# COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FINAL APPLICATION FOR PUBLIC SERVICES

NORTH DAKOTA DEPARTMENT OF COMMERCE DIVISION OF COMMUNITY SERVICES SFN 61554 (10/21)

| FINAL APPLICATION FOR PUBLIC  | C SERVICES COVER SH  | IEET FY       |           |             |  |    |
|---|--|---------------|-----------|-------------|--|----|
| 1. LEGAL APPLICANT  |  |               |           |             |  |    |
| Applicant Name  | County   |               |           |             |  |    |
| Mailing Address   | City   | State         |           | ZIP Code    |  |    |
| Local Government Contact Person   | Telephone Number   | Email Ad      | ddress    | <u>I</u>    |  |    |
| Auditor   | Telephone Number   | Email Address |           |             |  |    |
| Person Who Completed Application  | Telephone Number   | Email Address |           |             |  |    |
| Population From Last Official Census  | Project Area Population  | L             |           | ation Score |  |    |
| 2. NATIONAL OBJECTIVE (Mark One Box)<br>(Documentation must be provided per 24 CFR 570.843)<br>Benefit to Very Low/Low<br>Elimination of Slums/Blight<br>Alleviation of Urgent Need | 3. ELIGIBLE ACTIVITY<br>Which eligible activity listed in Section II of the State Program<br>Distribution Statement does this project comply with? |               |           |             |  |    |
| 5. APPLICANT DUNS NUMBER  | BUSINESS DUNS NUM  | BER (EL       | ) project | ts only)    |  |    |
| 6. USE OF FUNDS   | 7. PROPOSED FUNDIN   |               |           |             |  |    |
| ☐Construction ☐Equipment Purchase   | a. CDBG Project Cos<br>b. CDBG Administrati  | st            | \$        | \$          |  |    |
| Relocation/Acquisition  | c. Local Funds   | ION           |           |             |  |    |
| Removal of Architectural Barriers     Public Service  | d. Other Funds<br>e. Other Administration<br>f. Total Costs  | on            | ٩         | ±           |  |    |
|   |  |               | ¥<br>     |             |  | No |
| 8. IS ANY PORTION OF THE TOTAL COSTS BEING SPE<br>9. PROJECT START DATE   |  |               |           | ∐ Yes       |  | No |
|   | 10. PROJECT DURATI   |               |           |             |  |    |
| By signing below, the Applicant certifies that:<br>To the best of my knowledge and belief, data in this app<br>been duly authorized by the governing body of the appli              |  | ect, and      | the docu  | ument has   |  |    |
| Name of Chief Elected Official  | Title of Chief Elected Off   | ficial        |           |             |  |    |
| Signature of Chief Elected Official   | Date   |               |           |             |  |    |

## ELIGIBLE ACTIVITIES

CDBG Public Service funds, in the form of operational costs to support the North Dakota Recovery Reinvented Program, will be made available to existing and new agencies that support substance abuse recovery. These agencies serve individuals who have a history of substance abuse, with the emphasis on the homeless, those at risk of becoming homeless, and those referred by the judicial system.

### PROJECT DESCRIPTION

Applications in this category are seeking operational funding for an existing agency that supports substance abuse recovery must have a proven track record in fiscal responsibility and is successfully implementing a program model that includes peer support, daily living skills training, job responsibilities and practical living expenses.

### All applications should include the following information:

PROGRAM DESCRIPTION

Please describe the proposed program. Be sure to include details on the following. Attach additional pages if needed. Outreach Methods

Details of the types of assistance and services that will be provided to the individuals/households in the program

Explain specific triage and screening processes that will be used

Details on the length of the program

Explain how the program will shorten the length of time that households are homeless (on streets, in emergency shelter, and/or transitional housing)

How service will be coordinated with other programs within the agency and within the larger community (including mainstream services)

Program outcomes (current and/or projected)

If applicable, explain how the program will prevent homelessness

### TARGET POPULATION

Please describe the program target population. Attach additional pages if needed. How does your organization track and record client demographics?

What is the estimated total number of unduplicated persons/households to be served?

What is the total number of unduplicated low-to-moderate income (LMI) persons/households to be served?

## NEED NARRATIVE

Please describe what local needs and service gaps this program seeks to fill or currently fills. Be sure to note any supporting evidence for this need. This should be specific to the proposed service area. Attach additional pages if needed.

| OUTCOMES AND PERFORMANCE MEASURES<br>Will your activity meet one of the following?                              |   |                                  |             |
|---|---|----------------------------------|-------------|
| Activities where 100% of persons benefitting are LMI:   | ☐ Yes                                     | 🗌 No                             |             |
|   |   | _                                |             |
| Activities where 51% of persons benefitting are LMI:  | ☐ Yes                                     | □ No                             |             |
| Describe how the activity addresses community needs in  | npacting LMI people.                      |                                  |             |
|   |   |                                  |             |
|   |   |                                  |             |
|   |   |                                  |             |
|   |   |                                  |             |
| List evaluation tools organization will use to track/monito   | r the progress of the activ               | ity.                             |             |
|   |   |                                  |             |
|   |   |                                  |             |
|   |   |                                  |             |
|   |   |                                  |             |
|   |   |                                  |             |
| How does your organization plan to ensure complian<br>gathering income, race and ethnicity data of clients/hous | ice with applicable policy eholds served? | y and procedural requirements    | sincluding  |
|   |   |                                  |             |
|   |   |                                  |             |
|   |   |                                  |             |
|   |   |                                  |             |
| Describe current racial AND income demographics for the   | he assumed beneficiaries                  | of this funding. Attach addition | al pages if |
| needed.   |   |                                  |             |
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SFN 61554 (10/21) Page 5 of 11

| Is there a fee charged or suggested donation for your services?   |
|---|
| Are CDBG funds being used to replace any state or local funds within this activity?   |
|   |
| Are CDBG funds being used to replace any federal funds within this activity?  |
| AGENCY EXPERIENCE   |
| Highlight your organization's experience and accomplishments serving LMI persons/households.  |
|   |
|   |
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|   |
| ALTERNATE PLANS   |
| Will your organization implement this activity if CDBG funds are not awarded?         No       Yes – Explain how the implementation will be achieved. |
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|   |
| If funded, how will your organization continue this activity if CDBG funds are not available in future years?   |
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# (Local Units of Government Only)

Required Organizational Documents Submit one copy of the following documents to DCS by the due date of the application:

- Most recent available Fiscal Year Audit
- Current Fiscal Year Operating Budget

| RESOLUTION OF SPONSORSHIP   |   |  |
|---|---|--|
| Sponsoring units of government must adopt and submit the following or an equivalent resolution. This resolution must be adopted prior to submission of the application. |   |  |
| Be it resolved that   |   |  |
|   | ring unit of government for the project titled                                  |  |
| during the period through   | to be conductedto be conductedto be conducted(duration dates).                  |  |
|   | (Title Of Authorized Official) is hereby  |  |
|   | Community Services for funding of this project on behalf of (Sponsoring Unit of |  |
| Government) on (Date).  |   |  |
| I certify that the above resolution was adopted by the  | e   |  |
|   | Sector (Sponsoring  |  |
| Unit of Government) on (Date).  |   |  |
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| SIGNED:   | WITNESSED:  |  |
| Signature   | Signature   |  |
| -   | -   |  |
| Title   | Title   |  |
| Date  | Date  |  |

SFN 61554 (10-21) Page 8 of 11

## APPLICANT ASSURANCE CERTIFICATIONS

This certification must be signed by the chief elected official prior to the submission of the application, and it must be attached to the application.

The applicant certifies that they have read and understand the Community Development Block Grant General Policies and Procedures and Statement of Assurances located in the State Program Distribution Statement.

The applicant certifies that they will, in all Community Development Block Grant funded activities, encourage efforts to minimize displacement which is involuntary and which results in permanent displacement as well as displacement of tenants for six months or more as a result of substantial rehabilitation activities (rehabilitation which costs \$10,000 or more). Should such displacement become absolutely necessary to the success of a project, the City/County will abide by the Federal Uniform Relocation Assistance and Real Property Acquisition Act of 1970 (as amended) and the North Dakota Community Development Block Grant Displacement Policy as stated in the State's CDBG Program Statement.

The applicant certifies that they will comply with affirmatively further fair housing by completing the items that have been checked on the Fair Housing Certification form. The applicant will actively comply with the elected fair housing choices within 12 months of the Financial Award.

| SIGNED:   | WITNESSED: |
|-----------|------------|
| Signature | Signature  |
| Title     | Title      |
| Date      | Date       |
|           |            |

SFN 61554 (10-21) Page 9 of 11

# FAIR HOUSING CERTIFICATION

Fair housing is generally thought of as a condition in which individuals of similar income levels in the same housing market area have a like range of housing choices available to them, regardless of their race, color, religion, sex, national origin, etc. Local governments, because of their influence and power, are in the most effective position to promote fair housing.

Fair housing compliance requires that grantees affirmatively further fair housing. It requires some form of action, rather than passive compliance with existing laws and ordinances.

The following activities will satisfy the requirements. Please indicate which you will carry out.

- 1. Dublicize that the city/county government will assist persons experiencing discrimination in housing.
- 2. Development and adoption of a fair housing policy with identification of methods of enforcement.
- 3. Provision of housing counseling services which assist minorities and women seeking housing outside areas of concentration.
- 4. U Work with local real estate brokers to formulate a Voluntary Area-wide Marketing Agreement.
- 5. Work with local banks to post "equal lending opportunity" advertisements.
- 6. Use "equal housing opportunity" slogan and logo on city letterhead.
- 7. Sponsor fair housing seminars and campaigns.
- 8. Work with minority and women leaders in the area to promote housing development and increase minority and female participation.
- 9. Assist local housing developers in developing outreach programs to attract minorities and females.
- 10. Review zoning ordinances and comprehensive plans to insure they promote special de-concentration of assisted housing units.
- 11. Create a local housing authority.
- 12. Publicly advertise the city as a "fair housing city."
- 13. Adopt a code enforcement ordinance which will compel landlords to keep their units in safe and sanitary condition.
- 14. Other (Please describe)

### RESIDENTIAL ANTI-DISPLACEMENT AND RELOCATION ASSISTANCE PLAN FOR THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) AND HOME PROGRAMS

The \_\_\_\_\_\_ will replace all occupied and vacant occupiable low/moderate income dwelling units demolished or converted to another use as a direct result of activities assisted with CDBG or HOME funds, as required by Section 104(d) of the Housing and Community Development Act of 1974, as amended (the Act), and implementing regulations at 24 CFR 570.496a.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion. Before obligating or expending funds that will directly result in such demolition or conversion, the \_\_\_\_\_\_

will make public and submit to the State the following information in writing:

- 1. Description of the proposed assisted activity;
- 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 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;
- 5. A detailed plan for relocation assistance, including 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; and
- 7. Information demonstrating that any proposed replacement of housing units with small dwelling units (e.g., a 2-bedroom unit with two 1-bedroom units), or any proposed replacement of efficiency or single-room occupancy (SRO) units with units of a different size, is appropriate and consistent with the housing needs and priorities identified in the approved Consolidated Plan.

The \_\_\_\_\_\_ provide relocation assistance, as described in 570.496a(b)(2), 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, the

\_\_\_\_\_will take the steps indicated below to minimize the displacement of persons from their homes:\*

### RESIDENTIAL ANTI-DISPLACEMENT AND RELOCATION ASSISTANCE PLAN FOR THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) AND HOME PROGRAMS continued

\*The following are examples of steps to minimize displacement. The first two are required. The others are optional. Only check those which are appropriate for the project and local circumstances. Add other steps as necessary or appropriate.

| $\ge$ | Provide substantial levels of relocation assistance | , as required by 24 CFR 57 | 0.496a(b)(2). |
|-------|---|----------------------------|---------------|
|-------|---|----------------------------|---------------|

- Replace all occupied and vacant occupiable low/moderate income housing demolished or converted as a direct result of CDBG/HOME-assisted project activities and make such replacement housing affordable for at least ten years.
- Consider all practical alternatives to any proposed project which may result in residential displacement. Alternatives to be considered include other sites for the proposed facilities/project. Also, to be considered are the costs and benefits, both financial and nonfinancial, of each alternative.

Provide counseling and referral services to assist displacees find alternative housing in the community.

- Work with area landlords and real estate brokers to locate vacancies for households facing displacement.
- Stage rehabilitation of assisted housing to allow tenants to remain during and after rehabilitation, working with empty buildings or groups of empty units first so they can be rehabilitated first and tenants moved in before rehab on occupied units or buildings is begun.
- Establish temporary relocation facilities in order to house families whose displacement will be of short duration, so they can move back to their neighborhoods after rehabilitation or new construction.
- Evaluate housing codes and rehabilitation standards in reinvestment areas to prevent their placing undue financial burden on long-established owners or on tenants of multi-family buildings.
- Develop displacement watch systems in cooperation with neighborhood organizations to continuously review neighborhood development trends, identify displacement problems, and identify individuals facing displacement who need assistance.

Signature of Authorized Representative

Date