

# COMMUNITY DEVELOPMENT BLOCK COVID (CDBG-CV) GRANT PREAPPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 62201 (09/22)

PREAPPLICATION COVER SHEET FOR FISCAL YEAR 2019									
<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> Benefit to 51% Low-to-Moderate Income (LMI)		<b>4. PROPOSED BENEFIT</b> Area wide benefit							
<b>5(a). PROJECT BENEFICIARIES</b> (2015 American Community Survey Data) (provide supporting documentation)			<b>5(b). LMI PERCENTAGE</b>						
<table style="width:100%; border: none;"> <tr> <td style="width: 40%;"></td> <td style="text-align: center;"><b>Persons</b></td> </tr> <tr> <td>a. Project Area Population</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. Low-to-Moderate Income Population</td> <td style="text-align: center;">_____</td> </tr> </table>				<b>Persons</b>	a. Project Area Population	_____	b. Low-to-Moderate Income Population	_____	
	<b>Persons</b>								
a. Project Area Population	_____								
b. Low-to-Moderate Income Population	_____								
<b>6. PROJECT DESCRIPTION</b>									
<b>7. USE OF FUNDS</b> (check all that apply) <input type="checkbox"/> Acquisition <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Construction <input type="checkbox"/> Administration									
<b>8. ANTICIPATED PROJECT START DATE</b>		<b>9. ANTICIPATED PROJECT DURATION (MAX 24 MONTHS)</b>							
<b>10. PROPOSED PROJECT BUDGET</b>									
<b>SOURCE</b>	<b>AMOUNT</b>	<b>USE</b>							
CDBG-CV									
CDBG-CV Administration									
State/Local									
State/Local Administration									
Other									
Identify all sources (example: State/Local is city name)									

### CDBG-CV PREAPPLICATION CHECKLIST

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

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

Yes, the Preliminary architect/engineering report is included.

**12.** 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.)

**13.** Does this project prevent, prepare or respond to COVID? Please explain.

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

**15.** Please describe all funding sources that will be utilized to prevent Duplication of Benefits. (Signature required on next page)

**16.** 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

### Duplication of Benefits Certification for CDBG-CV funds

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

**This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.**

Name of Business Owner, Subgrantee (public social service entity), Subrecipient, Direct Beneficiary or Other Entity	Title
<p>I, as identified above, hereby certify that:</p> <p>A. The Community Development Block Grant-CV Funds, awarded to the city/town of _____ through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) does not duplicate/replace any other funds, and/or any funds from the following sources:</p> <ol style="list-style-type: none"> <li>1. The Paycheck Protection Program</li> <li>2. Unemployment compensation benefits</li> <li>3. Insurance claims/proceeds</li> <li>4. Federal Emergency Management Agency (FEMA) funds</li> <li>5. Small Business Administration funds</li> <li>6. Other Federal, State or local funding</li> <li>7. Other nonprofit, private sector, or charitable funding.</li> </ol> <p>B. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.</p>	
Signature	Date