

Date Received \_\_\_\_\_

**Attachment 9C  
Sub-Recipient Application  
FY-2011  
CDBG Formula Program  
Application to County for Consideration**

1. Total proposed activities must be such that can be completed between January 1, 2012 and December 31, 2012.
2. All nonresidential construction and improvements must meet or exceed State Building Codes.
3. Cost estimates must be itemized, signed and provided by a qualified source (i.e. Engineer, Architect, County Engineer, etc.)
4. All cost estimates for construction projects with an estimated cost of \$2,000.00 or more must include federal prevailing wages.
5. Chip and seal or gravel-base road improvements are not eligible.
6. Fire departments must provide a complete list of equipment needed to meet specific Safety Requirements of the Industrial Commission of Ohio Relating to Fire Fighting, ORC 4121:1-21, along with their itemized list of equipment request and estimate(s) of cost.
7. Only the county may enter into contracts for your project.
8. If you are committing other funds to the project and/or if other sources of funds are included in this project, copies of letters, resolutions, ordinances, etc., committing these funds must be submitted at the time of this application to the county commissioners.
9. Attach letter(s) from agency(s) requiring improvements, if applicable.
10. Organizations (other than local governments) must submit a copy of their constitution and by-laws.

**\*\*\* Complete the Following \*\*\***

**11. APPLICANT INFORMATION:**

a. Name of Township, Village or Agency making Application: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

b. Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Note: Are you a public service group or nonprofit entity?

Check One:  Yes  No

If yes, attach a copy of constitution and by-laws. (See item 10 previous page).

12. PROJECT INFORMATION

a. Describe Project Activity and measurements in detail: (attach additional sheets and photographs if necessary)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Note: a. Fire departments -- see item (6) previous page.

b. Describe if project is necessary to meet state or local requirements or mandates — (see item (9) previous page)

b. Will you need to acquire easements or property to complete this project?

yes  no

If yes, explain: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Is this property occupied?  yes  no

c. Who provided the Project Cost Estimate?

Name: \_\_\_\_\_

Address: \_\_\_\_\_
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Labor (use federal prevailing wages) \$ \_\_\_\_\_
Materials \$ \_\_\_\_\_
Engineering \$ \_\_\_\_\_
Total Cost of Project \$ \_\_\_\_\_

Note: Attach a copy of the cost estimate. (See items (3) and (4) previous page)

d. How much CDBG money is being requested? \$ \_\_\_\_\_

If you are not applying for the total cost of the project, where will the other funds come from?

<u>Source</u>	<u>Amount</u>
1. _____	_____
2. _____	_____
3. _____	_____

(list others on separate sheet if necessary)

Note: a). Attach commitment letters from the sources listed above. (See item (8) above)  
b). Proposed project must meet State Building Code. (See item (2) above).

e. Will Village, Township or County employees perform any work?  
\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, will the employees be paid from the CDBG grant?  
\_\_\_\_\_ yes \_\_\_\_\_ no

Describe the work to be performed by Village, Township or County employees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. PROJECT BENEFIT INFORMATION**

a. Where is the exact location of the project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note:* Provide a map that shows the location of the activity. (Please use 8 ½ x 11 maps that are clear, and legible so that we may submit them to the state. You may include large maps additionally.)

b. What is the project service area? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note:* Provide a map of the boundaries of the service area. (Please use 8 ½ x 11 maps that are clear, and legible so that we may submit them to the state. You may include large maps additionally.)

- c. Who will benefit from this project? \_\_\_\_\_  
\_\_\_\_\_
- d. How many households are in the service area? \_\_\_\_\_
- e. Have you completed an income survey? \_\_\_\_ Yes \_\_\_\_ No (If your project area is LMI eligible by Census data - Skip to 3 & 4 below. Check with the OCED Office to verify your project area's Census LMI percentage).

Note: If you have performed an income Survey submit the surveys with this application. All surveys must have been completed within the last three years using 2000 Census data updates. Census data must be obtained from the **\*2000** Census data and its official updates or it cannot be used.

What date were the households surveyed? \_\_\_\_\_

- 1. Number of households surveyed? \_\_\_\_\_
- 2. Number of Low-to-Moderate Income Households (# of surveys with check marks)?  
\_\_\_\_\_
- 3. % Low-to-Moderate Income Households (line 2 divided by line 1) or Census LMI %. \_\_\_\_\_
- 4. Number of persons in households surveyed or Census Tract & Block Group #? \_\_\_\_\_
- 5. \*If you are unfamiliar with income surveys, (packet enclosed) please contact our office.

14. SITE INFORMATION

- a. Does your project affect a historical property or does your project occur in a historical district?  
\_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- b. Is your project located in a flood plain? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- c. Will any access fees be charged? (i.e. sewer or water line hookup, membership fees, entrance fees, etc.)? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**\* = The 2010 CENSUS will not affect your Sub-Recipient Application for the FY-2011 CDBG Formula Small Cities Program Funds**

**15. SIGNATURES**

Authorized person(s) must sign and date this form.

*\*Townships: All trustees must sign*

*\*Cities or Villages: Mayor and President of Council, or Mayor and Service Director*

*\*Agencies: Director*

_____ Signature	_____ Signature	_____ Signature
_____ Typed or Printed Name	_____ Typed or Printed Name	_____ Typed or Printed Name
_____ Title	_____ Title	_____ Title
_____ Date	_____ Date	_____ Date

If you have any questions, please contact:

Tuscarawas County Office of Community & Economic Development (O.C.E.D.)  
125 East High Avenue, Room 212  
New Philadelphia, OH 44663

Phone: (330) 365-3219

Fax: (330) 364-1368

Email: [tuscoced@co.tuscarawas.oh.us](mailto:tuscoced@co.tuscarawas.oh.us)

Web Address: <http://www.co.tuscarawas.oh.us/OCED/Index.htm>

**Application must be submitted to the OCED Office on or before Monday, May 23, 2011 @ 1:30 P.M.**

## **COMPLETING THE FY-2011 FORMULA CDBG SUB-RECIPIENT APPLICATION**

The projects must be such that they can be completed between January 1, 2012 and December 31, 2012. If your project is selected by the County Commissioners it does NOT mean that the state has approved it. The county will inform you when your project has been approved by the Ohio Department of Development. Once the state has approved the FY-2011 Formula CDBG Projects, the county will complete the environmental impact studies for all projects and then select an engineer and/or architect to complete construction plans and prepare bidding documents (March-May, 2012). DO NOT take it upon yourself to begin your project. If your project is selected for funding, the county is responsible for your project. If the information for a project is not submitted properly to the county, and if the state would request additional information, ALL projects will be held up until the state is satisfied. That is why it is imperative to have the paperwork done properly, so that all of the projects can be approved in a timely manner. If you have questions or need assistance please contact the Tuscarawas County Office of Community & Economic Development (OCED) @ (330) 365-3219.

### **Project Information Section (12a.b)**

Please be explicit in your explanations and feel free to attach additional sheets and information, including photographs. The grant is written from the information that you provide to us. If it is incomplete on your part, then it will not be properly presented to the state. A one sentence vague description is not acceptable. Each question needs a response, if it is not applicable then mark it N/A.

### **Project Cost Estimate (12c)**

Be clear as to who provided the project cost estimate. The estimate must be on a QUALIFIED (Engineer, architect, county engineer) source's Letterhead or stationery it should also be itemized and signed. For Street Improvement projects, a certification statement for the expected design life of the project must be included. For example, "I also certify that the expected design life of this project is 8 years or longer." and then signed by the Engineer.

Make sure that the labor, using federal prevailing wage rates, is included. If a cost estimate is \$2,000.00 or more, you MUST use federal prevailing wage rates. The cost estimate MUST also contain a line item (dollar figure) for engineering, unless you will be providing the engineering as part of your local contribution. If this is the case, the engineering cost must still be documented in order to give you credit for the engineering expenses.

You MUST attach a copy of the cost estimate to your application! Cost estimates MUST be itemized. You must have an authorized person sign it such as a certified professional engineer or architect. *Please be advised that the County Engineer has provided certified cost estimates for street improvements projects to Townships and Villages in the past and will most likely do so again this year. Please be courteous and give them sufficient information as to what is needed and allow ample lead-time for them to prepare a detailed estimate. The telephone number at the Engineer's Office is (330) 339-6648.*

### **How Much Money is Being Requested (12d)**

If you are not requesting the full amount from the state, and are providing funds through your organization or through other organizations, it is mandatory that you include proof (a written commitment) from each of the

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appropriate funding sources indicating the specific amount provided. A resolution from your organization/township, etc. showing their portion of the money or a letter from a foundation proving without a doubt that you will be receiving money is imperative.

You must plan well in advance for receiving money from other sources. You may need to delay a project up to a year if you do not have an additional funding source lined up. Proper planning is 100% of the process. You cannot expect a local foundation to receive your application and decide immediately to grant your request. They have specific dates when they review requests, and specific dates to announce and actually release funds for chosen projects. \*Please Note - A letter showing that you have applied for funding is not proof that you will be receiving the money.

### **Project Benefit Information (13a,b,c,d)**

When asked where the exact location of the project is, please write an explicit explanation. Please do not use generalities. Also include an 8 ½" x 11" map of the project area with the location of the project clearly marked. If your map is clear and legible we can use it to submit directly to the state. If it is not, we will have to create one. Creating each map can take a considerable amount of time during the grant application process.

You will need to provide two detailed maps. One map needs to clearly show the exact location of the project, and one needs to clearly show the project service area. Again, each of these two maps should be clearly marked, and be legible so that when they are submitted to the state, they immediately know what you are referring to. When asked who will benefit from this project, be specific rather than general. Please do not skip any questions on the application.

### **\*LMI – Low to Moderate Income Survey information (13e, 13e1-13e5)**

Questions 3e #1-5 are related to the LMI surveys. Surveys are good for three years unless a decennial census has been completed since the surveys were done. If you plan to do an LMI survey of the service area, you need have it done as soon as possible in the process. The survey needs to be of the people who are in the service area of the project (Example – if you wish to repair a street, you will need to complete surveys for each home on that street). Each household (occupied housing unit) in that area needs to respond. It needs to be clear to those surveyed that their name is not being asked for, and the income level range and number of household members are what counts. The surveyor's name and the date of the survey must be included on the survey forms. The receipt of grant money is not a right or entitlement; it is based on need, project eligibility and the availability of funds. The OCED office will mark the LMI eligibility section, so please leave it blank.

\* = (This is required unless the service area of the project qualifies as LMI by Census Data), contact the OCED office to check the Census Data for the project area.

### **Site Information (14a,b,c)**

This section has four questions. Answer each question with a Yes or No. If you answer with a Yes, there is a place for a brief written explanation.

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### Signatures (15)

Once again, reading the document through enables you to have a complete understanding of what is required. The signature page is very important. Applications will not be accepted if the proper signatures are not obtained.

#### Signature(s) Needed for Application:

Townships: ALL trustees must sign

Cities or Villages: Mayor and President of Council or Mayor and Service Director

Agencies: Director

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### Checklist of Exhibits (That need to be attached to Application) :

Cost estimate (12c)

Location Map (13a)

Service Area map (13b)

Low-To-Moderate (LMI) Income Surveys and Summary or Census Data (13e)

Application must be submitted to the OCED Office on or before Monday, May 23, 2011 @ 1:30 P.M.

**(CDBG LMI)**  
**FY-2011**  
**\*CONFIDENTIAL INCOME SURVEY**

I.) Community: \_\_\_\_\_ County: Tuscarawas \_\_\_\_\_

Benefit Area: \_\_\_\_\_

Address of Household: \_\_\_\_\_

II.)

TOTAL NUMBER OF HOUSEHOLD MEMBERS: \_\_\_\_\_

(Include yourself, spouse, children and any other adults living with you full-time)

	2010 INCOME LIMIT RANGES	INCOME RANGE OF HOUSEHOLD
a.	<u> -0- </u> - <u> 30,100 </u>	_____
b.	<u> 30,101 </u> - <u> 34,400 </u>	_____
c.	<u> 34,401 </u> - <u> 38,700 </u>	_____
d.	<u> 38,701 </u> - <u> 42,950 </u>	_____
e.	<u> 42,951 </u> - <u> 46,400 </u>	_____
f.	<u> 46,401 </u> - <u> 49,850 </u>	_____
g.	<u> 49,851 </u> - <u> 53,300 </u>	_____
h.	<u> 53,301 </u> - <u> 56,700 </u>	_____
i.	<u> 56,701 &amp; above </u>	_____

III.)

Date of Survey: \_\_\_\_\_ Name of Surveyor: \_\_\_\_\_

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**FOR LOCAL CDBG ADMINISTRATOR USE ONLY**

LMI Qualified: Yes \_\_\_\_\_ No \_\_\_\_\_ \*\*No Response \_\_\_\_\_

- 1.) CHECK THE APPROPRIATE BLANK FOR THE RANGE OF INCOME FOR THE ENTIRE HOUSEHOLD.
- 2.) LIST THE TOTAL MEMBERS IN THE HOUSEHOLD.
- 3.) SURVEYOR MUST SIGN AND DATE THE SURVEY.

\* = Information is "confidential" in that it is intended for use only by the local government staff administering this program and state agency personnel responsible for program oversight and that information and records will only be released as permitted by state and federal law, pursuant to written request made by authorized persons in conformance with the Ohio Revised Code.

\*\* = A good faith effort must be made to collect information from the "no response" household. Do not include "no responses" in the income survey summary.

## INSTRUCTIONS FOR SURVEYORS

The following simple, three (3) step process is intended to assist those conducting Low & Moderate Income surveys as part of the application process when applying for funds from the Community Development Block Grant (CDBG) program. (FORM TITLES ARE: SURVEYOR AGREEMENT FORM, CONFIDENTIAL\* INCOME SURVEY AND INCOME SURVEY SUMMARY).

I.) At the top of the **Confidential\* Income Survey form**, clearly write or print (preferably print) the community, county, benefit area, mark the number of household members (you take the household's word for this number), and the address of the household being surveyed (**P.O. Boxes are not acceptable, you must put a street address for the household**). **Do not** record the name(s) of anyone living in the household.

II.) Enter the total number of household members on the appropriate line. (include yourself, spouse, children and any other adults living with you full-time).

Under the heading of "**INCOME RANGE OF HOUSEHOLD**", check the box that corresponds to the personal household income range (gross amount) of all persons living in the household. To do this, let the person representing the household read the ranges under "INCOME LIMIT RANGES" and have them place an X or check mark directly across from the range that best matches their total household income. The X or check mark is to be placed on the appropriate line under "INCOME RANGE OF HOUSEHOLD".

(a.) It is important to point out that the surveyor **does not** ask for proof of income; you simply take their word for the information provided.

III.) Finally, the surveyor should fill-in, sign and date the **SURVEY AGREEMENT FORM** in the spaces provided on the form. The Survey Agreement form shows you an example of what to say to each household.

**Do not fill out the bottom section of the CONFIDENTIAL\* INCOME SURVEY form that is marked: For Local CDBG Administrators Use Only!**

## Income Survey Summary

Community: \_\_\_\_\_ County: \_\_\_\_\_

Benefit Area: \_\_\_\_\_

Survey Date: \_\_\_\_\_ Date of Section 8 income Limits Used: April, 2010

Describe Survey Methodology: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Enter the Estimated total number of households in the service area 1. \_\_\_\_\_

2. Enter the total number households interviewed 2. \_\_\_\_\_

3. Enter the total number of persons in the households interviewed 3. \_\_\_\_\_

4. Enter the total number of persons in the households interviewed who are low-and-moderate-income persons 4. \_\_\_\_\_

5. Divide Line 4 by Line 3 5. \_\_\_\_\_

6. Multiply Line 5 by 100. This is the percentage of LMI persons in the service area 6. \_\_\_\_\_

## Surveyor Agreement Form

Community: \_\_\_\_\_ County: \_\_\_\_\_

Benefit Area: \_\_\_\_\_

I, the undersigned, when conducting a survey of the above-listed benefit area, agree to:

- 1.) Use the following standard language --

My name is \_\_\_\_\_. I am working with \_\_\_\_\_ to collect data needed to complete an application for a community development grant. To do this, we must conduct a survey of the area. The information gathered by the survey will be confidential and only will be viewed by the local program administrator and the funding agency. The survey only requires you to indicate your approximate total household annual income (before taxes) for the current year and the number of persons residing in your household. Are you willing to participate in the survey?

- 2.) Use the applicant's prescribed survey methodology to randomly and evenly sample the entire benefit area;
- 3.) Use the **Confidential Income Survey** form and keep the information collected confidential; and
- 4.) Report information collected exactly as the respondents indicated.

Name

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## LMI SURVEY

### MINIMUM SAMPLE SIZE REQUIREMENTS

HH*	SAMPLE SIZE**	HH*	SAMPLE SIZE**	HH*	SAMPLE SIZE**
1	1	39	36	77	65
2	2	40	36	78	65
3	3	41	37	79	66
4	4	42	38	80	67
5	5	43	39	81	67
6	6	44	40	82	68
7	7	45	40	83	69
8	8	46	41	84	69
9	9	47	42	85	70
10	10	48	43	86	71
11	11	49	44	87	71
12	12	50	44	88	72
13	13	51	45	89	73
14	14	52	46	90	73
15	14	53	47	91	74
16	15	54	48	92	75
17	16	55	48	93	75
18	17	56	49	94	76
19	18	57	50	95	77
20	19	58	51	96	77
21	20	59	51	97	78
22	21	60	52	98	79
23	22	61	53	99	79
24	23	62	54	100	80
25	24	63	54	101-114	89
26	24	64	55	115-134	100
27	25	65	56	135-154	111
28	26	66	57	155-174	121
29	27	67	57	175-199	133
30	28	68	58	200-249	153
31	29	69	59	250-299	171
32	30	70	60	300-349	187
33	30	71	60	350-399	200
34	31	72	61	400-649	247
35	32	73	62	650-1199	300
36	33	74	62	1200-2699	348
37	34	75	63	2700+	400
38		76 35	64		

\*HH means households in benefit area.

\*\* Minimum sample size for valid survey. This means actual number of households surveyed.