

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**FUNDING APPLICATION FOR**

**COMMUNITY ECONOMIC REVITALIZATION FUNDING (CERF)**

**Program Year 2017**

**Release Date: August 12, 2016**

**Due Date: September 14, 2016, 4:00 PM**

Community Services Division

Federal Way City Hall

33325 8th Avenue S

Federal Way, WA 98003

Staff contact: Jeff Watson, Community Services Manager, 253-835-2650 jeff.watson@cityoffederalway.com

CDBG CERF application available on the City of Federal Way website located at: <http://www.cityoffederalway.com/node/1674>

## Application Instructions

1. Carefully review the instructions and application prior to proceeding. Contact Jeff Watson at 253-835-2650 or jeff.watson@cityoffederalway.com if you need assistance.
2. Incomplete or late applications will not be considered for funding. Application must be typed (not handwritten).
3. All applications must be received in the City of Federal Way Community Development Department by 4:00 p.m. on Wednesday, September 14, 2016.
4. Mailed applications should be posted in time to be received by the date, time and location noted above. No faxed or emailed applications will be accepted.
5. Text boxes in this document are all of a uniform size; they will adjust to the amount of text you enter.
6. Limit application pages to the 8-1/2”x11” format. Use 11 or 12 point font. Number all pages, including attachments.
7. Limit Sections 1 to 4 to a total of 25 pages or less (not including attachments).
8. Assemble the application in the following order:
	1. Application Checklist
	2. Applicant Certification
	3. Full Application (Sections 1 to 6)
	4. Attachments in checklist order
9. Submit one original one-sided full application and attachments and 12 double-sided three-hole punched copies (including all attachments except for Section 5), individually bound with binder clips or rubber bands (no staples).
10. Submit a .pdf file(s) of the full application, including all certifications and attachments, via CD or “thumb drive”. The CD or “thumb drive” must be clearly labeled with the applicants’ name and indicate it is the 2017 CDBG CERF application.
11. Label packet that includes original signed documentation as the “Original” application. The original must have signatures in blue ink.
12. There are ‘hotlinks’ in the document (text with an underscore). They lead to pages within the application or to external sources.

## Applicant Certification

To the best of my knowledge and belief, the information contained in this application and in the additional required documentation submitted with this application is true and correct.

The submission of this application has been duly authorized by the governing body of the Applicant.

The Applicant agrees that if the project is allocated CDBG funding, it will comply with all Federal, state and local statutes, regulations, policies and requirements applicable to CDBG funding.

Sufficient funds are available from non-CDBG sources to complete the project, as described, if CDBG funds are allocated to the Applicant.

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| --- | --- | --- |
|  |  |  |
| Signature of Authorized Applicant Representative |  | Date |

|  |
| --- |
|  |
| Name and Title of Authorized Applicant Representative (Please Print or Type) |

## 2017 CDBG CERF Application Checklist

|  |  |
| --- | --- |
| **N/A** | **Authorization** |
|  | [ ]  | 1. Applicant Certification Signed by Authorized Representative *(submit one original and 12 photocopies)*
 |
|  | Application |
|  | [ ]  | 1. Submit one original one-sided full application (Section 1 – 5) and attachments.
2. Submit twelve (12) double-sided three-hole punched copies, individually bound with binder clips or rubber bands (no staples). Do not include Section 5 attachments.
3. Label packet that includes original signed documentation as the “Original” application.
 |
|  | Attachments – Section 1 General |
|  | [ ]  | 1. Copy of 501(c)(3) tax exemption determination letter from the IRS *(private non-profit applicants only).*
 |
|  | [ ]  | 1. Copy of Articles of Incorporation and Bylaws, the documents recognized by the State as formally establishing a private corporation, business, or agency.
 |
|  | [ ]  | 1. Proof of registration as an active non-profit corporation in Washington State *(private non-profit applicants only).*
 |
|  | [ ]  | 1. Cover letter by legally responsible governing body (copy of the minutes of the meeting in which the governing body’s resolution, motion or other official action is recorded).
2. Letter will also include names and titles of representatives authorized to negotiate for and contractually bind the organization. If more than one CDBG CERF Project is being applied for, the documentation must prioritize the applications for funding and indicate how the priorities were assigned.
 |
|  | [ ]  | 1. Resumes of the President/Executive Director, Chief Fiscal Officer, and Chief Program Administrator/Project Manager.
 |
|  | Attachments – Section 2 Organizational Capacity |
|  | [ ]  | 1. Organizational chart that describes the organization’s administrative framework and staff positions, indicates where the proposed project will fit into the organizational structure, and identifies any staff positions of shared responsibility.
 |
|  | [ ]  | 1. Evidence of written policies and procedures for personnel and financial management (Table of Contents or summary/list)
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|  |  |
| --- | --- |
| **N/A** | **Attachments – Section 2 (continued)** |
| [ ]  | [ ]  | 1. Evidence of site control *(if applicable)*
 |
|  | [ ]  | 1. Most recent financial statement and audit
 |
|  | [ ]  | 1. All data collection tools that will be used to verify achievement of goals and objectives
 |
| [ ]  | [ ]  | 1. Copy of **license(s) or certificate(s)** required to operate *(if applicable)*
 |
|  | [ ]  | 1. List of current Board of Directors, or other governing body members, which includes the name, phone number, address, and occupation or affiliation of each member and identifies the principal officers of the governing body
 |
|  | [ ]  | 1. Current organization budget, showing projected revenue sources and expenditures for the current year.
 |
|  | Attachments – Section 3 Project Soundness and Readiness to Proceed |
| [ ]  | [ ]  | 1. A map of the service area and list the census tracts/block groups in your service area.
 |
|  | [ ]  | 1. Documentation showing how the proposed project will meet and qualify under a CDBG National Objective(may include: client intake form, homeless verification form, or a map of the service area)
 |
| [ ]  | [ ]  | 1. Relocation Plan *(if applicable)*
 |
|  | Attachments – Section 4 Financial Feasibility |
| [ ]  | [ ]  | 1. Evidence of other funding commitments, if applicable.
 |
| [ ]  | [ ]  | 1. **Job descriptions** for positions to be supported by Federal Way CDBG funds, including a list of the duties and minimum qualifications for filling each position *(Note: administrative costs, such as a director salary, are not eligible for reimbursement if the position does not provide direct service to clients)*
 |
| [ ]  | [ ]  | 1. Operating budget, if appropriate.
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| **N/A** | **Attachments – Section 5: Environmental Review** |
| [ ]  | [ ]  | 1. Any legally binding contract signed prior to your intent to apply for Federal funds.
 |
| [ ]  | [ ]  | 1. County Assessor Property Record
 |
| [ ]  | [ ]  | 1. All documentation used to make the determination that the site is listed on the National Register of Historic Places, or any state or local listing of historic places, or tribal land.
 |
| [ ]  | [ ]  | 1. Detailed history of property use*.*
 |
| [ ]  | [ ]  | 1. FEMA Flood Map

(<https://msc.fema.gov/>) |
| [ ]  | [ ]  | 1. Each of the two maps found at http://www.epa.gov/enviro/ and http://www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html. For step-by-step directions on how to download the correct maps, please refer to Appendix A.
 |
| [ ]  | [ ]  | 1. An accurate, scaled map delineating the airport fly zone and the proposed project location.
 |
| [ ]  | [ ]  | 1. Vicinity map, such as an Assessor’s Parcel Map, with the site location marked.
 |
| [ ]  | [ ]  | 1. Construction specifications *(if available)*
 |
| [ ]  | [ ]  | 1. Site plans and drawings *(no larger than 11 x 17)*

 *If the project consists of new construction or rehabilitation, include the original total square footage of the site plus square footage of new impervious surface to be added* |
| [ ]  | [ ]  | 1. Title report *(if applicable)*
 |
| [ ]  | [ ]  | 1. Appraisals *(if applicable and available)*
 |
| [ ]  | [ ]  | 1. All available environmental project and site studies, investigations, reports, and project plans, including Environmental Site Assessments, wetlands or other biological investigations, hazardous materials investigations, soils and other geotechnical studies, planning reports, engineering reports, noise studies, traffic studies, etc.
 |

## Section 1: General

|  |  |
| --- | --- |
| 1. Legal Name of Applicant:
 |  |
| 1. Applicant Address:
 |  |
|  |  |
| 1. Applicant is:
 | [ ]  Private, Non-Profit Organization | [ ]  Unit of Local Government |
|  | [ ]  Municipal Corporation |  |
| 1. Type of Project:
 | [ ]  Housing  | [ ]  Economic Development |
|  | [ ]  Public Facilities | [ ]  Infrastructure |
| 1. Date of Incorporation:
 |  | UBI#: |

1. Contact Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Executive Director |  | Name: |  |
|  |  | E-Mail: |  |
|  |  | Phone: |  |
| Application Contact |  | Name/Title: |  |
|  |  | E-Mail: |  |
|  |  | Phone: |  |
| Financial Contact |  | Name/Title: |  |
|  |  | E-Mail: |  |
|  |  | Phone: |  |
| Project Manager |  | Name/Title: |  |
|  |  | E-Mail: |  |
|  |  | Phone: |  |

*Attach resumes of the President/Executive Director, Chief Fiscal Officer, and Chief Program Administrator/Project Manager*

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| --- | --- |
| 1. Project Name:
 |  |
| 1. Project Address:
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1. Summarize your proposed project in one brief paragraph.

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|  |
| 1. Has this project previously received King County CDBG housing, public facilities, or infrastructure funding to benefit Federal Way residents?
 |  | [ ]  Yes [ ]  No |
| Estimated funds previously received:  | $ |
| 1. Amount of Federal Way CDBG funding requested:
 |  | $ |
| 1. Other sources of funds
 |  |  |
| *Enter Fund Source (e.g., fundraising, other local, state or federal funding, private grants, etc.)* |  | *Amount* |
|  |  | $ |
|  |  | $ |
| *Attach letters of funding commitment, if applicable.* |  |  |
| 1. Total project cost:
 |  | $ |
| 1. If funded, the earliest date the project could begin:
 |  |  |
| 1. Date that this application for funding was authorized for submittal by the Applicant’s legally responsible governing body (e.g., Board of Directors):
 |  |

*Please submit documentation of this authorization (*[*Applicant Certification*](#_Applicant_Certification)*) and Cover Letter.*

## Section 2: Organizational Capacity

**Please note: Text boxes are all of a uniform size; they will adjust to the amount of text you enter. The only limits apply to the number of pages; refer to** [**Application Instructions**](#_Application_Instructions) **for page limits.**

1. What is your organization’s vision and mission statement?

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1. Describe the experience your organization has in executing this type of project funded with federal funds. Include knowledge of Federal regulations governing acquisition, procurement, Equal Employment Opportunity, and labor standards; experience administering CDBG or other Federal funds on time, within budget, and in compliance with funding requirements. If your organization does not have experience either with this type of project or administration of federal funds, then describe the relevant experience of board members or staff. This may include past experience related to the proposed project or a similar project or other experience that indicates the skills, knowledge, and ability to complete and sustain the project successfully.

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1. List the positions and qualifications (e.g., education, training, experience) of the staff members who will implement the proposed project.

*Attach a current organizational chart.*

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1. Will you hire a consultant to help with this project? Please note that consultants paid for with CDBG funds must be selected through a competitive process and in accordance with 24 CFR Part 84 (nonprofit organizations) and 24 CFR Part 85 (local government).

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1. List all *CDBG funded* CERF projects awarded to your organization by Federal Way or King County in the past five years that have directly benefited Federal Way residents, and provide the status of each.

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| --- | --- | --- | --- | --- |
|  (1) | (2) | (3) | (4) | (5) |
| **Project Name** | **Program Year Awarded** | **Amount Awarded** | **Completed in time originally specified in contract?****Yes No** | **Completed within original budget?****Yes No** |
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1. If any answers to (4) or (5) in question No. 6 above are no, please explain.

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1. Describe whether your organization has written policies and procedures that address personnel and financial management (including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements), a process for grievance, and a plan for affirmative action.

*Attach evidence of written policies and procedures for personnel and financial management (e.g., Table of Contents from policy manual, summary/list of policies).*

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1. Has your organization received any audit findings in the past three years? If yes, what were they, and how were they resolved?

*Attach a copy of your organization’s most recent financial statement and audit.*

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1. How will your organization monitor progress towards project completion and comply with record-keeping and reporting requirements? Describe the data collection and tracking tools that will be used, and specify the staff member or position responsible for monitoring and reporting progress.

*Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives.*

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1. List any license(s) or certificate(s) your organization needs in order to operate under Federal or state law, and whether they are current.

*Attach a copy of any required licenses or certificates.*

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1. State whether your organization has general liability insurance coverage, as well as professional liability for licensed professionals, in what amount, and with what insuring agency. Proof of insurance will be required at the time of contract if your application is successful and receives funding.

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1. What is your governing body’s knowledge and level of involvement with the proposed project?

*Attach a list of current Board of Directors, or other governing body members, which include the name, City they reside in, and occupation or affiliation of each member. Identify the principal officers of the governing body.*

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1. What are the major sources of support for the organization?

*Attach a copy of your organization’s current budget.*

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1. Describe how the proposed project supports your organization’s goals and strategies.

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1. Demonstrate strategies used to ensure staff at all levels receive ongoing education and training in culturally and linguistically appropriate service delivery.

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## Section 3: Project Soundness and Readiness to Proceed

### Project Meets Federal and Local Needs, check only one:

[ ]  A. Limited Clientele Presumed Benefit Activity *(project exclusively serves a group of persons generally presumed to be principally LMI)*

[ ]  B. Limited Clientele Direct Benefit Activity *(project is limited exclusively to LMI persons)*

[ ]  C. Limited Clientele Direct Benefit Activity *(at least 51% of clientele served by the project are LMI persons)*

[ ]  D. Limited Clientele Nature and Location *(nature and location of project make it reasonable to conclude that the clientele will be primarily LMI)*

[ ]  E. Area Benefit Activity *(Census Tract/Block Group)*

*Attach a map of the service area and list the census tracts/block groups in your service area*

1. How does the proposed project meet and qualify under a CDBG national objective? (See NOFA, page 11 of 18)

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1. How will your project document that it meets the CDBG national objective?

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**If you checked A above**: specify **(1)** the category of persons presumed by HUD to be predominately LMI persons that the proposed project will exclusively benefit; **(2)** how the activity is designed to be used exclusively by this category of persons; and **(3)** how your organization will document the presumed benefit status (e.g., client intake form, client homeless verification form).

**If you checked B above**: **(1)** explain how your project will limit benefit exclusively to LMI persons; **(2)** describe the process your organization will use to document income eligibility; and **(3)** attach a copy of the client intake form, highlighting the questions regarding family size and income.

**If you checked C above**: **(1)** document the total number of clients that benefited in the past year; **(2)** specify the percentage of those clients who were LMI; **(3)** describe the income eligibility criteria that was used to determine the percentages of LMI persons; **(4)** describe the process your organization will use to document income eligibility; and **(5)** attach a copy of the client intake form, highlighting the questions regarding family size and income.

**If you checked D above**: describe how both the **(1)** nature ***and*** **(2)** location of the project demonstrate that the persons that will benefit will be primarily LMI persons. *Please contact Community Services staff for technical assistance before applying under this category*.

**If you checked E above**: **(1)** define the boundaries of your claimed service area; **(2)** provide the basis for determining the boundaries; **(3)** attach a map of the service area and list the census tracts/block groups in your service area; and **(4)** provide the percentage of residents in the service area that are LMI based on Census data. Projects which cannot document that at least 51% of the residents in a service area are LMI at the time of application will not be considered eligible. *Please contact Community Services staff for technical assistance*.

1. Specify how the project contributes to achieving an unmet goal of the King County Consortium 2015-19 Consolidated Plan – Strategic Plan or other identified unmet need in the City of Federal Way. (Available on the City’s website [http://www.cityoffederalway.com/index.aspx?nid=555](http://www.cityoffederalway.com/index.aspx?nid=555%20) )

Priority Area: [ ]  Housing [ ]  Economic Development

[ ]  Community Development (public facilities, infrastructure)

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| --- | --- | --- | --- | --- |
| Strategy: |  |  | Objective: |  |

1. Describe the overall goal(s) of the proposed project.

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1. Describe the Federal Way community need the proposed project seeks to address. Clearly state: **(1)** what the need is; **(2)** how the need was identified; and **(3)** the acuteness of the need. Use objective measures in your response (e.g., statistical data from studies, waiting lists, surveys, etc.), and note the sources for the data.

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1. Provide evidence that demonstrates how the proposed project will address the identified Federal Way community need and achieve the project’s overall goals. Refer to research, third-party program evaluations, or other objective data, and cite the sources.

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1. Describe how the proposed project will improve, enhance, and/or contribute to public safety.

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1. How is project culturally relevant and appropriate to the population to be served? Include how the racial/ethnic mix of the people to be served reflect the staff and board of the organization and how you address linguistic and cultural needs of the people you propose to serve with this project.

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1. Specify: **(1)** the target population that will benefit from the proposed project (e.g., age, gender, race/ethnicity, income level, geographic area, or other defining characteristics); **(2)** the location of the project and/or the area served; and **(3)** the percentage of Federal Way residents estimated to benefit from the proposed project.

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### Outcome Performance Measurement

1. Specify the **output goals** for the proposed project. Outputs measure the amount of work accomplished.
	1. **Persons Assisted.** Complete the table below by specifying numbers of unduplicated Federal Way persons to be assisted by the proposed project. Unduplicated means that each person served by the project is counted only once during the program year.

|  |  |
| --- | --- |
|  | **PY2017** |
| 1. Federal Way persons to be assisted by all funds |  |
| 2. Federal Way persons to be assisted by Federal Way CDBG funds only |  |
| 3. Federal Way families/households to be assisted by Federal Way CDBG funds only (subset of #2) |  |

Select the group(s) that will be served by the proposed project: *(check all that apply)*

|  |  |
| --- | --- |
| [ ]  Families[ ]  Individuals[ ]  Homeowners[ ]  Renters[ ]  Income less than or equal to 30% of HUD-defined median income[ ]  Income greater than 30% but less than or equal to 50% of HUD-defined median income[ ]  Income greater than 50% but less than or equal to 80% of HUD-defined median income | [ ]  Homeless persons[ ]  Elderly persons(ages 62-74) [ ]  Frail elderly persons (ages 75 and older)[ ]  Persons with developmental disabilities[ ]  Persons with physical disabilities[ ]  Persons with severe mental illness[ ]  Persons with alcohol or other drug addictions[ ]  Persons with HIV/AIDS and their families[ ]  Veterans[ ]  Victims of domestic violence[ ]  Youth (specify age range: )[ ]  Public housing residents[ ]  Other:  |

* 1. **Output Units Provided.** Identify and define the output unit(s) to be provided each program year. Examples of units include: emergency shelter bed nights, case management hours, meals, vouchers, medical encounters, housing units, linear feet of sidewalk, etc. Each project must track at least one output unit.

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Complete the table below for each output unit identified above, for each program year. Specify output units provided to Federal Way residents only.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Year** | **Output Unit** | **Federal Way Units Provided by All Funds** | **Federal Way Units Provided by Federal Way CDBG Funds Only** |
| **PY2017** |  |  |  |
|  |  |  |
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1. Describe and quantify the **outcome goals** for the proposed project for the program year. Outcomes are the benefits or impacts that result from the project activities, and they measure a change in knowledge, attitude, skills, behavior, conditions, or status in the persons served.

Example: 10 homes previously considered substandard will be brought to local city code and pass city housing code inspections.

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|  | **Outcome Goals** |
| **PY2017** |  |

1. Describe the **outcome measures** (i.e., indicators, verifiable information, or data) that you will use to assess whether each outcome goal was actually attained.

Examples: Signed city code inspection record in project files.

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**IF PROJECT FALLS UNDER ECONOMIC DEVELOPMENT SKIP TO SECTION 4.**

1. Specify the approximate size of the project in square feet or linear feet. Describe all contemplated actions which logically are either geographically or functionally part of the project ***regardless of the source of funding.***

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1. If the project is within a structure (not a street or sidewalk), please answer the following, if not, skip to the next question.
2. Describe how the project will comply with Americans with Disabilities Act (ADA) requirements regarding accessibility.

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1. Will the facility serve as a house of worship or will it be used by a religious organization?

[ ]  Yes [ ]  No

1. Does the project involve the remodeling or demolition of a structure?

[ ]  Yes [ ]  No

1. Was the structure built prior to 1978? [ ]  Yes [ ]  No

If yes, will the structure be occupied by children age six (6) and under? [ ]  Yes [ ]  No

1. Describe how the project will comply with lead-based paint regulations.

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1. Federally funded projects are subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA). Acquisition of land, structures and easements (both temporary and permanent) trigger compliance with the URA.

Will the project involve acquisition of a structure, land, or easements? [ ]  Yes [ ]  No

If yes, complete the following. If no, skip to the next question.

1. Please describe your plan for acquisition.

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1. Are people or businesses currently occupying the site? [ ]  Yes [ ]  No

If yes, will they be required to move either temporarily or permanently?

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1. For each real property parcel previously acquired for the project, *or identified and intended to be acquired*, provide all of the following:
2. Street address and physical description:

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|  |

1. List the following per parcel:

|  | **Date** |  | **Property Occupied?** |  | **By Tenant or Owner?** |
| --- | --- | --- | --- | --- | --- |
| Date acquired (title vested): |  |  |  |  |  |
| Closing date stated in Purchase and Sale Agreement: |  |  |  |  |  |
| Date of purchase and sale: |  |  |  |  |  |
| Date agreement was fully executed: |  |  |  |  |  |
| Date of first formal offer to purchase: |  |  |  |  |  |
| Date of first written notice of interest to owner/seller: |  |  |  |  |  |

1. If tenants will be displaced either permanently or temporarily, ***submit a detailed Relocation Plan with this application,*** incorporating:
2. Projected number of persons to be relocated ***permanently***.
3. Projected number of persons to be relocated ***temporarily***.
4. Budget and description of all relocation costs.
5. Describe any pre-contract obligations pertaining to the project that have been mitigated or addressed prior to submission of this application.

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1. Describe the permits that are necessary in order to proceed.

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1. Provide a list of the permits described above, whether or not they have been obtained and date:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Permit: |  |  | [ ]  Yes | [ ]  No | Date: |  |
| Permit: |  |  | [ ]  Yes | [ ]  No | Date: |  |
| Permit: |  |  | [ ]  Yes | [ ]  No | Date: |  |
| Permit: |  |  | [ ]  Yes | [ ]  No | Date: |  |
| Permit: |  |  | [ ]  Yes | [ ]  No | Date: |  |

1. Provide an estimate of the following project milestones:

|  |  |  |
| --- | --- | --- |
|  |  | **Projected Date** |
| Applicantprovides necessary information to the Community Services Division to allow staff to complete the environmental review: |  |  |
| Contract with the City of Federal Way Community Services Division: |  |  |
| Select architect/engineer: |  |  |
| Obtain all needed permits: |  |  |
| Complete bid specifications: |  |  |
| Bid award: |  |  |
| Project 50% complete: |  |  |
| Project complete: |  |  |

1. Summarize any possible environmental or land use issues that have the potential to delay the proposed project, and describe steps that have been taken, or will be taken, to address those issues. (Any “Yes” responses in Section 5: Environmental Review may cause project delays and should be summarized here.)

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## Section 4: Financial Feasibility

1. Complete the Project Budget sources and uses tables.

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| --- | --- | --- |
| A. Fund Sources | Requested Funds | Committed Funds |
| 2017 CBDG CERF | $ | $ |
|  | $ | $ |
|  | $ | $ |
| Total Project Sources | $ | $ |

*Attach evidence of other funding commitments, if applicable.*

|  |  |  |
| --- | --- | --- |
| B. Line Item Budget | 2017 CDBG CERF Funds | Other Sources |
| \*Environmental Review (King County Cost Set-aside) | \*$5,500 |  |
| Personnel Services (detail below) | $0 |  |
| Office or Operating Supplies | $0 |  |
| Consultant or Purchased Services | $0 |  |
| Construction Contracts | $0 |  |
| Communications | $0 |  |
| Travel and Training | $0 |  |
| Other (specify ): | $0 |  |
| Sub-Total\* (Less Environmental Review Cost) | $0 |  |
| Total CDBG and Other Funds: | $0 |  |
| C.Personnel Detail |  |  |  |
| *Position Title* | *Position Full Time Equivalent* | *Annual Salary and Benefits* | *CDBG Funds* |
|  |  |  |  |
| *Add rows as needed.* |  |  |  |
| Totals: |  |  |  |

*Attach job descriptions for positions to be supported by Federal Way CDBG funds, including a list of the duties and minimum qualifications for filling each position (Note: administrative costs, such as a director salary, are not eligible for reimbursement if the position does not provide direct service to clients).*

1. Explain: **(1)** how you developed your total project cost for each program year; **(2)** why you consider your project costs to be reasonable; and **(3)** any unusual budget expenditures listed in the budget forms.

|  |
| --- |
|  |

1. Define the role Federal Way CDBG funds will play in developing the project. *Do not describe the importance of the project; describe the need for the Federal Way CDBG funding to make the project viable financially.*

|  |
| --- |
|  |

1. If funded, will the proposed project leverage additional matching resources? [ ]  Yes [ ]  No

Provide any relevant comments below.

|  |
| --- |
|  |

1. Specify whether your project will generate program fees or program income, and if so, how (e.g., late fees, counseling fees, transitional housing rent, etc.).

|  |
| --- |
|  |

1. Describe how donated goods and services would be used to support the proposed project. Estimate the annual value of donated goods and services that would support the project and how you calculated the value.

|  |
| --- |
|  |

1. Describe how your organization is prepared to deal with unanticipated project costs (e.g., cost overruns, change orders, etc.).

|  |
| --- |
|  |

1. Explain possible funding issues that may delay the proposed project, and describe the steps that will be taken to address the issues.

|  |
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1. Describe what will happen if the City is unable to provide financing at this time. Include the impact on any funds committed and on site control.

|  |
| --- |
|  |

1. Can the proposed project be phased? [ ]  Yes [ ]  No

If yes, please provide a detailed summary of each phase, in priority order, including the cost of each. If no, please explain why the project cannot be phased.

|  |
| --- |
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1. (FOR CAPITAL PROJECTS ONLY) Describe how operation and/or maintenance of the facility, infrastructure, or improved housing will be sustained over time.

*Attach an operating budget or pro forma, if appropriate.*

|  |
| --- |
|  |

## Section 5: Environmental Review

THIS SECTION ONLY APPLIES TO CAPITAL PROJECTS.

ECONOMIC DEVELOPMENT PROJECTS WILL ALSO UNDERGO ENVIRONMENTAL REVIEW WITH INFORMATION ALREADY PROVIDED IN THIS APPLICATION.

### Background

Federally funded City projects are subject to the National Environmental Policy Act (NEPA) and numerous other state and Federal environmental laws. All environmental laws seek to avoid adverse impacts on the environment by mandating careful consideration of the potential impacts on any development assisted with public funds. Applicants must be sensitive to any possible environmental impacts and concerns while their projects are first being planned to avoid problems, which can create uncontrollable delays, add unplanned construction or pre-development costs, or even prevent a project from being funded or implemented in a timely manner.

It is the applicant’s responsibility to complete this section fully and in compliance with the application specifications and to fully disclose any potential environmental concerns. The Community Services Division is responsible for assuring compliance with state and Federal regulations and seeks to avoid or mitigate adverse impacts on the natural and human environment by mandating careful consideration of the potential impacts of any development assisted with City managed funds.

All applicants must recognize and document potential environmental issues during the project planning process. The Community Services Division and Human Services Commission can make better decisions by fully understanding and carefully considering the potential environmental consequences. Incomplete applications that do not include the required information necessary to fully evaluate the applicant’s project and/or ignore potential environmental issues may result in diminished project competitiveness, and decreased overall application scoring.

This section includes a listing of subject areas relating to potential impacts on the physical or human environment. In most cases, applicants will be able to simply provide a brief response to the categories listed. Environmental information and assistance in preparing the environmental section can be obtained from a wide variety of sources, including those listed that are cited as appropriate. Other possible sources of information include the City of Federal Way Comprehensive Plan, preliminary engineering studies, state and Federal reports, local agencies (such as the planning or environmental health office), Federal agencies, and the internet.

Please contact the Community Services Division if you have any questions related to environmental issues or if you need assistance completing this section appropriately.

### Part 1

Your submission of this application triggers Federal environmental review requirements. Federal requirements mandate that the City complete an environmental review prior to any “choice limiting actions” (i.e., contract/agreement execution, acquisition, demolition, construction) being initiated on a project receiving Federal funding.

1. **Project Status.** Is your project currently underway?

[ ]  Yes, acquisition and/or construction have begun.

If yes, was a legally binding contract signed prior to your intent to apply for Federal funds?

[ ]  Yes (If yes, attach a copy of the contract)

[ ]  No

If you have a legally binding contract in place and dated prior to the submission date of your application, you must cease ***all*** choice limiting activities ***immediately*** until environmental compliance has been reviewed and approved by the City of Federal Way. If your project is not under contract at the time of application, no construction or acquisition activities can occur until an environmental review has been completed and approved by the City of Federal Way. Failure to comply will prohibit the use of Federal funds for the project.

[ ]  No, acquisition or construction activities will not begin prior to authorization from the City of Federal Way.

1. **Project Location.** Identify the project location by completing ***all*** of the following location identifiers:

|  |  |
| --- | --- |
| Township: |  |
| Range: |  |
| Section: |  |
| Assessor Parcel Number of Project Site: |  |
| Parcel Size: |  |
| Complete Street Address: |  |
| Current Zoning Classification: |  |
| Proposed Land Use: |  |
| Current Property Owner: |  |
| Is project consistent with current zoning designation? | [ ]  Yes [ ]  No |
| Is the project’s proposed land use consistent with the City of Federal Way Comprehensive Plan? | [ ]  Yes [ ]  No |

1. **Existing Buildings on Proposed Site.** If the site has an existing building, complete the following:

|  |  |
| --- | --- |
| Building(s) Size (square footage): |  |
| Year Building(s) Built: |  |
| *(attach Assessor’s Record)* |
| Current Use: |  |
| Proposed Use: |  |
| Landmark Classification (if any): |  |

1. Has this specific project previously received a NEPA environmental clearance from the City of Federal Way for CDBG funds?

|  |  |  |
| --- | --- | --- |
| [ ]  Yes [ ]  No | If yes, provide the year: |  |

### Part 2

Complete the following questions fully. Label and attach all requested documentation to the application in checklist order.

*Note: A “Yes” response to any of the following questions may cause additional delays in the review process.*

|  |
| --- |
| 1. **Historic Preservation**
 |
| 1. Is the proposed site or any project activity listed on, or within a district listed on, the National Register of Historic Places, or any state or local listing of historic places, or tribal land?
 | [ ]  Yes [ ]  No[ ]  Unknown |
| 1. Attach all documentation used to make the determination.
 |
| 1. Explain how your response was determined.
 |
|  |
| 1. Is any structure(s) on the proposed site of project activity 45 years old or older?
 | [ ]  Yes [ ]  No |
| 1. If yes, list all structure(s) over 45 years, by street address and year of construction.
 |
|  |
| 1. Attach a detailed history of the property use.
 |
| 1. **Floodplain Management & Flood Insurance**
 |
| 1. Is the proposed property located in a flood hazard area?
 | [ ]  Yes [ ]  No |
| 1. Print and attach the appropriate flood map and indicate the proposed site on the flood map. State whether any part of the project site is within the flood hazard area. Maps are available at <https://msc.fema.gov/>. For step-by-step directions on how to download the correct map, please refer to [Appendix D](#_Step-by-Step_Directions_to).
 |
| 1. Provide the Flood Insurance Rate Map (FIRM) number:
 |  |
| 1. **Wetlands Protection**
 |
| 1. Are there any wetlands on any part of the project site, or within 300 feet of the proposed project site and, if so, will the proposed project activity encroach or impact in any way upon any such on-site or adjacent wetland?
 | [ ]  Yes [ ]  No |
| 1. Describe how your determination was made.
 |
|  |
| 1. **Air Quality**
 |  |
| 1. Is the ambient air quality at the proposed project site presently degraded by proximity to significant pollution generators or conditions (e.g., heavy motor traffic, dusty or noxious odor producing commercial or industrial operations, etc.)?
 | [ ]  Yes [ ]  No |
| 1. Describe how your determination was made.
 |
|  |
| 1. Will the project contribute any pollution to the ambient air at project site?
 |  |
| * 1. During project development?
 | [ ]  Yes [ ]  No  |
| * 1. By its use or operation after completion?
 | [ ]  Yes [ ]  No  |
| * 1. If yes to either or both, describe how your determination was made.
 |  |
|  |
| 1. **Noise**
 |  |
| 1. Is the proposed project within 1,000 feet of a major roadway?
 | [ ]  Yes [ ]  No |
| 1. Is the proposed project within 3,000 feet of a railway?
 | [ ]  Yes [ ]  No |
| 1. Is the proposed project within 15 miles of a military or civil airport?
 | [ ]  Yes [ ]  No |
| 1. Are there any other potential noise sources in the project vicinity that could produce a noise level above HUD’s acceptable range, including but not limited to concert halls, night clubs, event facilities, etc.?
 | [ ]  Yes [ ]  No |
| 1. Describe how your determination was made.
 |
|  |
| 1. **Hazardous Conditions**
 |  |
| 1. **Thermal and Explosive Hazards.** Are there any visible above ground storage vessels, of more than approximately 200 gallons volume, with the exception of ***household*** propane storage tanks within a six block radius of proposed project site?
 | [ ]  Yes [ ]  No |
| * 1. Describe how your determination was made.
 |
|  |
| * 1. If yes, describe and list location(s):
 |
|  |
| 1. **Toxic Chemicals and Radioactive Materials.** Is the property or surrounding neighborhood listed on an EPA Superfund National Priorities or CERCLA List, or equivalent state list?
 | [ ]  Yes [ ]  No |
| 1. Attach a copy of **each** of the two maps found at <http://www.epa.gov/enviro/> and <http://www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html>. For step-by-step directions on how to download the correct maps, please refer to [Appendix D](#_Step-by-Step_Directions_to).
 |
| 1. If yes, list and describe location(s) physical proximity to project site.
 |
|  |
| 1. Are there any **commercial or industrial facilities** with large above-ground storage of any hazardous materials (such as a petroleum tank farm or wholesale facility, or a factory producing or using hazardous materials) within a 1/2 mile radius of project site?
 | [ ]  Yes [ ]  No |
| 1. Describe how your determination was made.
 |
|  |
| 1. **Airport Hazard Zones.** Is the proposed project site within 1/4 mile of the perimeter or boundary of any military or civil airport or air field?
 | [ ]  Yes [ ]  No |
| 1. Describe how your determination was made.
 |
|  |
| 1. If yes, attach a copy of an accurate, scaled map delineating the airport fly zone and the proposed project location.

Airport Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. **Other Environmental Resources**
 |
| 1. **Farmland Preservation.**Will the proposed project site involve conversion of any existing farmland to another use?
 | [ ]  Yes [ ]  No |
| 1. Describe how your determination was made.
 |
|  |
| 1. **Coastal Zone Management.** Is the proposed project site situated within a shoreline zone regulated under the City of Federal Way’s Shoreline Management Master Plan?
 | [ ]  Yes [ ]  No |
| 1. Describe how your determination was made.
 |
|  |
| 1. If yes, is the project permitted under those regulations?
 | [ ]  Yes [ ]  No |

### Part 3

Attach the following documents with the application ***for all projects***:

* Vicinity map, such as an Assessor’s Parcel Map, with the site location marked.
* Site plans and drawings (no larger than 11 x 17). If the project consists of new construction or rehabilitation, include the original total square footage of the site plus square footage of new impervious surface to be added.
* Attach all available environmental project and site studies, investigations, reports, and project plans, including Environmental Site Assessments, wetlands or other biological investigations, hazardous materials investigations, soils and other geotechnical studies, planning reports, engineering reports, noise studies, traffic studies, etc.
* Submit one or more photos or aerial map identifying the location of the project site with the original application.

### Part 4

Acquisition of land, whether vacant or occupied by buildings, new construction, or substantial rehabilitation projects require a Phase I Environmental Site Assessment. A Phase I Environmental Site Assessment is a professionally written assessment evaluating any hazards that may be on the land or in buildings (e.g., asbestos, lead based paint), historical use of the property or building, and any other possible hazards in the vicinity of the property.

***In order to meet the all appropriate inquiry standard, the Phase I Environmental Site Assessment must be conducted or updated within one year prior to date of acquisition, and the interviews, record reviews, site inspection, and lien search must be conducted or updated within 180 days prior to the date of acquisition.***

This assessment is helpful at application time, but is not required until funding is approved.

## Section 6: Conflict of Interest Questionnaire

Federal, State, and City law prohibits employees and public officials of the City of Federal Way from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, any of the applicant's staff, or any members of the applicant’s governing body would be in conflict of interest.

|  |  |
| --- | --- |
| 1. Is/Has any member of the applicant's staff or governing body been a City employee, consultant, or member of the City Council within one year of the date of this application?
 | [ ]  Yes[ ]  No |
| If yes, please list all name(s) below. Include each person’s job title or role with respect to the applicant. |  |
|  |  |  |  |
| 1. Will the CDBG funds requested by the applicant be used to pay the salaries of any applicant staff members or to award a subcontract to any individuals or business affiliates who are or have been a City employee, consultant, or member of the City Council within one year of the date of this questionnaire?
 | [ ]  Yes[ ]  No |
| If yes, please list all name(s) below. |  |
|  |  |  |  |
| 1. Are any members of the applicant's staff or governing body business partners or family members of a City employee, consultant, or member of the City Council?
 | [ ]  Yes[ ]  No |
| If yes, please list all name(s) below. Include the name of the City employee, consultant or member of the City Council with whom each person has family or business ties. |  |
|  |  |  |  |

On behalf of the applicant, I certify to the best of my knowledge and belief that the data in this questionnaire are true and correct.

The applicant agrees to abide by the provisions of 24 CFR 570.611 with respect to conflict of interest if selected as a recipient of CDBG funding.

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Authorized Official’s Name and Title: |  |
| Authorized Official’s Signature and Date: |  |

***Please submit one original signed copy as part of your “original” application packet and 12 photocopies of this questionnaire in your application package.***

## Appendix A:

## Step-by-Step Directions to Environmental Websites

### Leaking and Underground Storage Tanks

[www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html](http://www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html)

*\*Note – screen resolution must be at least 1024 x 768 pixels\**

1. Scroll down toward the bottom of the page under Electronic Data and click on Facility Site on the Web.
2. Scroll down and click on Search by Map.
3. On the left side under Search Menu scroll to Street Address.
4. Enter the exact street address, city and state of project and click Zoom To.
5. Click once or maybe twice on the big red dot at the address to get a closer look.
6. On tool bar toward top of page, click on Print Map.
7. Click Create Print Page, then print map in color.

### Enviromapper

[www.epa.gov/enviro/](http://www.epa.gov/enviro/)

1. Scroll down the page to the “Other Sites of Interest”.
2. In the EnviroMapper box, enter street address, city, WA and click on magnifying glass.
3. Click Program Systems on the left side.
4. Put a check mark in the box of all 9 systems (if any of these are “0” you won’t be able to check that particular item).
5. On your map, zoom in once or twice, if needed, to get good area details.
6. Print entire page in color, including facility information at the bottom of the map; everything comes on one page. The actual map is smaller but that’s ok as long as one of the colored symbols is not on or near your project location.
7. Mark the location of your project on the printed, color map.

### Flood Map

<https://msc.fema.gov/>

1. Click on Map Search in red bar toward top of page.
2. Enter street address, city and state and click GO
3. Click on the magnifying glass icon under the “View” column in the center of the page.
4. Define the area of your property then click on “Make a Firmette” on the left side of the page.
5. Drag and drop the pink square outlined in green so that your property is in the approximate center of the square.
6. Then on left side click “Print Area”.
7. Then on left side click “Scale and North Arrow”.
8. Then on left side click “Title Block”
9. Then click “Create Firmette” Adobe.
10. Then click “Save your Firmette toward the upper left corner.
11. Then open file.
12. The map that opens should show your location. Print and then mark the spot of your property on printed page.