

**AGENCY NAME:** \_\_\_\_\_

**Economic Development Activity Name:** \_\_\_\_\_

**BENEFICIARIES**

1. Activity will serve residents  City Wide or: Only in the following Census Tracts (Check all that apply)  
 302  303  304  305  306  307.01  307.02  308.02  309  310  311  312  313  314  315  
 316.01  316.02  317  318.01  318.02  319.03  319.04  320.01  321  398  399
  
2. # of unduplicated persons anticipated to be served 2021-2022 \_\_\_\_\_  
Of those to be served:  
What % will be Elizabeth residents \_\_\_\_\_ What % will be Hispanic \_\_\_\_\_  
What % will be Female \_\_\_\_\_ What % will be Male \_\_\_\_\_  
What ethnicities will be served (*select all that apply*):  
 Caucasian  African American  Asian  Other: \_\_\_\_\_
  
3. What months of the year will the facility function: \_\_\_\_\_
  
4. What days of the week will the facility function: \_\_\_\_\_
  
5. What hours of the day will the facility function: \_\_\_\_\_
  
6. Population by age to be served (choose one only):  
 Infants (<1 yr)  Children (1yr-12 yrs)  Youth (13-18 yrs)  Adults (19-64 yrs)  Seniors (65yrs+)
  
7. Population by Income Range: (*see attached chart*)  
 Extremely Low (0-30% AMI)  Low (30-50% AMI)  Mod (50-80% AMI)
  
8. Does a similar facility exist in the same target area/census tracts for the same target population?  
Yes  No  If Yes, Please identify \_\_\_\_\_
  
9. Activity Will:  Help Prevent Homelessness  Help the Homeless  Help those with HIV/AIDS  
 Help Persons with Disabilities  None of These Apply
  
10. This activity will address the following municipal Economic Development priority:  
 *On the Job Training (Job Creation)\**  *Micro Enterprise Program*  
 *Technical Assistance to Businesses*  *Commercial Development & Redevelopment*  
*(\* Job Training/# people trained = Public Service      Job Creation/ # jobs created = Economic Development)*
  
11. While not one of the above priorities, this activity will address the following community need:  
*(Answer in the space provided only – no attachments)*

This need was determined by:

**AGENCY NAME:** \_\_\_\_\_

**Economic Development Activity Name:** \_\_\_\_\_

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

- 14E CI: Rehab: Publicly or Privately Owned Commercial/Industrial
- 17A CI: Acquisition/Disposition
- 17B CI: Infrastructure Development
- 17C CI: Building Acquisition, Construction, Rehabilitation
- 17D CI: Other Improvements
- 18A ED: Direct Financial Assistance to For-Profit Business
- 18B ED: Technical Assistance
- 18C ED: Micro-Enterprise

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

*Economic Opportunities & Sustainability*

- *Micro Loan Program;*
- *Façade Improvements;*
- *Job Training Programs;*
- *Business Development & Expansion;*
- *Commercial Development & Redevelopment*

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.)
- Low/Mod Job** – Documentation that beneficiaries are low and moderate income, verifiable income certification and supporting documentation collected as part of the intake/application process for each beneficiary. Please see HUD Exchange Income Calculator for example. Job retention activities require additional documentation from company.
- 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. This activity will meet one of the two Public Benefit Standards below: (please check one)

- Job-Based Activities** – Not more than \$35,000 will be spent for each permanent, full-time equivalent (FTE) position (40 hours per week) created or retained. In other words, if the program has \$350,000 of CDBG funds the program would need to show that a minimum of 10 FTE jobs were created ( $\$350,000 \div \$35,000 = 10$  jobs).
- Area Based Activities** – Not more than \$350 will be spent for each low and moderate income person in the service area. In other words, if there are 1,000 persons in the service area, the public benefit standard would allow \$350,000 in expenditures ( $\$350 \times 1,000 = \$350,000$ ).

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16. 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.*) of your proposed activity:

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

**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:

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

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:** \_\_\_\_\_

**Economic Development Activity Name:** \_\_\_\_\_

5. Photographs of Site (Insert here):

**AGENCY NAME:** \_\_\_\_\_

**Economic Development 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: \_\_\_\_\_

Economic Development Activity Name: \_\_\_\_\_

**Sources/Uses Chart**

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

Total Funds Requested  Total Activity Cost

**AGENCY NAME:** \_\_\_\_\_

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**Status of Other Funds**

<u>Source</u>	<u>Name</u>	<u>Date Submitted</u>	<u>Pending/Approved</u>	<u>Amount</u>
Other Federal	_____	_____	_____	_____
State	_____	_____	_____	_____
Local	_____	_____	_____	_____
Private	_____	_____	_____	_____

**TOTAL** \_\_\_\_\_

<b>ACTIVITY TIMETABLE</b>	<b>Start Date Month/Year</b>	<b>Completion Date Month/Year</b>
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	_____	_____