

Richland County CDBG Targets of Opportunity CARES Act (CDBG-CV) Program

Project Proposal Form *(Form may be downloaded from www.rcrpc.org)*

Page 1 of 7

| A. APPLICANT INFORMATION | |
|--|---|
| 1) Name of Applicant | |
| 2) Contact Person | |
| 3) Address | |
| 4) Telephone | |
| 5) Fax | |
| 6) e-mail | |
| 7) Are You A Non-Profit Organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8) Are You A 501(C) (3) Organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9) Proof Of Current 501(C)(3) Status Must Be Submitted | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached (please explain) |
| 10) For non-Profit Organizations, a Copy Of Last Year's Audit / Financial Statement <u>Must Be Submitted</u> | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached (please explain) |
| 11) Non-profit agencies attach list of board members / For-profit businesses attach list of principals. | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached (please explain) |

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Page 2 of 7

| B. PROJECT INFORMATION | |
|---|--|
| 12)Project Name | |
| 13)Project Location | |
| 14)Describe the activity in detail (use additional sheets if necessary.) | |
| <p>For DA project proposal involving construction of any sort must provide a written cost estimate by a building professional, architect or engineer. This cost estimate must be presented on the letterhead of the company making the estimate, and must include the statement that:</p> <p>“The estimated project costs reflect the fact that labor will be paid at the federal prevailing wage rate in accordance with the provisions of the Davis-Bacon Act.”</p> | <p><input type="checkbox"/> A written cost estimate is attached which includes the required Davis Bacon Statement.</p> <p><input type="checkbox"/> The cost estimate is not attached (explain)</p> |

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Page 3 of 7

| C. COSTS AND FUNDING SOURCES | |
|--|---|
| 1I) Total Project Costs | \$ |
| 1I) CDBG Funds Requested | \$ |
| 1I) Have you received other financial assistance to provide coronavirus response assistance for same project | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1J) Source of other funding – Please identify specific other funding sources. | |
| 20) Will you accept partial funding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Page 4 of 7

D. BENEFIT & NATIONAL OBJECTIVE

21) National Objective: CDBG funds must either benefit low and moderate income persons

Benefit Low and Moderate Income (LMI) persons

IMPORTANT NOTE: To be eligible for CDBG funding, the project must benefit individuals who fall into the following income categories:

| Median (2016) \$ | LMI |
|----------------------|-------------------|
| Persons in Household | Income Less than: |
| 1 | 37,050 |
| 2 | 42,450 |
| 3 | 47,750 |
| 4 | 53,050 |
| 5 | 57,300 |
| 6 | 61,550 |
| 7 | 65,800 |
| 8+ | 70,050 |

Or are identified as one of the following limited clientele groups:

| | |
|----|---|
| 1. | Abused Children |
| 2. | Battered Spouses |
| 3. | Elderly persons |
| 4. | Adults meeting the Bureau of the Census' Current Population Reports definition of "severely disabled" |
| 5. | Homeless persons |
| 6. | Illiterate adults |
| 7. | persons living with AIDS |
| 8. | Migrant farm workers |
| 9. | Programs which have eligibility requirements which limit the benefits of an activity to LMI persons |

22) Explain how it will benefit low and moderate income (LMI) persons.

23) Total Number of persons to benefit. **Please pick a specific number, rather than providing a range.**

24) How many are LMI?

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Page 5 of 7

| | |
|--|--|
| <p>25) Please explain how you have estimated the number to benefit and how many are LMI. Please explain how you determine that a person benefiting is LMI.</p> | |
| <p>26) If the project is physically located in the City of Mansfield, please describe how it will benefit residents in the remainder of the County.</p> | |

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Page 6 of 7

| E. PUBLIC SERVICE PROJECTS ONLY COMPLETE THIS SECTION | |
|--|--|
| <p>27) Is the proposed project a public service? <i>(A public service involves assisting individuals with some sort of service, in contrast to a project that involves physical construction.)</i></p> | <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <i><u>If it is not a public service – please skip to Section <u>F.</u></u></i> </p> |
| Answer 28 – 29 only if the project is a public service | |
| <p>28) Define how the service is measured. Identify the units of service (e.g. nights of shelter; meals delivered per day; individuals served per month.)</p> | |
| <p>29) Indicate the percentage of clients or persons served who reside in Richland County's CDBG jurisdiction (all of Richland County except Mansfield and Shelby.)</p> | |

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Page 7 of 7

F. SUBMISSION CERTIFICATION

| | |
|-------------------------------|--|
| 30) Submitted by - Signature | |
| 31) Submitted by – Print Name | |
| 32) Date | |

Return completed application forms ASAP but no later than Nov 15, 2020 to:

**Richland County Regional Planning Commission
19 N Main Street
Mansfield, Ohio 44902**