and Final Sale and Closing		
5. Relocation		
A. Identification of Relocation Needs and Available Resources		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Identify Comparables and Maintain Records on Available Housing Market		

Applicant/Project : \_\_\_\_\_

**DETAIL OF ADMINISTRATIVE COSTS (continued)**

<b>TASK</b>	<b>Projected Number of Hours</b>	<b>Amount</b>
6. <u>Housing Rehabilitation</u>		
A. Identification of Units and Determination of Eligibility		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Solicitation of Contractors and Pre-bid Activity		
D. Release of Liens, Certification of Completion/Final Inspection		
E. Pay Requests and Record Keeping for Escrow Accounts		
F. Quarterly Performance Reports		
7. <u>Housing Inspection</u>		
A. Monitoring Ongoing Construction and Scheduling Inspections and Write-Ups		
B. Inspections		
C. Final Inspections		
8. <u>Clearance</u>		
A. Identify Properties and Contractors		
B. Bid Process for Demolition		
C. Releases and Payment to Contractor		
9. <u>Labor Compliance</u>		
A. Request Wage Rate		
B. 10 day Call/Memo for Files		
C. Attend Bid Opening/Prepare Minutes		
D. Notice of Contract Award/Pre-Construction Conference		
E. Coordinate and Conduct Pre-Construction Conference		
F. Prepare Minutes of Pre-Construction Conference		
G. Bid Advertisement Documentation for Files		
H. Bid Tabulation Documentation for Files		

Applicant/Project : \_\_\_\_\_

**DETAIL OF ADMINISTRATIVE COSTS (continued)**

<b>TASK</b>	<b>Projected Number of Hours</b>	<b>Amount</b>
I. Executed Bid Document/Specs including Certifications regarding EO, Labor, and Section 3, Insurance/Bonding – Documentation for Files		
J. Contractor Recommendation Letter		
K. Contractor/Subcontractor Eligibility Verification		
L. Notice to Proceed		
M. Conduct Employee Interviews and Check Site for Posters		
N. Check Weekly Payrolls/Cross Check with Interviews		
O. Consultation with Engineer, State, Other Funding Agency		
P. Release of Liens/Certificate of Completion/Final Inspection		
<hr/>		
10. Fire Protection/Emergency Services		
<hr/>		
A. Prepare/Submit Equipment Specifications		
B. Advertise		
C. Coordinate Bid-Tabs Approval		
D. Photograph Items Purchased		
<hr/>		
11. Financial Management		
<hr/>		
A. Authorized Signature Cards		
B. Designation of Depository		
C. Requests for Payment		
D. Payment of Invoices		
E. Posting of Accounting Records (Local Level)		
F. Budget Spreadsheets		
G. Budget Revisions		
<hr/>		
12. State Monitoring		
<hr/>		
A. First TA Visit		
B. Monitoring Visit		
C. Compliance Close-Out Visit		
D. Financial Close-Out Visit		
<hr/>		
13. Close-Out		
<hr/>		
A. Survey of Direct Beneficiaries		
B. Jobs Form		
C. Financial Report in Close-Out Package		
D. File Review		

Applicant/Project: \_\_\_\_\_

## **NATIONAL OBJECTIVE BENEFIT JUSTIFICATION**

Justify your project under one of the three national objectives. If the national objective that the project addresses is benefit to low and moderate income persons, describe the area in the community or target area where low and moderate income persons live and how they would benefit from the project. Also, describe the benefit to minorities. To meet the national objective of low and moderate income, the project must benefit at least 51% low and moderate income persons. If the project is justified under slums and blight or imminent threat, the justification should address the definition of that objective used in the Important Notices.

## **HOUSING AND COMMUNITY DEVELOPMENT NEEDS**

Describe your community development and housing needs as identified by your local governing body. Include the needs of low and moderate income persons, minorities, disabled persons and the elderly along with a brief discussion of the activities that will be undertaken to meet such needs. Specifically, reference how this application addresses those needs and the efforts accomplished on the local level to address those needs. **Explain why this project was submitted for funding rather than other projects that might have been submitted.** Include any documentation from planning meetings, strategic planning sessions, public hearings, etc that documents these priorities for your community.



Applicant/Project: \_\_\_\_\_

## INDIRECT BENEFIT FORM

Activity Name	Persons that the activity will serve		Minority * Served		Female Head of Household Served	
	Number	Dollars	Number	Dollars	Number	Dollars
	Elderly Served		Disabled Served		LMI Served	
	Number	Dollars	Number	Dollars	Number	Dollars

**LMI Percentage** \_\_\_\_\_

An indirect benefit is an activity that will benefit the entire community. This chart must reflect CDBG money only.

\* If an entry is made in this column, the total must match the total on the Minority Benefit Breakdown form.

The numbers in each of these categories will match the Target Area Survey Summary and other related documents.

Applicant/Project : \_\_\_\_\_

## RACIAL MINORITY BENEFIT BREAKDOWN

- |   |  |
|---|--|
| 1. African-American/Black                 | 6. American Indian/Alaskan Native & Caucasian              |
| 2. Hispanic                               | 7. American Indian/Alaskan Native & African American/Black |
| 3. Asian                                  | 8. African American/Black & Caucasian                      |
| 4. American Indian/Alaskan Native         | 9. Asian & Caucasian                                       |
| 5. Native Hawaiian/Other Pacific Islander | 10. Other Multi-Racial                                     |

Activity	Number of racial minorities in each of the categories. Caucasians/whites will not be listed in this chart									
	1	2	3	4	5	6	7	8	9	10

### Instructions to Complete Low and Moderate Income Breakdown

Total LMI -Total number of the **households** in the 30%, 50% and 80% income limits on this page. This number must match the number on the LMI Served on the Indirect Benefit form and the number in the DD box on the Target Area Survey Summary

**NOTE:** Do NOT perform the calculations on this page without determining the validity of the Target Area Surveys. (See Target Area Surveys Instructions)

### Low and Moderate Income Breakdown

30% \_\_\_\_\_

50% \_\_\_\_\_

80% \_\_\_\_\_

Total \_\_\_\_\_

Applicant/Project : \_\_\_\_\_

### INSTRUCTIONS TO COMPLETE TARGET AREA SURVEY SUMMARY FORM

**BOX** (For all calculations, round to 1 decimal place at the end of the calculation)

A	=	Total number of houses actually <b>surveyed</b> ( <i>i.e., a response was obtained</i> )
B	=	Total number of LMI houses
C	=	Total number of <b>persons</b> in the houses surveyed ( <i>in A</i> )
D	=	Total number of LMI
E-H	=	Number of <b>persons</b> ( <i>information obtained from surveys</i> )
AA	=	Actual field count of houses in the target area
I	=	$\frac{A}{AA}$ ( <i>For line extensions and housing projects, this is 100%</i> )
J & JJ	=	$\frac{B}{A}$
K & KK	=	$\frac{D}{C}$ ( <i>Round to one decimal place</i> )
L & LL	=	$\frac{E}{C}$
M & MM	=	$\frac{F}{C}$
N & NN	=	$\frac{G}{C}$
O & OO	=	$\frac{H}{C}$
BB	=	(JJ) x (AA)
CC	=	$\frac{(C)}{(A)} \times (AA)$ ( <i>Round at end only</i> )
DD	=	(CC) x (KK)
EE	=	(CC) x (LL)
FF	=	(CC) x (MM)
GG	=	(CC) x (NN)
HH	=	(CC) x (OO)

\* For line extension and housing projects, complete only A-O.

**NOTE:** These calculations are based on Target Area Surveys being complete, valid and totaled. Review surveys before making calculations.

These numbers will match the Title Page of the application, the Indirect Benefit Form, the Minority Benefit Breakdown form, the Low and Moderate Income Breakdown form, Beneficiary Information page and the National Objective Benefit Justification page. **You must check to ensure the numbers match before submitting the application.**

Applicant/Project : \_\_\_\_\_

### TARGET AREA SURVEY SUMMARY

#### HOUSES

	Total	Response Rate	Total LMI
	<b>A</b>		<b>B</b>
No.			
		<b>I</b>	<b>J</b>
%			

#### PERSONS

Total	Total LMI	Total No. of Minorities	Total No. Female Head of Household	Total No. of Elderly	Disabled
<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>	<b>O</b>

	AA		BB
No.			
	<b>100</b>		<b>JJ</b>
%			

CC	DD	EE	FF	GG	HH
	<b>KK</b>	<b>LL</b>	<b>MM</b>	<b>NN</b>	<b>OO</b>

NOTE: If this is has multiple target areas, you must include a Target Area Survey Summary for each target area surveyed as well as one for the total project.

HOUSING PROJECTS AND LINE EXTENSION PROJECTS REQUIRE 100% RESPONSE RATE

<u>NO OF HOUSES</u>	<u>RESPONSE RATE</u>
0 - 49	89%
50 - 99	80%
100 - 249	73%
250 - 499	55%
500 - 999	34%
1000 - 2499	24%
2500 - 4999	13%
5000 +	5%

Applicant/Project : \_\_\_\_\_

## Beneficiary Information

COMPLETE THIS FORM FOR ALL PROJECTS

Number of Beneficiary Households \_\_\_\_\_ \*\*  
(This is the same number as AA on the Target Area Survey Summary sheet)

Number of Households INSIDE the \_\_\_\_\_ LIMITS \*  
CITY/COUNTY

Percentage of Households INSIDE the City/County Limits \_\_\_\_\_ \*\*\*  
**(ROUND TO THE NEAREST WHOLE NUMBER)**

Number of Households in Another \_\_\_\_\_ \*  
CITY/COUNTY

Percentage of Households in Other Jurisdiction \_\_\_\_\_ \*\*\*  
**(ROUND TO THE NEAREST WHOLE NUMBER)**

Number of Households in Another \_\_\_\_\_ \*  
CITY/COUNTY

Percentage of Households in Other Jurisdiction \_\_\_\_\_ \*\*\*  
**(ROUND TO THE NEAREST WHOLE NUMBER)**

If there are more jurisdictions involved in the project, use the additional form on the TN CDBG website to document those numbers and percentages.

\* These numbers will equal \*\* this number

\*\*\* These percentages will equal 100%

**IF ALL BENEFICIARIES LIVE IN ONE JURISDICTION (CITY OR COUNTY) DO NOT USE WEIGHTED AVERAGES.**

Applicant/Project : \_\_\_\_\_

## **MAP/SURVEY FORM INSTRUCTIONS**

These forms should be completed for all system-wide projects.

For all houses surveyed, a number must be placed in BOTH the "Total Persons" column and "LMI Persons" column.

The number in the "LMI Persons" column must either match the "Total Persons" column or be "0". Double check each row to ensure this has been done correctly.

It is not necessary to include houses that are not surveyed.

If additional Map Survey Forms are needed, they are available on the TN CDBG website and can be submitted with the additional supporting documentation.

A Target Area Survey Map is not required if it is only used to show that the surveys were random.

Applicant/Project : \_\_\_\_\_

**MAP/SURVEY FORM**

HOUSE/MAP NUMBER	TOTAL PERSONS	LMI PERSONS
<b>TOTALS</b>		

HOUSE/MAP NUMBER	TOTAL PERSONS	LMI PERSONS
<b>TOTALS</b>		

HOUSE/MAP NUMBER	TOTAL PERSONS	LMI PERSONS
<b>TOTALS</b>		

**TOTAL No. of Houses Surveyed This Page** \_\_\_\_\_ **Total Project** \_\_\_\_\_

<b>State Staff Use Only:</b>			
	Rev. 1	Rev. 2	Rev. 3
Total Houses	_____	_____	_____
LMI Houses	_____	_____	_____
Total Persons	_____	_____	_____
LMI Persons	_____	_____	_____

Applicant/Project : \_\_\_\_\_

### Per Capita Income Calculations (Multi-Jurisdiction applications)

Multi-jurisdiction applications are applications where the beneficiaries are in more than one governmental jurisdiction.

Complete the Per Capita Income calculations for each area, then multiply by the percentage of connections in that area.

For these calculations, round to nearest dollar for the Total line.

City/County:  $\frac{(2013MFI)(2009PCI)}{(2009MFI)}$  = 2013 PCI X \_\_\_% =  
\_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_ X \_\_\_\_\_% = \_\_\_\_\_

City/County:  $\frac{(2013MFI)(2009PCI)}{(2009MFI)}$  = 2013 PCI X \_\_\_% =  
\_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_ X \_\_\_\_\_% = \_\_\_\_\_

City/County:  $\frac{(2013MFI)(2009PCI)}{(2009MFI)}$  = 2013 PCI X \_\_\_% =  
\_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_ X \_\_\_\_\_% = \_\_\_\_\_

Total for Target Area \_\_\_\_\_

City/County: 2009 PCI X \_\_\_% =  
\_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_% = \_\_\_\_\_

City/County: 2009 PCI X \_\_\_% =  
\_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_% = \_\_\_\_\_

City/County: 2009 PCI X \_\_\_% =  
\_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_% = \_\_\_\_\_

Total for 2009 Per Capita Income \_\_\_\_\_



## Unemployment Rate Calculations (Multi-Jurisdiction Applications)

### 2002-2011

City/County	Rate (%)	<u>Points</u>	X	<u>% of beneficiaries</u>	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
			TOTAL			_____

### 2012

City/County	Rate (%)	<u>Points</u>	X	<u>% of beneficiaries</u>	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
			TOTAL			_____

### Per Capita Income

City/County	2009 PCI	<u>Points</u>	X	<u>% of beneficiaries</u>	=	_____
_____ (\$	)	_____	X	_____	=	_____
_____ (\$	)	_____	X	_____	=	_____
_____ (\$	)	_____	X	_____	=	_____
			TOTAL			_____

(Points for unemployment rates and PCI as well as the 2002 - 2011 and 2012 unemployment rates and 2009 PCI are on the TN CDBG website.)

Applicant/Project: \_\_\_\_\_

**WORKSHEET FOR PER CAPITA INCOME CALCULATIONS**  
 (For instructions, see the TN CDBG website)

A. Use 2013 TAS results

- Exact income obtained to calculate PCI directly  
or
- Income intervals used to calculate PCI indirectly

$$2013 \text{ PCI} = 2013 \text{ MFI} \times \frac{2009 \text{ PCI}}{2009 \text{ MFI}}$$

B. Calculate MFI and PCI

	Intervals	Number in Each Interval	Cumulative
1.	Less than 9,700	_____	_____
2.	\$ 9,700 - 12,199	_____	_____
3.	\$ 12,200 - 14,699	_____	_____
4.	\$ 14,700 - 17,199	_____	_____
5.	\$ 17,200 - 19,699	_____	_____
6.	\$ 19,700 - 22,199	_____	_____
7.	\$ 22,200 - 24,699	_____	_____
8.	\$ 24,700 - 27,199	_____	_____
9.	\$ 27,200 - 29,699	_____	_____
10.	\$ 29,700 - 32,199	_____	_____
11.	\$ 32,200 - 34,699	_____	_____
12.	\$ 34,700 - 37,199	_____	_____
13.	\$ 37,200 - 39,699	_____	_____
14.	\$ 39,700 - 42,199	_____	_____
15.	\$ 42,200 - 44,699	_____	_____
16.	\$ 44,700 - 47,199	_____	_____
17.	\$ 47,200 - 49,699	_____	_____
18.	\$ 49,700 - 52,199	_____	_____
19.	\$ 52,200 - 54,699	_____	_____
20.	\$ 54,700 - 57,199	_____	_____
21.	\$ 57,200 or more	_____	_____

Show steps 1-7 here.

Applicant/Project: \_\_\_\_\_

Continue calculations if needed:

Discuss the randomness methodology. (If a Target Area Survey Map is not included, thoroughly describe the process to ensure randomness and completeness of the survey sample).

Give a description of how the target area surveys were conducted. Give the name of the person(s) who completed the surveys and their telephone number.





Applicant/Project : \_\_\_\_\_

### **Title VI Compliance Information**

3. CDBG applicants are required to hold a public meeting prior to the submission of applications to evaluate community needs, and to explain how CDBG funds may be used to address these needs. In addition to informing the public of this meeting through the local newspaper, applicants must make an effort to secure minority participation in this process. The CDBG application must contain the following information:

a. A description of the process that was used to secure participation of minorities in this meeting.

b. The number of individuals who participated in the public meeting and the number who are of the following racial minority classifications.

- |   |  |
|---|--|
| a. African American/Black                 | f. American Indian/Alaskan Native & Caucasian              |
| b. Hispanic                               | g. American Indian/Alaskan Native & African American/Black |
| c. Asian or Pacific Islander              | h. African American/Black & Caucasian                      |
| d. American Indian/Alaskan Native         | i. Asian & Caucasian                                       |
| e. Native Hawaiian/Other Pacific Islander | j. Other Multi-Racial                                      |

Applicant/Project: \_\_\_\_\_

**JOINT ECONOMIC AND COMMUNITY DEVELOPMENT BOARD**

Tennessee Code Annotated, Section 6-58-114(f) state the following:

(f) The board shall meet, at a minimum, four (4) times annually and the executive committee of the board shall meet at least four (4) times annually. An executive committee meeting shall be held once each calendar quarter. Minutes of all meetings of the board and the executive committee shall be documented by minutes kept and certification of attendance. Meetings of the joint economic and community development board and its executive committee are subject to the open meetings law.

“Calendar quarter” means any one of the following time periods during a given year:

January 1 through March 31, April 1 through June 30, July 1 through September 30, or October 1 through December 31.

Please provide the following information:

Dates of the last four executive committee meetings- (Minutes will be reviewed in the monitoring visit but do not need to be submitted here)

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

Dates of the last four board meetings- (Minutes will be reviewed in the monitoring visit but do not need to be submitted here)

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

Did you have joint meetings? \_\_\_\_\_Yes \_\_\_\_\_ No

Applicant/Project : \_\_\_\_\_

**DISPLACEMENT PLAN FORMAT** (This must be completed for all applications.)

\_\_\_\_\_ will replace all occupied and vacant occupiable low/moderate-income dwelling units demolished or converted to a use other than as low/moderate-income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion.

The following information must be submitted:

1. A description of the proposed assisted activity
  
  
  
  
  
  
  
  
  
  
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate-income dwelling units as a direct result of the assisted activity
  
  
  
  
  
  
  
  
  
  
3. A time schedule for the commencement and completion of the demolition or conversion
  
  
  
  
  
  
  
  
  
  
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units



Applicant/Project : \_\_\_\_\_

5. The source of funding and a time schedule for the provision of replacement dwelling units
  
  
  
  
  
  
  
  
  
  
6. The basis for concluding that each replacement dwelling unit will remain a low/moderate-income dwelling unit for at least 10 years from the date of initial occupancy.

\_\_\_\_\_ will provide relocation assistance to each low/moderate-income household displaced by the demolition of housing or by the conversion of a low/moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, \_\_\_\_\_ will take the following steps to minimize the displacement of persons from their homes:

Applicant/Project : \_\_\_\_\_

## Water or Sewer System CDBG Application Attachments

	<p><b>Local Government Resolution</b> NOTE: Resolution must address: 1.) Commitment to apply for Community Development Block Grant funds 2.) Commitment of matching funds</p>
	<p>Documentation of <b>Procurement of Professional Services</b> NOTE: You cannot sign a contract for administrative, engineering, or architectural services until the state has approved your selection of the administrator, engineer or architect</p>
	<p>Additional information for the <b>Beneficiary Information Form</b> (if needed)</p>
	<p><b>Map Survey Form(s) and map</b> (if needed)</p>
	<p>Any documentation supporting the <b>Housing and Community Development Needs</b> section.</p>
	<p><b>Public meeting documentation.</b> This must include the advertisement with date (if advertisement does not have date, include the affidavit of publication), minutes from the meeting, and the sign-in sheet(s).</p>
	<p><b>LMI/minority concentration maps.</b> "AREA OF MINORITY CONCENTRATION" defined as any neighborhood in which the percentage of households in a particular racial or ethnic minority group is at least 20 points higher than their percentage for the jurisdiction as a whole or a neighborhood in which the percentage of minorities is at least 20 points above the overall percentage of minorities in the jurisdiction. To illustrate, in a jurisdiction with 15 percent black and 85 percent white population, any neighborhood that is more than 35 (15 plus 20) percent black would be defined as an "area of minority concentration."  In jurisdiction with 60 percent black and 40 percent white population, only neighborhoods that are more than 80 (60 plus 20) percent black would be classified as "areas of minority concentration."  In a jurisdiction that is 10 percent black, 30 percent Hispanic and 60 percent white, a neighborhood would be classified an "area of concentration" only if it was more than 30 percent black or more than 50 percent Hispanic. A neighborhood that is 20 percent black and 40 percent Hispanic would also be considered an "area of minority concentration," because the minority percentage is 20 points above the total overall percentage of minorities in the jurisdiction.</p>
	<p><b>Preliminary Engineering/Architectural Report</b> If necessitated by the project, a preliminary engineering/architectural report must be inserted in the application. <b>It must be stamped, signed and dated by a qualified professional registrant in accordance with state law to be accepted.</b> The preliminary engineering/architectural report should conform to commonly accepted engineering standards. The construction cost budget should be in the same format as a bid schedule, be estimated to a whole dollar number and match the construction amount in the project budget. <b>Engineers/Architects need to submit their preliminary report to the Application Preparer 30 days prior to the deadline. This will allow sufficient time to compare the narrative part of the application with the engineering report for a consistent application.</b></p>

Applicant/Project : \_\_\_\_\_

	<b>HUD Disclosure Report.</b> (This can be found on the TN CDBG website)
<b>System-specific documents</b>	
	Statement from local utility district stating they had input regarding the project
	Copy of the NPDES permit for an existing sewage treatment plant (if required). If a new discharge permit is required, also include a copy of the planning limits provided by the Division of Water Pollution Control, Permits Section, for a proposed discharge or upgrade.
	Copy of the citation from TDEC or EPA of permit violations (if required)
	Existing and proposed rate structure from the provider on their letterhead. Ensure that this lists cost for 5,000 gallons without taxes, fees, etc.
	Additional calculations on project impact if this is a multi-jurisdictional application.
<b>NOTES:</b> <ul style="list-style-type: none"><li>- If maps need to be submitted, they can be included as an attachment or submitted by mail. They must be postmarked February 22, 2013.</li><li>- A copy of the community's most recent audit must be submitted electronically or mailed to ECD if it is not available on the State Comptroller's website.</li></ul>	

**Save this file before submitting it.**

**You will receive a message that ECD has received your file when the submission is complete or an error message if it does not transfer.**

**You will upload the completed application and all supporting documentation to the ECD ftp site. If you do not have a username and password for the ftp site, contact ECD.**