COOK COUNTY

Bureau of Economic Development

Community Development Block Grant Program (CDBG)

2020 Program Year
Capital Improvement/Demolition and Economic Development Project Application

Toni Preckwinkle
President
Cook County Board of Commissioners

Applicant Municipality/Agency

Applicant's Name and Title
(Mayor, President, Supervisor, Chief Executive Officer, Executive Director)

Toni Preckwinkle, President
Cook County Board of Commissioners

Cook County Department of Planning and Development
69 West Washington, Suite 2900
Chicago, Illinois 60602

Susan M. Campbell, Director

January 2020

2020 CDBG Capital Improvement/Demolition and Economic Development Project Application

APPLICATION CHECKLIST

Please complete all applicable sections of the application before submitting, and make sure that the person who signed your application is the person authorized in your resolution. If your project is a demolition, be sure to complete the demolition information on pages 30-31.

The following attachments are required and **must** be submitted as part of this application.

Public Agency (Municipal/Township) (Form samples are attached.)

- ☐ Resolution and Certification of Resolution – (See Forms A-1/A-2 and A-3)
- ☐ Estimated Matching Funds Certification - Form B
- ☐ Maintenance of Effort and Project Sustainability - Form C.
- ☐ Fair Housing Action Plan - Form D.
- ☐ Audited Financial Statements (most current) - Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financial. If you do not have audited financial, you may submit other financial documents for consideration. Audited financials are preferred.

Non-Profit Agency (Form samples are attached.)

- ☐ Resolution and Certification of Resolution – (See Forms A-2 and A-3)
- ☐ Estimated Matching Funds Certification - Form B
- ☐ Maintenance of Effort and Project Sustainability - Form C.
- ☐ Racial Equity Information – Form E
- ☐ List of Board of Directors
- ☐ Copy of 501(c)3
- ☐ Current Certificate of Good Standing (dated within the last 45 days)
- ☐ Copy of Articles of Incorporation or Copy of Amended Articles of Incorporation, if amended, **from the Illinois Secretary of State**.
- ☐ Audited Financial Statements (most current) - Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financial. If you do not have audited financial, you may submit other financial documents for consideration. Audited financials are preferred.

Note: You will lose 15 points for each of the above items that is missing from your submitted application. For more about application scoring, please see the application guide.

If you have any questions or need assistance regarding the application, please contact Sylvia Parham at (312) 603-1030 or sylvia.parham@cookcountyil.gov. DPD staff is available to help clarify application fields and provide guidance.

Please upload an electronic copy of the completed application PDF and all related attachments through the Cook County CDBG Capital Improvement application submission page at:

https://www.cookcountyil.gov/service/2020CDBGCapital

Please see the application guide for detailed submission instructions.*

***The deadline for submitting all applications is:* FRIDAY, MARCH 13, 2020, 5:00PM**
(Applications received after this date and time will not be accepted. No exceptions.)

2020 CDBG Capital Improvement/Demolition and Economic Development Project Application

APPLICANT INFORMATION SHEET

Municipality, Township, Agency Name: _____

Mayor/Chief Executive Officer Name: _____

E-mail Address: _____

Contact Person Name & Title: _____

E-mail Address: _____

Telephone: _____

Applicant Website Address: _____

Total Amount Requested: $ _____

Total Project Estimate: $ _____

*Total Matching Funds (*if applicable*): $ _____

*Note: Matching funds, though not required for CDBG, are encouraged and will be looked upon favorably during application review. Matching funds will be expected for facility projects and will be assessed based on the income level of the service area/beneficiaries.

"The signature below must be from the person authorized to sign the application in your resolution."

_____ _____

Signature *Date*

_____

Title

2020 CDBG Capital Improvement/Demolition and Economic Development Project Application

APPLICANT INFORMATION SHEET (CONT'D)

2020 PROGRAM YEAR - October 1, 2020 through September 30, 2021

Please complete all pages for each project, as applicable.

Applicant Address: _____

City: _____ Illinois _____ Zip Code: _____
(include full ZIP + 4)

Project Manager (if different from contact person): _____

E-Mail: _____

Telephone: _____ Fax: _____

County Commissioner District #: _____

Project Title: _____

Is this project consistent with Cook County's current Consolidated Plan? If no, **"STOP"**. (See related question on page 6.) ☐ Yes ☐ No

Is this capital improvement project a continuation of a prior year project? *(If yes, please specify how this project links and the anticipated completion dates. (Please attach your statement.)* ☐ Yes ☐ No

Is your agency a faith-based entity? ☐ Yes ☐ No

Activity Category:

CAPITAL IMPROVEMENT PROJECTS

- ☐ Infrastructure
- ☐ Public Facility
- ☐ Non-Profit Facility
- ☐ Demolition
- ☐ **Economic Development

**Please refer to the CDBG Application Guide for guidelines regarding economic development activities.

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National Objective: *(Check One)*
CDBG requires that each activity funded, except for program administration and planning activities, must meet one of the three national objectives outlined below. An activity that does not meet a national objective is not compliant with CDBG requirements and is therefore ineligible for funding. Applicants are strongly encouraged to consult the application guide for more detailed information.

☐ **Benefit to low- and moderate income (LMI) persons**

1. ***Area Benefit Activities*** benefit all residents in a particular area, where at least **51%** of the people are low- and moderate-income. The service area of the project must be specifically identified and the area must be primarily residential (see the Appendix of the application guide for details).
2. ***Limited clientele activities*** benefit low- and moderate-income persons without regard to the area being served. At least **51%** of the persons participating in the activity must be low- and moderate-income and the activity must meet one of the following criteria (see application guide for details):
   - Presumption of low- and moderate-income: the activity serves persons who are presumed to be low- and moderate-income: abused children; battered spouses; elderly persons; severely-disabled adults; homeless persons; illiterate adults; persons living with AIDS and migrant workers; or
   - Income Guidelines: the activity must have eligibility requirements which limit the activity exclusively to low- and moderate-income persons, or income must be documented.
3. **Housing activities** that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by at least 51% low- and moderate-income households.
4. **Job creation or retention activities** designed to create or retain permanent jobs, at least 51% of which (computed on a full-time equivalent basis) will be made available to or held by low- and moderate-income persons.

☐ **Aid in the prevention or elimination of slums or blight**
Prevent or eliminate slum and blight on an area basis, or eliminate specific conditions of blight or physical decay on a spot basis that are not located in a slum or blighted area.

☐ **Meet a need having a particular urgency (Demolition Projects Only)**
Use of the urgent need national objective category is rare. It is designed only for activities that alleviate emergency conditions. Activities qualified under urgent need must meet the following criteria:

- The existing conditions must pose a serious and immediate threat to the health or welfare of the community;
- The existing conditions are of recent origin or recently became urgent (generally, within the past 18 months);
- The grantee is unable to finance the activity on its own; and
- Other sources of funding are ***not*** available.

Does this project meet a National Objective and other eligibility requirements, as noted in HUD's 24 CFR Part 570.201 regulations? (Please refer to the 2020 CDBG Application Guide for details.) If no, **"STOP"**. ☐ Yes ☐ No

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DUNS Number (*Required For Funding):* _____

FEIN Number: _____ CFDA Number: **14.218**

If acquisition or demolition is required for this project, is the property vacant? ☐ Yes ☐ No If yes, please specify how long property has been vacant. _____

PROJECT NEED AND JUSTIFICATION (35 Pts.)

For the questions below, please attach additional pages if needed when providing your answers.

Describe the proposed project and designated project area (must be suburban Cook County)**:**

(Provide a DETAILED description and a map that shows the project site and area that will benefit, if applicable. The map should also include any public transit stations (rail and bus) and bicycle facilities. Please also attach any applicable photos.)

Project Location Information:

Please ensure the following fields are filled in as completely as possible. Also, attach a map with sufficient detail to accurately locate your project in a GIS System.

Project Limits

_____ _____

Name of Street or Facility *Municipality or Agency*

_____ _____

South/West Project Extents *North/East Project Extents*

Linear Feet: _____

Summary of Project Need and Justification: Provide a concise summary of the need for the project and why this project is a priority. If the project is for a community center or other public facility, please indicate who is served or will be served by the facility, and include information about the location of similar facilities; the demand for services in the surrounding area; pedestrian, bicycle and public transit accessibility; and the applicant's financial ability to operate and maintain the facility. *(If additional space is required, please include attachments.)*

Specific Anticipated Accomplishments: *(Please provide details of the proposed activity. If additional space is required, please include attachments.)*

Please describe how your agency's proposed project is consistent with Cook County's current Consolidated Plan. The plan can be found here: https://www.cookcountyil.gov/content/planning-progress. If your proposed project is consistent with the County's Policy Roadmap or South Suburban Economic Growth Initiative (SSEGI), please describe that connection here as well. Documents related to SSEGI can be found at the following links: https://www.cookcountyil.gov/service/policy-roadmap or https://www.cookcountyil.gov/content/south-suburban-economic-growth-initiative-ssegi

Specific Outcome Indicators

Anticipated Number of Persons to be Assisted (Infrastructure & Public Facility Projects)

(For municipal infrastructure projects, census tract or block group data is permissible.)

With NEW access to service or benefit

With IMPROVED access to service or benefit

Anticipated Number of Businesses to be Assisted (For Profit & Non Profit)

With NEW access to service or benefit

With IMPROVED access to service or benefit

Anticipated Economic Development Impact (if applicable)

Estimated number of jobs created

Estimated number of jobs retained

Estimated amount of taxes generated

Estimated number of businesses retained and/or recruited

Anticipated Number of Housing Units Assisted (if applicable)

Estimated number of units occupied by low- or moderate income households

CAPACITY AND SKILLS TO EXECUTE THE PROJECT (25 Pts.)

PREVIOUSLY FUNDED APPLICANTS:

Does your municipality or agency have any CDBG project balances, with the exception of a current Program Year 2019 grant? ☐ Yes ☐ No

If yes, please explain why the project(s) currently have balances and the planned steps to expend remaining funds. Please specify expected deadlines for expending the remaining funds.

Does your municipality or agency have any outstanding CDBG performance reports, HUD reports or monitoring findings? ☐ Yes ☐ No

If yes, please identify the project(s) via project number(s) and explain why the project(s) currently have outstanding performance reports, HUD reports or monitoring findings. Cook County maintains reporting records and will be verifying this information. Outstanding performance reports/HUD reports/monitoring findings can be submitted with the application, or preferably prior to submission of the application.

On your past CDBG projects, please describe your performance related to contracting with Minority Business Enterprises (MBE's), Women Business Enterprises (WBE's) and Section 3 businesses, as well as your hiring of Section 3 residents. *(If additional space is required, please include attachments.)*

NEW AND PREVIOUSLY FUNDED APPLICANTS:

Has your municipality or agency previously executed similar projects (whether with CDBG or other funding)? ☐ Yes ☐ No

If yes, please describe the project(s) previously completed and the outcome(s).

If not, please explain how you will successfully administer this program and execute the proposed project given that you have not previously executed similar efforts. *(If additional space is required, please include attachments.)*

LEVERAGING OTHER FUNDING (10 Pts.)

If applicable, please describe how this CDBG funding will help you leverage future funding and/or how your municipality or agency will leverage other funds (public or private) over the long-term to support your efforts and reduce reliance upon Cook County CDBG funding. *(If applicable, please complete and certify "FORM B: ESTIMATED MATCHING FUNDS CERTIFICATION" included in this application.)*

PROPOSED PROJECT BUDGET (10 Pts.)

(Clarity and Reasonableness of Proposed Costs)

STAFF SALARIES, IF APPLICABLE (3 Person Limit)

Position	(A) Annual Salary	(B) % of time spent on project	(A) multiplied by B) Salary allocated for project	Salary CDBG Portion	Project Match (In-Kind)
TOTAL SALARIES					

Please note: Fringe benefits and indirect costs are not applicable for Capital, Demolition or Economic Development Projects.

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PROPOSED PROJECT BUDGET (CONT'D)

(Clarity and Reasonableness of Proposed Costs)

LINE ITEM BUDGET

Project Activity	**CDBG Funds**	**Matching Funds**	**TOTAL**
Capital Improvements			
Public Facilities			
Demolition			
Economic Development			
Total Project Activity			

Project Delivery	**CDBG Funds**	**Matching Funds**	**TOTAL**
Staff Salaries			
Postage			
Printing			
Publication/Notices			
Project Travel @ $0.58 per mile			
Total Project Delivery			
******Professional Services***	**CDBG Funds**	**Matching Funds**	**TOTAL**
Engineering			
Architectural			
Legal			
Accounting (except Single Audit)			
Other:			
Total Professional Services			
Grand Total (Project Activity, Project Delivery & Prof. Services)			

******Professional Services MUST be procured if you are using CDBG funds.***

{Please attach any construction cost estimates, preferably provided by a certified engineer.}

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PROJECT ELIGIBILITY

Please see the Application Guide for more information on eligibility.

A. **AREA BENEFIT:** *(if applicable)*

Total percentage of low and moderate-income persons served in area:

Census Tract	Block Group	% Low/Mod Income
TOTAL AVERAGE LOW/MOD INCOME AREA PERCENTAGE:		

(Please see the 2020 CDBG Application Guide for appropriate website links.)

B. **LIMITED CLIENTELE BENEFIT:** *(if applicable)*

1. Presumed Benefit

Qualifying group _____

Number of persons served _____

- OR -

2. Low- and Moderate-Income Persons* Served

Moderate-income (61-80% of AMI) _____

Low-income (51-60% of AMI) _____

Very Low (31-50% of AMI) _____

Extremely Low (<30% of AMI) _____

Total Served (add above lines) _____

Number of Female-Headed Households _____

*How will income be verified? Check below:

- ☐ Income Verification Request Forms (*Attach a sample of the form you will use.)*
- ☐ Eligibility Status for other Governmental Assistance program
- ☐ Self-Certification *(You must request source documentation for 20% of certifications and must inform the beneficiary that all sources of income and assets must be included when calculating annual income)*

READINESS TO PROCEED (0 to -15 Pts.)

Summary of Project Readiness: Please indicate if all funds have been secured for this project and the date the project is ready to start. Please describe any obstacles that will prevent this project from starting on time. Please explain if this project will require phases/multi-year to complete. *(If additional space is required, please include attachments.)*

PROJECT COMPLETION SCHEDULE

Capital Improvement Projects - *Please provide a detailed time line outlining specific plans for completing this project within 12 months after issuance of the "Authorization to Incur Grant Costs", including but not limited to project specification development, bid and contractor procurement, preconstruction, construction and completion schedule. Assume that the authorization to incur grant costs will be issued by 12/31/20. Construction should begin in the spring to the extent possible.*

January 2021 (Notice to Proceed Issuance)
February 2021
March 2021
April 2021
May 2021
June 2021
July 2021
August 2021
September 2021
October 2021
November 2021
December 2021 (Project Completion, if not earlier)

BROADER CONTEXT OF PROJECT (20 Pts.)

Please describe how your agency's proposed project is part of a broader organizational strategic plan or vision, and/or consistent with an existing local plan (e.g., comprehensive plan, capital improvement plan) or a plan produced through CMAP's Local Technical Assistance Program, RTA's Community Planning Program, or similar programs. Describe any connection to the Cook County Department of Transportation and Highways' ***Invest in Cook*** program - https://www.cookcountyil.gov/investincook. If your project relates to the United Way Neighborhood Network in Blue Island/Robbins, describe the connection. (In addition to your narrative response below, please provide a copy of or a link to relevant plans, pages, etc.)

Does your proposed project connect to a geographic target area or to other recent projects? If so, describe the connection. Please provide a map showing recent investments/developments and the proposed 2020 project. This question applies to demolition projects as well as construction and facilityimprovements.

BROADER CONTEXT OF PROJECT (CONT'D)

If you are proposing an infrastructure improvement, how are you considering storm water management, flood issues or "Complete Streets" in the design of the project, where applicable? Cook County encourages applicants to consider these broader impacts of the proposed project. We will be examining proposals in the context of local flooding data, as well as assessing a project's impact on making the County less auto dependent. Please also describe any sustainable or resilient features of the proposed project.

Regional Collaboration

Does your proposed project offer or support a plan for regional or sub-regional collaboration?

☐ Yes ☐ No

Is your proposed project consistent with the ON TO 2050 comprehensive regional plan?

☐ Yes ☐ No

Please describe how your efforts are related to regional or sub-regional collaboration and/or is consistent with ON TO 2050. *(If additional space is required, please include attachments.)*

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Innovative or Creative Aspects of Proposal

Does your proposed project include innovative aspects?

☐ Yes ☐ No

If yes, please describe the creative elements of your proposal?

Economic Development Activities

Does your proposed project directly or indirectly facilitate economic development using any of the activities described below? (check all that apply):

☐ Business Incubator

☐ Economic DevelopmentInfrastructure Projects

☐ Non-Profit Business and Technical Assistance

☐ Commercial/Industrial Rehabilitation/Improvements

☐ Façade Improvements

☐ Micro-Enterprise Assistance

☐ Public Facilities

Economic Development Impact

Does your proposed project directly or indirectly facilitate economic development targeting the following as major goals? (check all that apply):

☐ Job Creation ☐ Job Retention ☐ Goods or Services Provision

Please describe how your proposed project will facilitate economic development directly or indirectly, including specifying major goals. *(If additional space is required, please include attachments.)*

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Does your proposed project/program incorporate any of the following components? (check all that apply):

Capital Improvements

- ☐ Facilitates broadband connectivity ("last mile infrastructure readiness")
- ☐ Improves infrastructure or adds facilities that promote walking, bicycling, or transit access
- ☐ Incorporates underground utility lines as appropriate
- ☐ Supports new affordable housing development

Economic Development

- ☐ Generates tax revenue
- ☐ Promotes economic development focused public or non-profit capacity building as part of an existing regional plan
- ☐ Functions as part of broader Transit Oriented Development (TOD) or Cargo Oriented Development (COD) area
- ☐ Facilitates additional investments in industrial and/or commercial corridors
- ☐ Encompasses foreclosure prevention strategies
- ☐ Attracts employers to area of need, or links residents to jobs

Long Range Planning and Sustainability

- ☐ Promotes energy efficiency improvements
- ☐ Functions as part of a broader strategic plan or vision
- ☐ Encourages environmentally friendly or green initiatives
- ☐ Demonstrates ongoing efforts to promote and enforce fair housing practices

Please describe your municipality's ongoing efforts to affirmatively further fair housing.

Please explain how your project supports any of the other boxes checked above.

Please describe any other funding you currently receive from other departments or agencies of Cook County. If you do receive other Cook County funding, please indicate whether or not that funding supports the activity(ies) you are applying for in this CDBG application. *(If additional space is required, please include attachments.)*

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APPLICATION RESOLUTION AND CERTIFICATION

Instructions

Cook County has prepared two versions of the authorizing resolution: one for municipalities and one for all other applicants. Please choose the appropriate resolution. Samples of the versions are included in this application.

The person signing the application must be the same person authorized to sign by the resolution.

The resolution must be adopted by your governing body and a **certified** copy submitted with the application. A sample form for certification by non-municipal agencies is included.

A municipal or agency seal should be included on both the resolution and the certification. If an agency does not have a seal, please indicate that on the forms.

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FORM A-1: SAMPLE RESOLUTION
Municipality

NOW, THEREFORE BE IT RESOLVED by the **Mayor/President** and **Council/Board of Trustees** of **Municipality**, Illinois as follows:

Section 1. That a Request is hereby made to the County of Cook, Illinois for Community Development Block Grant ("CDBG") funds for Program Year 2020 in the amount of $ _____ for the following project(s):

Project: _____ Amount: $ _____

as identified in **Municipality's** CDBG 2020 Program Year application.

Section 2. That the ***(insert position title of person signing the application)*** is hereby authorized to sign the application and various forms contained therein, make all required submissions and do all things necessary to complete the application for the funds requested in Section 1 of this Resolution, a copy of which application is on file with the Secretary.

-B Optional -B
Section 3. That the ***(insert position title of person signing the matching funds certification)*** is hereby authorized to certify that matching funds which have been identified as supporting its projects as set out within its application will be made available upon the approval of the projects by the County of Cook, Illinois or the prorated share thereof.

Dated this _____ day of _____ 2020

By: _____ _____
Print Name - Mayor/President Sign - Mayor/President

Attest: _____ _____
Print Name – Clerk Sign – Clerk

{SEAL}

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FORM A-2: SAMPLE RESOLUTION
Not-for-Profit Organization/Non-Municipal Agency

NOW, THEREFORE BE IT RESOLVED by the Board of Directors of ***(insert agency name)*** as follows:

Section 1. That a Request is hereby made to the County of Cook, Illinois for Community Development Block Grant ("CDBG") funds for Program Year 2020 in the amount of $ _____ for the following project(s):

Project: _____ Amount: $_____

as identified in **agency's** CDBG 2020 Program Year application.

Section 2. That the ***(insert position title of person signing the application)*** is hereby authorized to sign the application and various forms contained therein, make all required submissions and do all things necessary to complete the application for the funds requested in Section 1 of this Resolution, a copy of which application is on file with the Secretary.

-B Optional -B
Section 3. That the ***(insert position title of person signing the matching funds certification)*** is hereby authorized to certify that matching funds which have been identified as supporting its projects as set out within its application will be made available upon the approval of the projects by the County of Cook, Illinois or the prorated share thereof.

Dated this _____ day of _____ 2020

By: _____ _____
Print Name – Chairman/President Signature - Chairman/President

Attest: _____ _____
Print Name – Board Secretary Signature – Board Secretary

{SEAL}

FORM A-3: SAMPLE CERTIFICATION

Not-for-Profit Organization/Non-Municipal Agency

The undersigned Duly Qualified and Acting Secretary of the Board of Directors of ***(insert agency name)*** hereby certifies that the attached Resolution authorizing execution of the Application for the County of Cook, Illinois' 2020 Community Development Block Grant ("CDBG") Program Year is a true and correct copy of said Resolution as passed by the Board of Directors of ***(insert agency name)*** on ***(insert Board meeting date) ,*** which Resolution is still in full force and effect.

Dated this _____ day of _____ 2020

Attest: _____ _____

Print Name – Board Secretary Signature – Board Secretary

{SEAL}

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FORM B: ESTIMATED MATCHING FUNDS CERTIFICATION

Matching funds are defined as any local, county, state, federal (other than CDBG) or private funds used in conjunction with CDBG funds to implement or construct a proposed project. This form must be filled out to document matching funds entered on the project budget (page 10-11). ***Please note*** that the use of special assessments against property owned and occupied by low- and moderate-income persons is prohibited.

In the event that the proposed project is funded at a lesser amount than requested, the matching funds will be reduced in the same proportion. For example, if you request $100,000 with a $30,000 (30%) match, and actually receive $50,000 in block grant funds, your required match will be $15,000 (30% x $50,000).

Subrecipients are urged to use matching funds whenever possible.

1. Project Type _____

2. Amount of Matching Funds to Assist Project _____

3. Source(s) of Matching Funds to Assist Project _____

4. Timetable of Availability of Matching Funds _____

5. Designated Use of Matching Funds _____

The authorized official of the applicant must certify the availability of the above matching funds by signing in the designated area below. Municipal/Agency seal is also required, if available. If there is no seal, please note that below.

Dated this _____ day of _____ 2020

By: _____ _____
Print Name – Authorized Official Signature – Authorized Official

_____
Title of Authorized Official

Attest: _____ _____
Print Name – Clerk/Board Secretary Signature – Clerk/Board Secretary

{SEAL}

FORM C: MAINTENANCE OF EFFORT AND PROJECT SUSTAINABILITY

Capital Improvement Project

CDBG funds cannot be used for on-going maintenance, building operations and staffing requirements for projects constructed or rehabilitated with CDBG funds. Please provide the following information concerning these costs:

Amount of Annual Funds Required for Maintenance of Effort/Project: $_____

Source of Funds: _____

Designated Use of Maintenance Funds: (i.e. utilities, staff, equipment, maintenance). An applicant must demonstrate the availability of funding to perform routine maintenance/upkeep on the proposed CDBG project and should strive to have adequate reserves to cover needed larger improvements with less reliance on CDBG funding.

FAIR HOUSING ACTION PLAN - 2020 PROGRAM YEAR

The Secretary of the United States Department of Housing and Urban Development requires that Community Development Block Grant recipients certify that they will comply with Title VIII of the Civil Rights Act of 1968. To fulfill this certification, Cook County requires each **municipal** Subrecipient to take action each year to affirmatively further fair housing.

In accordance with Cook County's revised *Analysis of Impediments to Fair Housing Choice*, please indicate on the list below *all* of the items that currently apply to your municipality:

- ☐ Existence of a fair housing ordinance
- ☐ Existence of a fair housing enforcement body that is responsible for reviewing fair housing complaints
- ☐ An individual identified as the fair housing compliance officer
- ☐ Existence of an action plan for affirmatively furthering fair housing
- ☐ Outreach to the public on fair housing issues via workshops, educational materials, etc.
- ☐ Outreach to housing-related industries including real estate, finance and property management on fair housing issues via workshops, educational materials, etc.
- ☐ Annual fair housing training for municipal staff, especially those answering public phone calls
- ☐ Annual reviews of land use and zoning ordinances and building codes to ensure they are not impediments to fair housing

As part of the application, a municipal Subrecipient must submit a Fair Housing Action Plan. If you already have a plan, you should review it to ensure the plan is still relevant and up-to-date before submission.

The following are examples of actions your municipality can take to affirmatively further fair housing. Please check the appropriate sections that you plan to undertake during this program year. On the attached Form D, provide a narrative of actions to be undertaken and what your agency plans to accomplish during this program year to affirmatively further fair housing.

- ☐ Provide copies of fair housing brochures published and distributed among realtors and other businesses in your community.
- ☐ Provide copies of newspaper articles published locally about fair housing issues in your community.
- ☐ Provide a summary of activities conducted to promote an open community.
- ☐ Enact a Fair Housing Ordinance.
- ☐ Update/Amend your Fair Housing Ordinance, if applicable.
- ☐ Attend Cook County's Fair Housing Seminar.
- ☐ Submit notices, agendas and minutes of Fair Housing meetings sponsored by your municipality.

These points are merely suggestions for the types of actions that are acceptable to demonstrate your community's active commitment to fair housing. Additional or different action may be acceptable as well, and your submissions are not limited to the types listed above.

The County is required to provide documentation supporting its activities in compliance with Title VIII of the Civil Rights Acts of 1968. The activities of Cook County's Subrecipients, therefore, require this documentation. Failure by a municipal Subrecipient to provide complete and accurate information to the County in a timely manner may jeopardize current and/or future funding for that community.

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FORM D: FAIR HOUSING ACTION PLAN (0 to -10Pts.)

Municipalities Only

Please complete the Department of Planning and Development's Municipal Fair Housing Survey at this link: **https://www.surveymonkey.com/r/municipalfairhousingsurvey**

All municipal applicants should complete the survey by the application due date of March 13, 2020.

If you have questions regarding the Fair Housing Survey, please feel contact Dominic Tocci at **Dominic.tocci@cookcountyil.gov** or Sylvia Parham at sylvia.parham@cookcountyil.gov

ACTIONS TO BE UNDERTAKEN FOR THIS 2020 PROGRAM YEAR:

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FORM E: RACIAL EQUITY INFORMATION
Non-Profit Agencies Only

Please answer the following question and complete the table below.

How is your organization and/or this project advancing racial equity? *(If additional space is required, please include attachments.)*

Please complete the following table with demographic data on your Board, staff and clients/beneficiaries.

RACE	**Number of Board Members**	**Number of Staff Members**	**Number of Clients/Beneficiaries**
White			
Black or African American			
American Indian or Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Some other race			
Two or more races			
ETHNICITY	**Number of Board Members**	**Number of Staff Members**	**Number of Clients/Beneficiaries**
Hispanic or Latino			
Not Hispanic or Latino			

AUDITED FINANCIAL STATEMENTS

(Please attach the most current.)

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DEMOLITION PROJECTS **ONLY**

(This section must also be completed for any demolition project, as noted on page 5 of the application guide.)

69 West Washington - Suite 2900 Phone #: (312) 603-1000
Chicago, Illinois 60602 FAX #: (312) 603-9770

COMMUNITY INFORMATION

Name of Municipality: _____

DUNS # : _____

Municipal Contact Person: _____

Municipal Contact Person Title : _____

Address: _____

City: _____

Phone: _____ _____

E-mail: _____

PROPERTY OWNER INFORMATION (If different from municipality)

Owner/Business: _____

Owner/Business Contact Person:

Owner/Business Contact Person Title: _____

Address: _____

City: _____

Phone: _____ _____

E-mail: _____

NATIONAL OBJECTIVE (Please check one)

☐ Elimination or Prevention of Slums and Blight

If selecting this National Objective, all of the following must be included with this application:

A. Slum/Blight Criteria selected (include narrative description)

B. Additional Documentation (Photos, Letters from Officials, etc.)

C. Declaration/Resolution of Slum/Blight Condition

☐ Urgent Health and Welfare Threat

If selecting this National Objective, all of the following criteria must be met (include narrative description where needed):

A. Determination of immediate threat – when and by whom; include documentation
B. Applicant's inability to finance
C. Confirmation that no other financial sources are available
D. Confirmation that threat did **not** exist for more than 18 months

2020 CDBG Capital Improvement/Demolition and Economic Development Project Application

DEMOLITION RATIONALE

Provide the rationale for demolishing this structure and why the municipality does not consider rehabilitation a viable option. Include a letter from the municipal solicitor describing the municipality's condemnation process, acknowledging that condemnation proceedings ensued in accordance with all municipal ordinances and that the municipality has the authority to remove the subject structure.

Include copies of the following documents in support of your rationale for demolition:

- ☐ On-site inspection reports identifying the nature of the unsafe condition(s) (e.g. engineer, building inspector/code enforcement officer, fire/police officials, etc.).
- ☐ Municipal notification of an unsafe condition to the property owner, agent or person in control of the structure. The correspondence must describe the unsafe condition(s), specifying the required repairs or improvements necessary to abate the existing conditions, or require the owner, agent or person in control to demolish the structure. Supply evidence that sufficient time was permitted to address the situation. Provide proof that notice was properly served (i.e. copy of certified or registered mail return receipt).
- ☐ Any correspondence from the owner, agent or person in control of the structure in response to municipal notification of unsafe conditions.
- ☐ Order of Condemnation (as posted at the site of the proposed demolition site).

PROPERTY INFORMATION

Property Identification Number: _____

Street Address: _____

Legal Description: ___

Please Describe Property:
- i.e. building size, type, condition

Intended Use of Property After Demolition:

NOTE: If parcel is to remain vacant, describe how the municipality will assure that the resulting lot will be maintained and kept clear of health and safety hazards
(e.g. trash, debris).

Estimated Demolition Cost: _____

CERTIFICATIONS

A. There are no pending legal actions underway or being contemplated that would significantly impact the demolition of this facility.
B. There are no unpaid property taxes filed against the property.
C. There are no liens/assessments on the property, or proof of any are attached
D. The property owner signing has full legal authority to sign

_____
Print Name – Mayor/President

_____
Signature – Mayor/President

_____
Date