

# COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PREAPPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 61542 (06/22)

<b>PREAPPLICATION COVER SHEET FOR FISCAL YEAR 2022</b>			
<b>1. LEGAL APPLICANT</b>			
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	
<b>2. ELIGIBLE ACTIVITY</b> Which eligible activity listed in Section II of the State Program Distribution Statement does this project comply with?			
<b>3. NATIONAL OBJECTIVE</b>		<b>4. PROPOSED BENEFIT</b>	
<b>5(a). PROJECT BENEFICIARIES (2015 American Community Survey Data)</b> (provide supporting documentation)			<b>5(b). LMI PERCENTAGE</b>
a. Project Area Population	<b>Persons</b> _____		
b. Low-to-Moderate Income Population	_____		
<b>6. PROJECT DESCRIPTION</b>			
<b>7. PROJECT ACTIVITY TYPE</b>		<b>8. USE OF FUNDS</b> (check all that apply) <input type="checkbox"/> Project <input type="checkbox"/> Administration	
<b>9. ANTICIPATED PROJECT START DATE</b>		<b>10. ANTICIPATED PROJECT DURATION</b> (MAX 18 MONTHS)	
<b>11. PROPOSED PROJECT BUDGET</b>			
<b>SOURCE</b>	<b>AMOUNT</b>	<b>USE</b>	
CDBG			
CDBG Administration			
State/Local			
State/Local Administration			
Other			
Identify all sources (example: State/Local is city name)			

**CDBG PREAPPLICATION CHECKLIST**

**The following documents must be provided with the preapplication:**

**12.** Preliminary architect/engineering report. (Required for all projects)

Yes, the Preliminary architect/engineering report is included.

**13.** Are other funding sources utilized? If yes, a letter of commitment for each funding source is needed.

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.)

**HOUSING ONLY**

**14.** How many units will be rehabilitated? \_\_\_\_\_

**15.** What year were these units built? \_\_\_\_\_

**16.** How many units are occupied by low-to-moderate income individuals? \_\_\_\_\_  
(attach supporting documentation)

**PUBLIC SERVICES ONLY**

**17.** Is the facility occupied by more than one tenant?  Yes  No  
(If yes, please explain)

**18.** What supportive services are provided at the facility?

**Please provide an answer to each of the following questions:**

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

**20.** Who is the proposed project administrator? Please list this person's qualifications and experience with CDBG and other Federal grant programs.

**21.** Percentage of Minority living in project area. (provide supporting documentation)

**22. 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