

**PUBLIC NOTICE**  
**2008 SUPPLEMENTAL DISASTER RECOVERY FUND**  
**NON-HOUSING & HOUSING APPLICATIONS**  
**County of Hidalgo**  
**Urban County Program**  
**Date of Publication: June 18, 2009**

The Urban County Program will hold a presentation before the Hidalgo County Commissioners' Court prior to the submittal of the Supplemental Disaster Recovery Fund Non Housing and Housing Applications to the State.

The purpose of the presentation is to advise the public of the projects selected and identified as eligible under the 2008 Supplemental Disaster Recovery Fund. The State of Texas has allocated a total of \$5,000,000 to fund Non-Housing projects and \$2,000,000 for Housing projects to address damages caused by Hurricane Dolly.

The presentation will be held at the County Commissioners Court Meeting scheduled for Tuesday, June 23, 2009, at 1:30 pm. at 100 E. Cano Street in Edinburg, Texas and will be prior to County Commissioners Court action. The Urban County Program encourages citizens to attend.

For more information, please come by our office or call (956) 787-8127.

**Diana R. Serna, Director**  
**County of Hidalgo**  
**Urban County Program**  
**1916 Tesoro Blvd.**  
**Pharr, Texas 78577**



**Texas Community Development Block Grant Program  
2008 Supplemental Disaster Recovery Fund  
Hurricanes Dolly and Ike**

**Housing Activities Application**

Applicant: \_\_\_\_\_

Council of Government: \_\_\_\_\_

Funding Request: \_\_\_\_\_

March 2009

Dear Applicant:

The Texas Department of Housing and Community Affairs (TDHCA/Department) is pleased to provide you with a copy of the Texas Community Development Block Grant Disaster Recovery Program's 2008 Supplemental Disaster Recovery Fund Housing Application.

This application is made available for CDBG Disaster Recovery Housing Applicants under the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, (Public Law 110-329), enacted on September 30, 2008, for the purpose of assisting in the recovery activities related to disaster relief, long-term recovery, and restoration of infrastructure, housing and economic revitalization in areas affected by Hurricanes Dolly and Ike.

The Department believes your knowledge of what needs to be done in your community will be the determining factor in the long term success of these funds. Accordingly, each Subrecipient will be responsible for project development and day-to-day management. We will work closely with our Subrecipients to ensure they continually meet or exceed benchmarks and production schedules, and to ensure expenditures comply with Federal and State requirements as applicable. We realize that a lot goes into the decision making process and we want to act as a resource for you as you design your community's program. Even as we are here as a resource, we encourage you to determine what will work best for your community—from a homeowner compensation program, to housing rehabilitation, or new construction.

Questions about this application should be directed to the following:

Texas Department of Housing and Community Affairs  
Disaster Recovery Division  
221 East 11th Street  
Austin, Texas 78701  
Phone: 512-475-1449  
Fax: 512-475-3978

We look forward to working with you to provide assistance to the areas impacted by Hurricanes Dolly and Ike.

Sincerely,

Michael Gerber  
Executive Director  
Texas Department of Housing and Community Affairs

**TAB I**  
**FORM 424 APPLICATION FOR ASSISTANCE &  
CERTIFICATION**

APPLICATION FOR CDBG DISASTER RECOVERY FUNDS		OMB Approval No. 0348-004J	
		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION  Application <input type="checkbox"/> Construction <input type="checkbox"/> Compensation/ <input type="checkbox"/> Non-Construction <input type="checkbox"/> Incentive	3. DATE RECEIVED BY STATE		State Identifier
	4. Date Received by Federal Agency		Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Address (City, State, Zip code and County):		Name/Title, Agency or Company, Address, Area Code and Telephone Number of Application Preparer:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		6a. DUNS NUMBER:	
7. TYPE OF APPLICANT:		8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
9. NAME OF FEDERAL AGENCY: Texas Department of Housing and Community Affairs		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 14-228 Title: Texas Community Development Block Grant Program	
11. PROJECT TYPE:		11. a TYPE OF APPLICATION: (check where appropriate below)  <input checked="" type="checkbox"/> Disaster Recovery Supplemental Funds	
12. TARGET AREA(S) AFFECTED BY PROJECT:		13. APPLICANT'S FISCAL YEAR: Beginning Date _____ Ending Date _____	
14. CONGRESSIONAL DISTRICTS OF:      a. Representative:    N/A      b. Senate:    N/A      c. Congress:    N/A			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Tx CDBG Request	\$	<input type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Federal	\$	DATE: _____	
c. State	\$	<input type="checkbox"/> NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Applicant	\$	<input type="checkbox"/> OR Program Has Not Been Selected By State For Review	
e. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation <input type="checkbox"/> No	
g. TOTAL	\$		
18. <input type="checkbox"/> In consultations with the U.S. Department of Housing and Urban Development and the Texas Department of Housing and Community Affairs, we understand that a compensation or incentive program to reimburse homeowners could be the most rapid means of providing recovery funds to Texans in need and that traditional housing activities may take longer to implement. We have considered a compensation or incentive program and this application reflects our decision.			
19. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE CERTIFICATIONS AND CITIZEN PARTICIPATION PLAN INCLUDED IN THE PROCEDURES SECTION OF THE TEXAS CDBG DISASTER RECOVERY FUNDS APPLICATION GUIDE IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative			e. Date/Time Field

## INSTRUCTIONS FOR COMPLETION OF THE 424 FORM

The numbered sections in these instructions coincide with the numbered areas on the 424 FORM. Since the Texas CDBG Disaster Recovery Funds Program does not need all of the information requested on the 424 FORM, these instructions only cover the mandatory sections and sections where the information is optional.

1. **TYPE OF SUBMISSION** - Under the Application Column, place a mark (X) in the box for Construction, Compensation or Non-Construction. The majority of Texas CDBG Disaster Recovery Funds applications, except for Planning-only applications, include some construction activities.
2. **Date Submitted by Applicant to TDHCA**
3. **Reserved for internal use**
4. **Reserved for internal use**
5. **APPLICANT INFORMATION** - Provide the Legal Name (e.g., City of ABC, Town of ABC, County of ABC, ABC County, XYZ Non-Profit), the Organizational Unit (can be the same as the Legal Name), and the applicant's Address including the mailing address, city, state, zip code, and the county or counties in which the applicant's jurisdiction is/are located. Also, provide the name (including agency or company name), address, and telephone number of the application preparer. The application preparer will serve as the contact for this application until it is awarded.
6. **EMPLOYER IDENTIFICATION NUMBER** - Most cities have this number but it is not required for this application.
- 6a. **DUNS NUMBER:** - Only provide if relevant
7. **TYPE OF APPLICANT** - Please list whether you are a municipality, county, non-profit, etc.
8. **TYPE OF APPLICATION** - Place a mark (X) in the box for the Texas CDBG Disaster Recovery Funds category that this application is submitted under. Mark only one fund category.
9. **No response required**
10. **No response required**
11. **PROJECT TYPE** - Provide a description of the project(s) that you will undertake with the requested funds.
- 11a. **No response required**
12. **TARGET AREA(S) AFFECTED BY THE PROJECT** - Provide a description of the areas of the city(ies) or county(ies) affected by the project. For a city, an acceptable description would be: "The ABC Neighborhood In The Northwest Area Of The City", "The Entire City of ABC", "The South Side Area Of The City And An Area Within The City's ETJ". If a city's corporate city limits are located in more than one county, please also provide the county or counties where the project beneficiaries are located. For a county or non-profit serving multiple cities or counties, use a similar description or reference commissioner court districts.
13. **APPLICANT'S FISCAL YEAR** - Indicate the beginning and end dates of the applicant's fiscal year.
14. **CONGRESSIONAL DISTRICTS OF** - This information is optional, but would be much appreciated.
15. **ESTIMATED FUNDING** - The applicant's Texas CDBG Disaster Recovery Funds request goes next to **a. Texas CDBG Disaster Recovery Funds Request**. Any funds committed from federal resources such as

HUD (other than this CDBG DR request), FEMA or RD go next to **b. Federal**. Any funds committed from state resources such as GDEM go next to **c. State**. Any funds committed by the applicant go next to **d. Applicant**. Any funds committed from local resources such as a WSC, WCID, MUD, or any other local group go next to **e. Local**. Any funds committed from resources other than a, b, c, d, or e above go next to **f. Other**. Total the amounts shown in a, b, c, d, e, and f and enter the Total next to **g. TOTAL**.

16. **IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?** - NO. Include the estimated DATE when the application will be submitted to the Regional Planning Commission for Texas Review And Comment System (TRACS) review.
17. **IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** - Mark the appropriate answer. A Yes (X), answer must include an explanation concerning the nature, amount and date when payment of the debt became delinquent.
18. **ACKNOWLEDGEMENT OF CONSIDERATION OF A COMPENSATION OR INCENTIVE PROGRAM** – Compensation or incentive program to reimburse homeowners for hurricane related losses could be the most rapid means of providing recovery funds to Texans in need. Applicant is required to initial this box to **certify that a compensation or incentive program (programs designed to provide homeowners with funds directly) has been considered prior to submitting this application. This box must be initialed even if no compensation or incentive program is being requested.**
19. The authorized signatory for the application should read the bold print carefully and review the **CERTIFICATIONS and the 2008 Supplemental Disaster Recovery Fund Application Guide For Housing Activities** prior to signing the 424 FORM. Provide **a Typed Name of Authorized Representative** (This person must be authorized in the attached Local Government Resolution), **b Title**, **c Telephone Number** (Including Area Code), **d Signature of Authorized Representative** (The application submitted must contain original, not copied, signatures), and the Date Signed.

# TAB II

## CAPACITY

### Overview – Capacity Requirement for Housing Recipients

As the Councils of Government identify Subrecipients for housing it will be necessary for each local Subrecipient to establish how the capacity requirement will be addressed, eligibility of the housing activity it chooses, and to define in detail the proposed scope of work. Each of those items must be addressed to enable TDHCA to commence the preparation of the necessary contracts. In the event that one or more Subrecipients are assigned allocated housing funds in the aggregate amount of \$5,000,000 or less, those local Subrecipients are urged to form consortiums to retain local decision making and control while sharing efficiencies in the administration of the program requirements. Although capacity will be addressed at the outset and specific program fund requests will be reviewed for eligibility, the active participation in the most efficient possible program administration, drawing on the experience of consortium members who have the necessary systems in place to provide auditable records, will greatly speed distribution and utilization of these funds.

**TDHCA will greatly rely on local operation of the Program and will work closely with each Subrecipient to ensure adequate program administration capacity. Remember that each contract will contain a provision that if funds are not utilized in a manner allowable by HUD after monitoring by TDHCA, the local entity will be required to repay the state for the ineligible funds that will need to be repaid to HUD.**

#### I. Capacity Thresholds

To help prevent findings of ineligibility in delivery of services, housing funds will only be granted to eligible Subrecipients with the capacity to carry out the housing activities provided in the Application. Sufficient capacity may be obtained from third party sources who will work as an agent for the Subrecipient, by collectively demonstrating capacity through agreements, or through the staff of the Subrecipient. Applications must demonstrate to the reasonable satisfaction of TDHCA that the regionally selected grantees will have the capacity to administer program funds efficiently as a Grantee of funding from the state, for each of the elected housing programs, in a manner which complies with the Action Plan and all applicable local, state, and federal legal and regulatory requirements.

This required demonstration of capacity may be addressed in one or more of the following ways, in accordance with the evidence submitted under Verification Methodology (see Section II):

- By demonstrating the Applicant's proven capacity to administer program funds efficiently as a Grantee of funding from the state to the satisfaction of TDHCA; or,
- By the Applicant partnering with one or more other local governments or other entities with proven capacity to administer program funds efficiently as a Grantee of funding from the state; or,
- By the Applicant electing to procure an eligible subcontractor with proven capacity directly, or if available, elect to subcontract with one or more contractors procured by TDHCA for administration of housing programs.

## **II. Verification Methodology**

Applicants must substantiate that one or more of the above criteria are met by providing supporting evidence to substantiate. Some ideas for submission are as follows:

### Background/Program Experience

For internal capacity, please discuss the staff involved and similar programs performed. For capacity involving third parties, include the length of time the Applicant has been in operation, the date of incorporation, and the type of corporation. For joint agreements utilizing multiple staffs or a combination of public staff and third parties, describe the type of services provided, the agency's capabilities, the number and characteristics of clients served, and license to operate (if appropriate).

### Personnel/Staff Capacity

Briefly describe the Applicant's staff, positions and qualifications that will be used to conduct the work of this application. Please detail the capacity to carry out this activity, and state whether the Applicant has a personnel policy manual with an affirmative action plan and grievance procedure.

### Financial Capacity

Describe the Applicant's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the Applicant's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. If a third party is to be used, describe the payment process for the application.

### Monitoring

Describe the Applicant's monitoring process. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

### Audit Requirements

In accordance with the Office of Management and Budget Circular A-133, the Federal Government requires that organizations expending \$500,000 or more in Federal financial assistance in a fiscal year must secure an audit. If the Applicant already conducts audits of all its funding sources, submit a copy of the most recent audit.

### Insurance/Bonding/Worker's Compensation

State whether or not the Applicant has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the Applicant pays all payroll taxes and worker's compensation as required by Federal and State laws. State whether or not the Applicant has fidelity bond coverage for principal staff who handle the Applicant's accounts, in what amount, and with what insuring agency.

### Articles of Incorporation/Bylaws

For non-public entities, please include Articles of Incorporation recognized by the State as formally establishing a private corporation, business or agency.

Non-profit Determination

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.

List of the Board of Directors

For public entities, please list elected officials and key department staff that will be involved. For private entities, please provide a list of the current board of directors or other governing body. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

Organizational Chart

An organizational chart must be provided that describes the agency'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. Discuss plans to expand staffing or procure a firm to accommodate this/these new program(s) along with general qualifications. Additionally, please provide the resume of the Chief Program Administrator and Chief Fiscal Officer.

# TAB III

## HOUSING PROJECT SUMMARY NARRATIVE

The Applicant must complete a Project Summary for all housing activities and/or programs proposed to be administered.

### I. Project Overview

Select all activities that the Subrecipient is applying to administer (either with their own staff, project management or consulting firms, or through agreements with other entities):

- |  |   |
|--|---|
| <input type="checkbox"/> Emergency Repair                                | <input type="checkbox"/> Renter Occupied Rehabilitation   |
| <input type="checkbox"/> Owner Occupied Rehabilitation, Reconstruction   | <input type="checkbox"/> Renter Occupied New Construction |
| <input type="checkbox"/> Down Payment Assistance                         | <input type="checkbox"/> Other Rental Programs            |
| <input type="checkbox"/> Other Non-Rental Housing                        | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Compensation or Incentive program (if approved) |   |

### II. Project Summary Narrative

The Applicant must describe the proposed project. The narrative must include the following elements in relation to the region being served:

- The extent of the needed improvements for the affected area(s).
- The extent of the need by persons affected by hurricane Dolly or Ike.
- How the Applicant proposes to resolve the identified needs with the activities described in this application.
- Description of the work to be performed, including the housing activities to be undertaken, the goals and objectives of the project, and the method of approach.
- Description of how the project(s) form part of an integrated approach to housing, infrastructure, economic revitalization, and overall community recovery. Consideration of long-term planning processes is also highly encouraged.
- Description of how the Subrecipient will identify clients, the estimated number of clients to be served, and description of population in terms of age, gender, ethnicity, income level, and other defining characteristics.
- Be very specific about who will carry out the activities, the location in which they will be carried out, the period over which the activities will be carried out, the frequency with which the activities will be carried out, and the frequency with which services will be delivered.
- Describe the site where the project(s) will be implemented. How will clients get to the facility? What efforts will the Applicant and its partners make to promote the program and reach isolated individuals? Describe how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.

**III. Project Description and Funding Request**

**Activity Codes**

Emergency Repair – ER Owner Occupied Rehabilitation, Reconstruction – OCC Down Payment Assistance – DPA Other Non-Rental Housing – OTNRH (Describe) _____ Compensation/Incentive Program – CMP/INC	Renter Occupied Rehabilitation – ROR* Renter Occupied New Construction – ROC Other Rental Programs – OTRH (Describe) _____ Other– OHN (Describe) _____
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Grantee/Subgrantee	Activity	Funding Request	National Objective	Proposed Service Area-(list all counties and cities to be served)
Name: _____ Ph: _____ Official: _____	Activity Code- _____ Max./Household\$ _____	Funding Request CDBG: \$ _____ Other: \$ _____ Source: _____	<u>National Objective</u> <input type="checkbox"/> LMI <input type="checkbox"/> No Bene. _____% <input type="checkbox"/> L/M%: _____% <input type="checkbox"/> Slum/Blight <input type="checkbox"/> Urgent Need	Proposed Service Area-(list all counties and cities to be served) <input type="checkbox"/> All areas within the following counties : Or <input type="checkbox"/> The following municipalities and/or unincorporated areas of listed counties:
Name: _____ Ph: _____ Official: _____	Activity Code- _____ Max./Household\$ _____	Funding Request CDBG: \$ _____ Other: \$ _____ Source: _____	<u>National Objective</u> <input type="checkbox"/> LMI <input type="checkbox"/> No Bene. _____% <input type="checkbox"/> L/M%: _____% <input type="checkbox"/> Slum/Blight <input type="checkbox"/> Urgent Need	Proposed Service Area-(list all counties and cities to be served) <input type="checkbox"/> All areas within the following counties : Or <input type="checkbox"/> The following municipalities and/or unincorporated areas of listed counties:
Name: _____ Ph: _____ Official: _____	Activity Code- _____ Max./Household\$ _____	Funding Request CDBG: \$ _____ Other: \$ _____ Source: _____	<u>National Objective</u> <input type="checkbox"/> LMI <input type="checkbox"/> No Bene. _____% <input type="checkbox"/> L/M%: _____% <input type="checkbox"/> Slum/Blight <input type="checkbox"/> Urgent Need	Proposed Service Area-(list all counties and cities to be served) <input type="checkbox"/> All areas within the following counties : Or <input type="checkbox"/> The following municipalities and/or unincorporated areas of listed counties:
Name: _____ Ph: _____ Official: _____	Activity Code- _____ Max./Household\$ _____	Funding Request CDBG: \$ _____ Other: \$ _____ Source: _____	<u>National Objective</u> <input type="checkbox"/> LMI <input type="checkbox"/> No Bene. _____% <input type="checkbox"/> L/M%: _____% <input type="checkbox"/> Slum/Blight <input type="checkbox"/> Urgent Need	Proposed Service Area-(list all counties and cities to be served) <input type="checkbox"/> All areas within the following counties : Or <input type="checkbox"/> The following municipalities and/or unincorporated areas of listed counties:

# **TAB IV**

## **PROJECT BUDGET**

The applicant must provide a budget breakout for the entire grant award. The following form provides a sample format; however the applicant may choose to utilize another format. In all cases the budget must clearly identify the amount of funds needed to complete the activities proposed under Tab III.

All Grantees must keep financial records for the proposed project at an officially designated site that is accessible to the public. The funds must be adequately managed on a timely basis using generally accepted accounting principles.

**I. Project Budget**

Description of Task	Project Budget	Explanation / Calculation
Construction Costs (hard costs only)		
Project Management (including record keeping, reporting, and monitoring)		
Financial Management including setting up financial draw systems and fraud controls		
Fair Housing Activities		
Procured Services		
Environmental Reviews		
Acquisition (new Construction activities only)		
Labor Standards (if applicable)		
Inspection		
Construction Management (including bid development, advertisement, award, and construction oversight)		
Audit / Closeout Procedures		
Other		
<b>TOTAL (Must equal amount applicant is requesting in total)</b>		

# TAB V

## PROJECT SCHEDULE

The contract period for housing activities will generally be 24 months. Complete the chart below by filling in an X that indicates what months each of the following activities will be carried out within. In addition, please attach a narrative of information related to key targets and benchmarks that will allow the Grantee to achieve project completion within 2 years.

### I. Project Implementation Schedule

Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Procurement of Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans & Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearance of Special Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bid Advertisement/Contract Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interim & Final Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit & Close-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANTICIPATED CONTRACT START DATE

CONTRACT ENDING DATE

«Start\_Date» \_\_\_\_\_

«End\_Date» \_\_\_\_\_

# **TAB VI**

## **NATIONAL PROGRAM OBJECTIVES, LOW-MODERATE INCOME CALCULATION, & BENEFICIARIES**

Each application must demonstrate that at least 50 percent of the combined housing funds in the application are for activities producing benefit to low and moderate income persons. (Low-Moderate Income National Objective – 51% of the beneficiaries are low and moderate income persons.)

Complete the chart that follows for the total allocation for the applicant, including all housing activities.

(Additional information that is normally included in a CDBG application may be collected at the contract stage to limit the amount of information in the application.)





OFFICE OF RURAL COMMUNITY AFFAIRS  
DISASTER RECOVERY PROGRAM



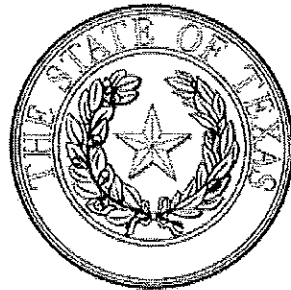
# Texas Community Development Block Grant Program 2008 Supplemental Disaster Recovery Fund: Hurricanes Dolly and Ike

## Non-Housing Activities Application

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APPLICANT NAME

Council of Government: \_\_\_\_\_



## GENERAL OVERVIEW OF THIS APPLICATION

1. This application is for **non-housing** activities.

All activities must have documented proof of an impact by a major natural disaster declared in 2008. There must be a clear and compelling need related to a major natural disaster declaration, hurricane disaster relief, long-term recovery and/or restoration of infrastructure. An activity underway prior to a Presidential disaster declaration will not qualify unless the disaster impacted the project.

All eligible activities will be allowed so long as the activity is directly related to a major natural disaster declaration in 2008 through actual damage or a failure to function and is allowed under the State of Texas Plan for Disaster Recovery.

2. Applicants are encouraged to develop their community recovery projects in a manner that considers an integrated approach to housing, economic revitalization, and overall community recovery. Consideration of long-term planning processes is also highly encouraged.

3. Government buildings that are used for general conduct of government business (city, county) such as city halls and county courthouses are generally ineligible. However, in the event that a community's governmental infrastructure was damaged to such an extent that the recovery of that community is further impeded by a severe or total absence of adequate governmental facilities, then an exception to the prohibition of funding for buildings used for the general conduct of government may be requested by ORCA to HUD on a case-by-case basis.

4. For detailed information regarding Application Instructions, see the Supplemental Disaster Recovery Non-Housing Activities Application Guide.



**PROJECT APPROVAL INFORMATION:**

	Yes	No	N/A
1. Will the assistance requested serve or be located on a Federal Installation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the assistance requested have any negative impact(s) or effect(s) on the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: All funded applications will have to comply with Federal regulations regarding environment clearance before funds are released.</i>			
3. Is the project in a designated flood hazard area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the assistance requested cause the displacement of families, individuals, farms, or businesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the applicant or service provider currently hold the Certificate of Convenience and Necessity (CCN) for the target area proposed in the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The applicant certifies that financial records for the proposed project will be kept at an offically designated city / county site, accessible by the public, and will be adequately managed on a timely basis using generally accepted accounting principles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the applicant chosen to self-administer the proposed project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant chosen to use a third-party grant administrator to administer the proposed project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the applicant chosen to utilize in-house engineering staff (city or county) to complete the engineering services for the proposed project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the applicant chosen to use a third-party engineer to perform engineering services for the proposed project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 1**

**LONG-TERM PLANNING**

Applicants are encouraged to develop their community recovery projects in a manner that considers an integrated approach to housing, infrastructure, economic revitalization, and overall community recovery. Consideration of long-term planning processes is also highly encouraged.

Provide a brief description of how the projects addressed in this application form part of an integrated approach to recovery.

## DESCRIPTION OF THE NEED(S) ADDRESSED IN THIS APPLICATION & PROJECT SUMMARY

Provide a narrative regarding all aspects of the project. This description should include the cause of the **damage** (i.e. wind, wind driven rain, rising water, etc...) or **failure to function**; current condition of the facility; detailed description of the project that coincides with the information contained in both Tables 1 and 2; and the total number of households, businesses, and people that will directly benefit from each proposed activity.

All activities must have documented proof of an impact by either Hurricane Dolly or Hurricane Ike. There must be a clear and compelling need related to the disaster declaration, hurricane disaster relief, long-term recovery and/or restoration of infrastructure.

**SECTION 2**

**ACTIVITY SPECIFIC QUESTIONS**

*Check all activities that are applicable.*

- |  |   |
|--|---|
| <input type="checkbox"/> Water System Improvements               | <input type="checkbox"/> Sewer / Wastewater Improvements                |
| <input type="checkbox"/> Road / Street/ Bridge Improvements      | <input type="checkbox"/> Drainage Improvements                          |
| <input type="checkbox"/> Demolition and Clearance                | <input type="checkbox"/> Fire Protection Facilities                     |
| <input type="checkbox"/> Community Centers/ Shelters             | <input type="checkbox"/> Debris Removal                                 |
| <input type="checkbox"/> Public Services                         | <input type="checkbox"/> Economic Development                           |
| <input type="checkbox"/> Buyouts                                 | <input type="checkbox"/> Planning (long-term recovery planning studies) |
| <input type="checkbox"/> General Conduct of Government (limited) | <input type="checkbox"/> Other Utilities                                |

**TABLE 1 - BENEFIT TO LOW AND MODERATE INCOME PERSONS**

Activity	Completion Method	Ttl Benes	LMI Benes	% LMI Benes	TxCDBG Funds	*Other Funds	Total Funds
					\$0.00	\$0.00	\$0.00
		0	0		\$0.00	\$0.00	\$0.00

Note: Total beneficiaries must be summed manually by applicant when more than one activity is requested. This ensures that beneficiaries are not "double-counted" through any auto-sum calculators.

\*List the source(s) of all "Other Funds" if applicable.

No match is required on the part of the applicant, nor may these funds be used as a matching requirement, share, or contribution for any other Federal program.

**TABLE 2 - BUDGET JUSTIFICATION OF RETAIL COSTS**

Act.	Materials/Facilities	\$/Unit	Unit	Qty	Construction \$	Acquisition \$	Eng./Arch. \$	Ttl. Act. \$
		\$0.00		0.00	\$0.00	\$0.00	\$0.00	\$0.00
					\$0.00	\$0.00	\$0.00	\$0.00

Seal

**Signature of Registered Engineer/Architect Responsible For Budget Justification:**

**Date:**

**Phone Number**

Identify and explain the annual projected operation and maintenance costs associated with the proposed activities.

Did applicant receive project scoping services/ estimate Quad Sheets from HNTB?    Yes     No

**IDENTIFY THE LOCATION OF EACH ACTIVITY (EXCLUDING ENGINEERING AND PROJECT DELIVERY ACTIVITIES)**

<u>Activity</u>		<u>Project Area</u>
<b>On:</b>	<b>From:</b>	<b>To:</b>
<p><u>Provide a brief description of the location of the project activity.</u></p> <p><b>-OR-</b></p>		

**SECTION 3**

**NATIONAL PROGRAM OBJECTIVES**

- 1. Activities benefiting low-to-moderate income persons.
- 2. Prevention/ Elimination of Slums or Blight.
- 3. Urgent Needs

**Justification of Beneficiary Identification Method:**

**PROJECT BENEFICIARY INFORMATION**

*MUST BE COMPLETED FOR EACH ACTIVITY EXCLUDING ENGINEERING AND PROJECT DELIVERY*

<u>ACTIVITY</u>	<u>TOTAL MALE BENEFICIARIES</u>	<u>TOTAL FEMALE BENEFICIARIES</u>	<u>TOTAL BENEFICIARIES</u>
<b>Race</b>	<b># Non-Hispanic Beneficiaries</b>	<b># Hispanic Beneficiaries</b>	<b>Total Beneficiaries</b>
	0	0	0
<b>Activity Total:</b>			0
<b>TOTAL</b>			<b>0</b>

1. Was a TxCDBG Survey used to identify beneficiaries? Yes:  No:

2. Was 2000 Census information used to identify beneficiaries?  Yes  No

3. Provide the number of project beneficiaries identified through each of the following methods:

TxCDBG Survey: \_\_\_\_\_ 2000 Census: \_\_\_\_\_ Area Benefit: \_\_\_\_\_

Limited Clientele: \_\_\_\_\_

4. If beneficiaries were identified by using a survey as opposed to using 2000 Census information, provide a ***detailed*** explanation of the reason. A response such as "to reach the low to moderate income level" is ***not*** acceptable.

**SECTION 4**

**APPLICANT DISCLOSURE / UPDATE REPORT**

PART 1: APPLICANT / RECIPIENT INFORMATION

INITIAL REPORT:

UPDATE REPORT:

PART 2: OTHER GOVERNMENT ASSISTANCE PROVIDED /REQUESTED? Yes:  No:

PART 3: INTERESTED PARTIES

ARE THERE ANY PERSONS WITH A REPORTABLE FINANCIAL INTEREST TO DISCLOSE? Yes:  No:

PART 4: REPORT ON EXPECTED SOURCES AND USES OF FUNDS: N/A

SOURCE OF FUNDS	USE OF FUNDS

## SECTION 5

### ATTACHMENTS

Provide the following attachments (**if applicable**) in the order specified:

- 1. Project Map(s), including Census Maps / Documentation
- 2. Memorandum of Understanding or Interlocal Agreement
- 3. Project Impact Documentation (for Urgent Need and Removal of Slums & Blight National Objectives)
- 4. Beneficiary Documentation (Survey Forms or Census)

### APPLICATION CHECKLIST

The following serves as an application checklist that each applicant must use to ensure that an application under the Disaster Recovery Fund is complete:

- Completed 424
- Project Approval Information (All questions must be answered)
- Project Summary
- Activity Specific Questions
- Table 1
- Project Beneficiary Information
- Table 2 and/or HNTB Assessments
- Locations Form
- Applicant Disclosure / Update Report Form