

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

**Public Facilities 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 Public Facility priority:  
 ADA Improvements  Park Improvements  Building/Renovation Improvements  Privately Owned
  
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:** \_\_\_\_\_

**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 Facilities for Persons w/Disabilities | <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 Improvements    |
| <input type="checkbox"/> 03J Water/Sewer Improvements                 | <input type="checkbox"/> 03K Street Improvements                   | <input type="checkbox"/> 03L Sidewalks                      |
| <input type="checkbox"/> 03M Child Care 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"/> 03Z Other Public Improvements Not Listed     |  |   |

13. This activity falls under 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:

<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: \_\_\_\_\_

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	_____	_____	_____	_____	_____	_____
<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:** \_\_\_\_\_

**Public Facilities Activity Name:** \_\_\_\_\_

**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** \_\_\_\_\_

**TIMETABLE**

<b><i>PROPOSED ACTIVITIES</i></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	_____	_____