GOVERNOR'S FUND
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PREAPPLICATION
NORTH DAKOTA DEPARTMENT OF COMMERCE
DIVISION OF COMMUNITY SERVICES
SFN 53734 (05/24)

PREAPPLICATION COVER SHEET FOR FISCAL YEAR 2024

1. LEGAL APPLICANT

Applicant Name	County		
Mailing Address	City	State	ZIP Code
Local Government Contact Person	Telephone Number	Email Address	
Auditor	Telephone Number	Email Address	
Person Who Completed Application	Telephone Number	Email Address	

2. ELIGIBLE ACTIVITY
Which eligible activity listed in Section II of the State Program Distribution Statement does this project comply with?

3. NATIONAL OBJECTIVE	4. PROPOSED BENEFIT

5(a). PROJECT BENEFICIARIES (2015 American Community Survey Data) (provide supporting documentation)

Persons

    a. Project Area Population _____

    b. Low-to-Moderate Income Population _____

5(b). LMI PERCENTAGE (provide supporting documentation) _____

5(c). MINORITY PERCENTAGE (provide supporting documentation) _____

6. PROJECT DESCRIPTION

7. PROJECT ACTIVITY TYPE
☐ Economic Development ☐ Housing ☐ Public Facilities ☐ Public Services

8. USE OF FUNDS (check all that apply)
☐ **Project** ☐ **Administration**

9. ANTICIPATED PROJECT START DATE	10. ANTICIPATED PROJECT DURATION (MAX 18 MONTHS)

11. PROPOSED PROJECT BUDGET

SOURCE	AMOUNT	USE
CDBG		
CDBG Administration		
State/Local		
State/Local Administration		
Other		

Identify all sources (example: State/Local is city name)

Is the proposed project special assessing residents? ☐ Yes ☐ No
(If yes, your application is ineligible for CDBG funding. Refer to Section II of the CDBG PDS.)

CDBG PREAPPLICATION CHECKLIST

The following documents must be provided with the preapplication. *(If these documents are not attached, your pre-application will be considered incomplete and will not be eligible for funding.)*

12. Preliminary architect/engineering report. (Required for all projects)
☐ Yes, the Preliminary architect/engineering report is included.   ☐ No, DCS waiver approval is attached.

13. Are other funding sources utilized? If yes, a letter of commitment for each funding source is required.
☐ Yes, all letter(s) of commitment are included.   ☐ No, there are no other funding sources.
(If No, please explain the reasoning for no other funding sources.)

14. Does the applicant have a Strategic/Action Plan? To receive points per the scoring criteria of "Strategic or Action Plan", this must be attached or on file already with the Department of Commerce.

☐ Strategic/Action Plan attached   ☐ Strategic/Action Plan on file with Department of Commerce
☐ Does not have a Strategic/Action Plan

15. What year was infrastructure implemented to the project site? _____
To receive points per the scoring criteria of "Infill/New Development", backup documentation must be attached to verify answer.

ECONOMIC DEVELOPMENT ONLY

16. Will the business/project create or retain jobs? ☐ Yes ☐ No

17. Job Creation Only

How many jobs will be created? _____

How many jobs will be available to low-to-moderate income persons? _____

18. Job Retention Only

How many jobs will be retained? _____

How many jobs will be retained by low-to-moderate income persons? _____

19. How long has the business been running? _____

Has management/ownership changed during this time? ☐ Yes ☐ No

Explain:

20. Is the business viable? ☐ Yes ☐ No

Explain:

21. Describe the positive impact of the business/project on the community and state.

22. How will you advertise to full fill open jobs?

HOUSING ONLY

23. Type of units

☐ Apartments ☐ Townhomes/Rowhome ☐ Detached ☐ Scattered/Multiple Site ☐ Other _____

24. How many total units? _____

25. How many units occupied? _____

26. How many units unoccupied? _____

27. How many units are occupied by low-to-moderate income individuals? _____

28. How many units will be rehabilitated? _____

29. What year were these units built? _____

30. Has the project site been identified? ☐ Yes ☐ No

PUBLIC SERVICES ONLY

31. What supportive services are provided at the facility?

32. Is this a new service? ☐ Yes ☐ No

If no, is there a quantifiable increase in the level of the existing service? Please explain.

33. If this is an existing service, what funding sources previously funded the service?

34. Describe the beneficiaries or clients served.

PUBLIC FACILITIES ONLY

35. Are there individual hookups to houses not in a public right away? ☐ Yes ☐ No

Please provide an answer to each of the following questions:

36. Does the CDBG project address a health and/or safety concern? Please explain.

37. Describe why there is a need for the project.

38. What efforts have been made to look for other funding sources? Include any funding sources that were applied for but not received. Include why or why not a loan would be feasible.

39. Has CDBG previously funded this project? ☐ Yes ☐ No

If yes: Year funded _____ CDBG Award Amount _____ Instrument # _____

40. Will the Unit of General Local Government procure out for administration? ☐ Yes ☐ No

Explain the capacity the Unit of General Local Government (UGLG) has to administer the grant themselves. The UGLG may have to administer the project themselves if (1) they choose to do so, and (2) they receive no bids through the procurement process of administration.

41. Will you be able to make draw requests of a minimum of $50,000?

42. If partially funded, could this project move forward? Please explain how or how not.

43. Additional Comments

By signing below, the Applicant certifies that:

> To the best of my knowledge and belief, data in this application are true and correct, and the document has been duly authorized by the governing body of the applicant.

Name of Chief Elected Official	Title of Chief Elected Official
Signature of Chief Elected Official	Date

Sources of Funds				
List all sources of other funding obtained/committed/sought for this activity below (name of source, state funds, local funds, etc.)				
Sources of Funds	Amount	Work Item to be Accomplished with Funds	Status (select one)	Contingent upon CDBG funding?
	$		☐ Secured* ☐ Pending ☐ Denied	☐ Yes ☐ No
	$		☐ Secured* ☐ Pending ☐ Denied	☐ Yes ☐ No
	$		☐ Secured* ☐ Pending ☐ Denied	☐ Yes ☐ No
	$		☐ Secured* ☐ Pending ☐ Denied	☐ Yes ☐ No
	$		☐ Secured* ☐ Pending ☐ Denied	☐ Yes ☐ No
Total	$			

If secured, attach letter of commitment. If pending, thoroughly explain below where you are in the process. If denied, attach denial letter stating the name of the source, the date funds were sought, and the reason for the denial. To receive points per the scoring criteria of "Secured Sources of Other Funding", you must attach a letter of commitment.

If no other funding sources are involved in this activity, please explain why.