

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PREAPPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 61542 (11/23)

PREAPPLICATION COVER SHEET FOR FISCAL YEAR 2023			
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	
Person Available for Questions on 9.21.23	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 <input type="checkbox"/> Housing <input type="checkbox"/> Public Facilities <input type="checkbox"/> Public Services		8. USE OF FUNDS (check all that apply) <input type="checkbox"/> Project <input type="checkbox"/> 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.)

HOUSING ONLY

14. Type of units
 Apartments Townhomes/Rowhome Detached Scattered/Multiple Site Other _____

15. How many total units? _____

16. How many units occupied? _____

17. How many units unoccupied? _____

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

19. How many units will be rehabilitated? _____

20. What year were these units built? _____

21. Has the project site been identified? Yes No

PUBLIC SERVICES ONLY

22. What supportive services are provided at the facility?

23. Is this a new service? Yes No
If no, is there a quantifiable increase in the level of the existing service? Please explain.

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

25. Describe the beneficiaries or clients served.

PUBLIC FACILITIES ONLY

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

Please provide an answer to each of the following questions:

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

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

29. 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.

30. Has CDBG previously funded this project? Yes No

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

31. 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.

32. 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?
	\$		<input type="checkbox"/> Secured* <input type="checkbox"/> Pending <input type="checkbox"/> Denied	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Secured* <input type="checkbox"/> Pending <input type="checkbox"/> Denied	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Secured* <input type="checkbox"/> Pending <input type="checkbox"/> Denied	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Secured* <input type="checkbox"/> Pending <input type="checkbox"/> Denied	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Secured* <input type="checkbox"/> Pending <input type="checkbox"/> Denied	<input type="checkbox"/> Yes <input type="checkbox"/> 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.*

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