



Toni Preckwinkle
President

Cook County Board of Commissioners

COOK COUNTY

Bureau of Economic Development
Community Development Block Grant Program
(CDBG)

2015 Program Year

Capital Improvement/Demolition and Economic Development Project Application

Applicant Municipality/Agency

Applicant's Name and Title

(Mayor, President, Supervisor, Chief Executive Officer, Executive Director)

Toni Preckwinkle, President
Cook County Board of Commissioners

Cook County Department of Planning and Development
69 West Washington, Suite 2900
Chicago, Illinois 60602

Michael Jasso, Bureau Chief

February 2015



2015 CDBG Capital Improvement/Demolition and Economic Development Project Application

APPLICATION CHECKLIST

The following attachments are required and **must** be submitted as part of this application, if applicable. Please place a check mark next to each item as appropriate.

- All required sections of the application are complete.
- Project map (see page 5)

Public Agency (Municipal/Township) (Form samples are attached.)

- Resolution and Certification of Resolution – (See Forms A-1/A-2 and A-3)
- Estimated Matching Funds Certification - Form B
- Maintenance of Effort and Project Sustainability - Form C
- Fair Housing Action Plan - Form D
- Audited Financial Statements (most current) - Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financials. If you do not have audited financials, you may submit other financial documents for consideration. Audited financials are preferred.
- Demolition Application, if applicable.

Non-Profit Agency (Form samples are attached.)

- Resolution and Certification of Resolution – (See Forms A-2 and A-3)
- Estimated Matching Funds Certification - Form B
- Maintenance of Effort and Project Sustainability - Form C
- List of Board of Directors
- Copy of 501(c)3
- Current Certificate of Good Standing (dated within the last 45 days)
- Certified Copy of Articles of Incorporation and Certified Copy of Amended Articles of Incorporation, if amended, **from the Illinois Secretary of State**. The certification must be dated **within 45 days** of the date of submission of the Application. This must be ordered every year.
- Audited Financial Statements (most current) - Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financials. If you do not have audited financials, you may submit other financial documents for consideration. Audited financials are preferred.

Note: You will lose points for each of the above items that is missing from your submitted application package. For more about application scoring, please see the application guide.

Please return one hard copy of all application materials to the following:

Cook County Department of Planning and Development
Attn: Ms. Sonia Brown
69 West Washington Street, Suite 2900
Chicago, IL 60602

New this year: In addition to the hard copy, please submit an electronic copy of the application PDF (as well as any additional pages used to answer application questions) to sonia.brown@cookcountyil.gov

The deadline for submitting all applications is: **Wednesday, MARCH 18, 2015, 4:00PM (Applications received after this date and time will not be accepted. No exceptions.)**



2015 CDBG Capital Improvement/Demolition and Economic Development Project Application

APPLICANT INFORMATION SHEET

Applicant Name: _____

Mayor / Chief Executive Officer Name: _____

E-mail Address: _____

Contact Person Name & Title: _____

E-mail Address: _____

Telephone: _____ Fax: _____

Applicant Website Address: _____

Total Amount Requested: \$ _____

Total Matching Funds, if applicable: \$ _____

Note: Matching funds, though not required for CDBG, are encouraged and will be looked upon favorably during application review. Matching funds will be expected for facility projects and will be assessed based on the income level of the service area / beneficiaries.

*The signature below must be from the person authorized in the resolution supporting the application.

Signature

Date

Title



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APPLICANT INFORMATION SHEET (CONT'D)

2015 PROGRAM YEAR - October 1, 2015 through September 30, 2016

Please complete all pages for each project, as applicable.

Applicant Address: _____

City: _____ Illinois Zip Code: _____
(include full ZIP + 4)

Project Manager
(if different from
contact person): _____

E-Mail: _____

Telephone: _____ Fax: _____

County Commissioner District #: _____

Project Title: _____

Is this project consistent with [Cook County's 2015-2019 Consolidated Plan](#)? If no, "**STOP**". Yes No
(See related question on page 6.)

Is this capital improvement project a continuation of a prior year project? Yes No

Is your agency a faith-based entity? Yes No

Activity Category:

CAPITAL IMPROVEMENT PROJECTS

- ___ Infrastructure
- ___ Public Facility
- ___ Non-Profit Facility
- ___ Demolition
- ___ *Economic Development

*Please refer to the CDBG Application Guide for guidelines regarding economic development activities.



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National Objective: *(Check One)*

CDBG requires that each activity funded, except for program administration and planning activities, must meet one of the three national objectives outlined below. An activity that does not meet a national objective is not compliant with CDBG requirements and is therefore ineligible for funding. Applicants are strongly encouraged to consult the application guide for more detailed information.

Benefit to low- and moderate income (LMI) persons

1. **Area Benefit Activities** benefit all residents in a particular area, where at least **51%** or **50.3%** of the people are low- and moderate-income. The service area of the project must be specifically identified and the area must be primarily residential (see the Appendix of the application guide for details).
2. **Limited clientele activities** benefit low- and moderate-income persons without regard to the area being served. At least **51%** of the persons participating in the activity must be low- and moderate-income and the activity must meet one of the following criteria (see application guide for details):
 - **Presumption of low- and moderate-income:** the activity serves persons who are presumed to be low- and moderate-income: abused children; battered spouses; elderly persons; severely-disabled adults; homeless persons; illiterate adults; persons living with AIDS and migrant workers; or
 - **Income Guidelines:** the activity must have eligibility requirements which limit the activity exclusively to low- and moderate-income persons, or income must be documented.
3. **Housing activities** that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by at least 51% low- and moderate-income households.
4. **Job creation or retention activities** designed to create or retain permanent jobs, at least 51% of which (computed on a full-time equivalent basis) will be made available to or held by low- and moderate-income persons.

Aid in the prevention or elimination of slums or blight

Prevent or eliminate slum and blight on an area basis, or eliminate specific conditions of blight or physical decay on a spot basis that are not located in a slum or blighted area.

Meet a need having a particular urgency (Demolition Projects Only)

Use of the urgent need national objective category is rare. It is designed only for activities that alleviate emergency conditions. Activities qualified under urgent need must meet the following criteria:

- The existing conditions must pose a serious and immediate threat to the health or welfare of the community;
- The existing conditions are of recent origin or recently became urgent (generally, within the past 18 months);
- The grantee is unable to finance the activity on its own; and
- Other sources of funding are **not** available.

Does this project meet a National Objective and other eligibility requirements, as noted in HUD's 24 CFR Part 570.201 regulations?

(Please refer to the 2015 CDBG Application Guide for details.) If no, "**STOP**".

Yes

No



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Specific Outcome Indicators

Anticipated Number of Persons to be Assisted

(For municipal capital projects, census tract or block group data is permissible.)

With NEW access to service or benefit _____

With IMPROVED access to service or benefit _____

Anticipated Number of Businesses to be Assisted (if applicable)

With NEW access to service or benefit _____

With IMPROVED access to service or benefit _____

Anticipated Economic Development Impact (if applicable)

Estimated number of jobs created _____

Estimated number of jobs retained _____

Estimated amount of taxes generated _____

Estimated number of businesses retained and/or recruited _____

Anticipated Number of Housing Units Assisted (if applicable)

Estimated number of units occupied by low- or moderate income households _____



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CAPACITY AND SKILLS TO EXECUTE THE PROJECT

PREVIOUSLY FUNDED APPLICANTS:

Does your municipality or agency have any CDBG project balances, Yes No with the exception of a current Program Year 2014 grant?

If so, please explain why the project(s) currently have balances and the planned steps to expend remaining funds. Please specify expected deadlines for expending the remaining funds.

Does your municipality or agency have any outstanding CDBG performance reports, HUD reports or monitoring findings? Yes No

If so, please identify the project(s) via project number(s) and explain why the project(s) currently have outstanding performance reports, HUD reports or monitoring findings. Cook County maintains reporting records and will be verifying this information. Outstanding performance reports/HUD reports/monitoring findings can be submitted with the application, or preferably prior to submission of the application.

NEW AND PREVIOUSLY FUNDED APPLICANTS:

Has your municipality or agency previously initiated similar projects (whether with CDBG or other funding)? Yes No

If so, please describe the capital project(s) previously completed and the outcome(s).



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PROPOSED PROJECT BUDGET (Clarity and Reasonableness of Proposed Costs)

STAFF SALARIES, IF APPLICABLE (3 Person Limit)

Position	(A) Annual Salary	(B) % of time spent on project	(A) multiplied by B) Salary allocated for project	Salary CDBG Portion	Project Match (In-Kind)
TOTAL SALARIES					

Please note: Fringe benefits are no longer applicable.



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PROPOSED PROJECT BUDGET (CONT'D) (Clarity and Reasonableness of Proposed Costs)

LINE ITEM BUDGET

Project Activity	CDBG Funds	Matching Funds	TOTAL
Capital Improvements			
Public Facilities			
Economic Development			
Demolition			
Total Project Activity			

Project Delivery	CDBG Funds	Matching Funds	TOTAL
Staff Salaries			
Postage			
Printing			
Publication/Notices			
Project Travel @ \$0.575 per mile			
Total Project Delivery			

*Professional Services	CDBG Funds	Matching Funds	TOTAL
Architectural			
Engineering			
Legal			
Accounting (except Single Audit)			
Other:			
Total Professional Services			
Grand Total (Project Activity + Project Delivery + Prof. Services)			

**Professional Services MUST be procured if you are using CDBG funds.*

{Please attach any construction cost estimates, preferably provided by a certified engineer.}



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PROJECT ELIGIBILITY

Please see the Application Guide for more information on eligibility.

A. AREA BENEFIT: *(if applicable)*

Total Number of low and moderate-income persons served in area:

Census Tract	Block Group	% Low/Mod Income

(Please see the 2015 CDBG Application Guide for appropriate website links.)

B. LIMITED CLIENTELE BENEFIT: *(if applicable)*

1. Presumed Benefit	2. Low- and Moderate-Income Persons* Served
Qualifying group _____	Moderate-income (61-80% of AMI) _____
Number of persons served _____	Low-income (51-60% of AMI) _____
	- OR -
	Very Low (31-50% of AMI) _____
	Extremely Low (<30% of AMI) _____
	Total Served (add above lines) _____
	Number of Female-Headed Households _____

*How will income be verified? Check below:

- Income Verification Request Forms *(Attach a sample of the form you will use.)*
- Eligibility Status for other Governmental Assistance program
- Self Certification *(You must request source documentation for 20% of certifications and must inform the beneficiary that all sources of income and assets must be included when calculating annual income)*



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PROJECT COMPLETION SCHEDULE

Capital Improvement Projects - Please provide a detailed timeline outlining specific plans for completing this project within 12 months after issuance of the "Authorization to Incur Grant Costs", including but not limited to project specification development, bid and contractor procurement, preconstruction, construction and completion schedule. Assume that the authorization to incur grant costs will be issued by 12/31/15. Construction should begin in the spring to the extent possible.

December 2015 (Notice to Proceed Issuance)
January 2016
February 2016
March 2016
April 2016
May 2016
June 2016
July 2016
August 2016
September 2016
October 2016
November 2016 (Project Completion, if not earlier)



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Innovative or Creative Aspects of Proposal

Does your proposed project include innovative aspects?

- Yes No

If yes, please describe the creative elements of your proposal?

Economic Development Activities

Does your proposed project directly or indirectly facilitate economic development using any of the activities described below? (check all that apply):

- | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Business Incubator | <input type="checkbox"/> Commercial/Industrial Rehabilitation/Improvements |
| <input type="checkbox"/> Economic Development Infrastructure Projects | <input type="checkbox"/> Façade Improvements |
| <input type="checkbox"/> Non-Profit Business And Technical Assistance | <input type="checkbox"/> Micro-Enterprise Assistance |
| | <input type="checkbox"/> Public Facilities |

Economic Development Impact

Does your proposed project directly or indirectly facilitate economic development targeting the following as major goals? (check all that apply):

- Job Creation Job Retention Goods or Services Provision

Please describe how your proposed project will facilitate economic development directly or indirectly, including specifying major goals.



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APPLICATION RESOLUTION AND CERTIFICATION

Instructions

Cook County has prepared two versions of the authorizing resolution: one for municipalities and one for all other applicants. Please choose the appropriate resolution. Samples of the versions are included in this application.

The person signing the application must be the same person authorized by the resolution.

The resolution must be adopted by your governing body and a **certified** copy submitted with the application. A sample form for certification by non-municipal agencies is included.

A municipal or agency seal should be included on both the resolution and the certification. If an agency does not have a seal, please indicate that on the forms.



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FORM A-1: SAMPLE RESOLUTION Municipality

NOW, THEREFORE BE IT RESOLVED by the Mayor/President and Council/Board of Trustees of Municipality, Illinois as follows:

Section 1. That a Request is hereby made to the County of Cook, Illinois for Community Development Block Grant ("CDBG") funds for Program Year 2015 in the amount of \$_____ for the following project(s):

Project: _____ Amount: \$ _____

as identified in **Municipality's** CDBG 2015 Program Year application.

Section 2. That the (insert position title of person signing the application) is hereby authorized to sign the application and various forms contained therein, make all required submissions and do all things necessary to complete the application for the funds requested in Section 1 of this Resolution, a copy of which application is on file with the Secretary.

-- Optional --

Section 3. That the (insert position title of person signing the matching funds certification) is hereby authorized to certify that matching funds which have been identified as supporting its projects as set out within its application will be made available upon the approval of the projects by the County of Cook, Illinois or the prorated share thereof.

Dated this _____ day of _____ 2015

By: _____
Print Name - Mayor/President Sign - Mayor/President

Attest: _____
Print Name - Clerk Sign - Clerk

{SEAL}



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FAIR HOUSING ACTION PLAN - 2015 PROGRAM YEAR

The Secretary of the United States Department of Housing and Urban Development requires that Community Development Block Grant recipients certify that they will comply with Title VIII of the Civil Rights Act of 1968. To fulfill this certification, Cook County requires each **municipal** Subrecipient to take action each year to affirmatively further fair housing.

In accordance with Cook County's revised *Analysis of Impediments to Fair Housing Choice*, please indicate on the list below *all* of the items that currently apply to your municipality:

- Existence of a fair housing ordinance
- Existence of a fair housing enforcement body that is responsible for reviewing fair housing complaints
- An individual identified as the fair housing compliance officer
- Existence of an action plan for affirmatively furthering fair housing
- Outreach to the public on fair housing issues via workshops, educational materials, etc.
- Outreach to housing-related industries including real estate, finance and property management on fair housing issues via workshops, educational materials, etc.
- Annual fair housing training for municipal staff, especially those answering public phone calls
- Annual reviews of land use and zoning ordinances and building codes to ensure they are not impediments to fair housing

As part of the application, a municipal Subrecipient must submit a Fair Housing Action Plan. If you already have a plan, you should review it to ensure the plan is still relevant and up-to-date before submission.

The following are examples of actions your municipality can take to affirmatively further fair housing. Please check the appropriate sections that you plan to undertake during this program year. On the attached Form D, provide a narrative of actions to be undertaken and what your agency plans to accomplish during this program year to affirmatively further fair housing.

- Provide copies of fair housing brochures published and distributed among realtors and other businesses in your community.
- Provide copies of newspaper articles published locally about fair housing issues in your community.
- Provide a summary of activities conducted to promote an open community.
- Enact a Fair Housing Ordinance.
- Update/Amend your Fair Housing Ordinance, if applicable.
- Attend Cook County's Fair Housing Seminar.
- Submit notices, agendas and minutes of Fair Housing meetings sponsored by your municipality.

These points are merely suggestions for the types of actions that are acceptable to demonstrate your community's active commitment to fair housing. Additional or different action may be acceptable as well, and your submissions are not limited to the types listed above.

The County is required to provide documentation supporting its activities in compliance with Title VIII of the Civil Rights Acts of 1968. The activities of Cook County's Subrecipients, therefore, require this documentation. Failure by a municipal Subrecipient to provide complete and accurate information to the County in a timely manner may jeopardize current and/or future funding for that community.



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AUDITED FINANCIAL STATEMENTS

(Please attach the most current.)



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DEMOLITION PROJECTS ONLY

(This section must also be completed for any demolition project, as noted on page 5 of the application guide.)

69 West Washington - Suite 2900
Chicago, Illinois 60602

Phone #: (312) 603-1000
FAX #: (312) 603-9770

COMMUNITY INFORMATION

Name of Municipality: _____

Municipal Contact Person: _____

Municipal Contact Person Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

PROPERTY OWNER INFORMATION (If different from municipality)

Owner/Business: _____

Owner/Business Contact Person: _____

Owner/Business Contact Person Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

NATIONAL OBJECTIVE (Please check one)

- Elimination or Prevention of Slums and Blight
If selecting this National Objective, all of the following must be included with this application:
- A. Slum/Blight Criteria selected (include narrative description)
 - B. Additional Documentation (Photos, Letters from Officials, etc.)
 - C. Declaration/Resolution of Slum/Blight Condition

- Urgent Health and Welfare Threat
If selecting this National Objective, all of the following criteria must be met (include narrative description where needed):
- A. Determination of immediate threat – when and by whom; include documentation
 - B. Applicant’s inability to finance
 - C. Confirmation that no other financial sources are available
 - D. Confirmation that threat did **not** exist for more than 18 months prior to application



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DEMOLITION RATIONALE

Provide the rationale for demolishing this structure and why the municipality does not consider rehabilitation a viable option. Include a letter from the municipal solicitor describing the municipality’s condemnation process, acknowledging that condemnation proceedings ensued in accordance with all municipal ordinances and that the municipality has the authority to remove the subject structure.

Include copies of the following documents in support of your rationale for demolition:

- On-site inspection reports identifying the nature of the unsafe condition(s) (e.g. engineer, building inspector/code enforcement officer, fire/police officials, etc.).
Municipal notification of an unsafe condition to the property owner, agent or person in control of the structure. The correspondence must describe the unsafe condition(s), specifying the required repairs or improvements necessary to abate the existing conditions, or require the owner, agent or person in control to demolish the structure. Supply evidence that sufficient time was permitted to address the situation. Provide proof that notice was properly served (i.e. copy of certified or registered mail return receipt).
- Any correspondence from the owner, agent or person in control of the structure in response to municipal notification of unsafe conditions.
- Order of Condemnation (as posted at the site of the proposed demolition site).

PROPERTY INFORMATION

Property Identification

Number: _____

Street Address: _____

Legal Description: _____

Please Describe Property:

- i.e. building size, type, condition _____

Intended Use of Property After Demolition:

NOTE: If parcel is to remain vacant, describe how the municipality will assure that the resulting lot will be maintained and kept clear of health and safety hazards (e.g. trash, debris).

Estimated Demolition Cost: _____

CERTIFICATIONS

- A. There are no pending legal actions underway or being contemplated that would significantly impact the demolition of this facility.
- B. There are no unpaid property taxes filed against the property.
- C. There are no liens/assessments on the property, or proof of any are attached
- D. The property owner signing has full legal authority to sign

Print Name – Mayor/President

Signature – Mayor/President

Date