

**2011**

**APPLICATION FORMS**

**COMMUNITY DEVELOPMENT ASSISTANCE PROGRAM**

**COMPETITIVE HOUSING REHABILITATION**

2011 HSG GUIDE

## SECTION IV

### APPLICATION FORMS

***Note: Applicants are not required to use the forms contained in this application guide. However, any forms generated by the applicant must contain all the information requested on the DCEO forms. Incomplete forms will not be accepted.***

**PART A**  
**PROJECT INFORMATION**

SAMPLE

Letter of Transmittal for Housing

Illinois Department of Commerce  
and Economic Opportunity  
500 East Monroe Street, CDAP Unit  
Springfield, Illinois 62701

Dear Director:

The (unit of local government) is submitting an application for a housing grant under the Community Development Assistance Program (CDAP) Housing Rehabilitation Component. The grant request is in the amount of \$\_\_\_\_\_ to be used to ( use of funds ). The benefit to low-to-moderate income individuals is 100%. The grant will be leveraged by \$\_\_\_\_\_ in additional public and private funds.

Very truly yours,

(Signature of Chief Elected Official)  
(or designee)

**HOUSING REHABILITATION**  
**CDAP SUBMISSION CHECKLIST**  
**AND TABLE OF CONTENTS**

All CDAP applications will be screened for completeness. Applicants must complete and submit this checklist with the application. **All pages of the application must be sequentially numbered.** Use the right-hand column, labeled "Page Number" to indicate the page for each item.

- \_\_\_\_\_ Letter of Transmittal from Chief Elected Official
- \_\_\_\_\_ One original and one copy of the Application
- \_\_\_\_\_ Two Packets: Applicant Project Information form, project summary, housing project design, and project location map
- \_\_\_\_\_ Completed Submission Checklist/Table of Contents

**PROJECT INFORMATION**

**PAGE NUMBER**

- |  |       |
|--|-------|
| _____ CDAP Applicant Project Information             | _____ |
| _____ Housing Fact Sheet                             | _____ |
| _____ Project Summary for Housing Projects           | _____ |
| _____ Housing Project Design                         | _____ |
| _____ List of Previous CDAP Grants                   | _____ |
| _____ Minority Benefit/Affirmative Housing Statement | _____ |
| _____ Administrative Budget Detail                   | _____ |

**DOCUMENTATION, CERTIFICATIONS, RESOLUTIONS**

- |   |       |
|---|-------|
| _____ Council Resolution of Support   | _____ |
| _____ Citizen Participation/Public Hearings - 7 day notice, newspaper clipping, publisher's certification, certified minutes, attendance sheet(s) | _____ |
| _____ Project Location Map  | _____ |
| _____ Local Government Certifications   | _____ |
| _____ Applicant/Grantee/Recipient Disclosure Certification  | _____ |

**ATTACHMENTS**

- |   |       |
|---|-------|
| _____ Firm Letters of Interest in Housing Participation               | _____ |
| _____ Letters of Commitment for Leveraging Sources                    | _____ |
| _____ Cost Estimates for Housing Rehabilitation Work (minimum of two) | _____ |
| _____ Local General Contractors Information                           | _____ |
| _____ Local Administrative Policy & Procedures Manual (one copy only) | _____ |

**CDAP APPLICANT PROJECT INFORMATION**

**HOUSING REHABILITATION COMPONENT**

**I. GENERAL INFORMATION (Applies only to the governmental entity; NOT the administrator.)**

APPLICANT TYPE:    City    County    Village    Town    Township

APPLICANT NAME (Entity): \_\_\_\_\_ POPULATION (from most recent U.S. Census)

\_\_\_\_\_

CHIEF ELECTED OFFICIAL: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_

**BUSINESS ADDRESS:**

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
(required) (Only if no street address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_  
(include + 4) (required)

EXPIRATION DATE OF CURRENT TERM: \_\_\_\_\_

DAYTIME PHONE: (\_\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_  
(Telephone Numbers must be given in order to reach the official for award announcement purposes.)

APPLICANT FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

APPLICANT DUNS NUMBER: \_\_\_\_\_ (required)

**II. GEOGRAPHICAL PROJECT INFORMATION**

**This information is required for the project benefit area, not necessarily the applicant.**

COUNTY: \_\_\_\_\_ TOWNSHIP (OR PRECINCT NAME/NUMBER): \_\_\_\_\_

CENSUS TRACT(S): \_\_\_\_\_ ZIP CODE FOR PROJECT BENEFIT AREA: \_\_\_\_\_

STATE SENATE DISTRICT(S): \_\_\_\_\_ STATE HOUSE DISTRICT(S): \_\_\_\_\_

U.S. CONGRESSIONAL DISTRICT(S): \_\_\_\_\_

**III. PROJECT INFORMATION**

AMOUNT OF CDAP FUNDING REQUESTED \$ \_\_\_\_\_ (Whole Dollars ONLY)

TOTAL AMOUNT OF LEVERAGE \$ \_\_\_\_\_

TOTAL COST OF PROJECT \$ \_\_\_\_\_

LEVERAGE SOURCE:       LOCAL                       USDA Rural Development  
                                  IEPA                         IHDA  
                                  BANK                         PRIVATE  
                                  IRBB                         OTHER \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PROJECT BENEFIT INFORMATION**

<u>INCOME LEVEL</u>	NUMBER OF UNITS TO BE REHABILITATED	TOTAL NUMBER OF PERSONS SERVED	TOTAL NUMBER OF LMI PERSONS SERVED
LOW (80%)	_____	_____	_____
VERY LOW (50%)	_____	_____	_____
POVERTY (30%)	_____	_____	_____

**V. DESIGNATED PROJECT MANAGEMENT/ADMINISTRATIVE AGENCY (or CITY ADMINISTRATOR)**

AGENCY TYPE:  Private Firm  Regional Planning Commission  Government Agency  Applicant

AGENCY CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

**AGENCY ADDRESS AND PHONE NUMBER:**

Legal Name of Agency \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

(required) (Only if no street address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

(include + 4) (required)

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX PHONE: (\_\_\_\_\_) \_\_\_\_\_

ADMINISTRATIVE AGENCY FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

(required)

**VI. NAME OF HOUSING INSPECTOR, Provide this information for Housing projects only**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Legal Name of Agency \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

(required) (Only if no street address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

(include + 4) (required)

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX PHONE: (\_\_\_\_\_) \_\_\_\_\_

HOUSING INSPECTOR FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

(required)

HOUSING INSPECTOR ILLINOIS LEAD INSPECTOR/RISK ASSESSOR LIC. #: \_\_\_\_\_

(required)

GRANTEE CERTIFICATE: To the best of my knowledge and belief, the information and data provided are true and correct. I realize that regardless of the elections made, we the grantee, are responsible to ensure compliance with all provisions of the grant agreement and to respond to official correspondence/notifications as required within allowable times. Further, I understand that the submission of changes to the information certified above is a grantee responsibility and that DCEO will use information from the latest certification on file based on the date of signature. I have full signature authority to sign on behalf of this grantee.

\_\_\_\_\_  
Signature - Chief Elected Official

\_\_\_\_\_  
Date

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Ill. Comp. Statutes, 20 ILCS 605/46.1. Disclosure of this information is VOLUNTARY. No penalties attach for failure to respond. This form has been approved by the State Forms Management Center.

**HOUSING FACT SHEET**

Please complete the information requested below:

- 1. Total Project Cost: \$ \_\_\_\_\_
- 2. Number of housing units in the community \_\_\_\_\_
- 3. Number of housing units in target area: \_\_\_\_\_  
(including: rental units, modular homes, mobile homes,  
and vacant housing untis)

Number of surveys received from the target area: \_\_\_\_\_

Number LMI owner occupied housing units in target area  
in need of rehabilitation: \_\_\_\_\_  
(must be supported by submitted surveys)

Number of LMI owner occupied housing units in target area  
to be rehabilitated: \_\_\_\_\_

- 4. Person who will be the Fiscal Coordinator:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

- 5. Person who will be the housing inspector:  
Name: \_\_\_\_\_

- 6. List professional services which may be contracted for such as a regional planning  
commission or consultant.  
Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Title: \_\_\_\_\_

- 7. Specify whether any of the project area is in a flood plain.  
Yes \_\_\_\_\_ No \_\_\_\_\_

**HOUSING FACT SHEET, Continued**

8. If so, does the applicant participate in the National Flood Insurance Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Specify whether Illinois Housing Development Authority (IHDA) Affordable Housing Trust Fund is the intended leverage for this project.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, submit one packet including the Applicant Project Information form, Public Hearing notice, minutes of public hearing, certificate of publication and three (3) pictures of homes (surveyed) within the targeted area. DCEO will submit this packet to IHDA on your behalf for HTF leverage funding. There will be a \$250 processing fee payable to IHDA at the time of HTF award.

If no, see page 30 for guidance on the preparation of leveraging documentation.

## **PROJECT SUMMARY FOR HOUSING PROJECTS**

Describe the need for the proposed project covering the following key points:

- (1) Identify the target area and explain how the area was selected.
- (2) Describe the scope of any other activities planned or ongoing in the target area which will support the proposed project.
- (3) Address other financing to be expended and the status of that financing.

### Site Map(s)

Project map(s) shall be included in the application. The project map(s) must be clear and readable and provide the geographic location of the area to be served. The map(s) must: (1) clearly identify the boundaries (streets, highways, landmarks, etc.) of the target area and provide the names of all roads or streets within the target area; (2) show any of the target area within a designated 100 year floodplain (if applicable); (3) identify all housing units in the target area by street address (rural route addresses must also be identified in the map(s)), delineate those housing units which are owner occupied versus renter occupied, vacant housing units and standard versus substandard condition. The project map(s) must be suitable for reproduction and shall not exceed the page size of 11 x 17 inches.



## **GUIDE TO FIRM COMMITMENT LETTERS**

**The status of leverage financing is of particular importance.** As noted on the CDAP Submission Checklist/Table of Contents, the application must include copies of leverage commitment letters in order to meet the "Leverage" funding threshold.

**A firm commitment letter must include at a minimum, the following information as appropriate to the type of project being considered.**

A firm commitment letter from a FINANCIAL INSTITUTION must include specific terms and conditions which would enable low-income persons to qualify for financial assistance, including, but not limited to, specific amounts, specific terms in years, and specific lower interest rates.

A firm commitment from the UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT (RD) or other state or federal source must include a specific dollar amount, program sources, and type of assistance.

When a local government is proposing to use its own funds (i.e., cash on hand) as leverage, a local council or board resolution committing a specific dollar amount to the project should be included. In-kind (match funds) for administrative and inspection services cannot exceed the maximum combined total of 17 percent of the CDAP request.



Name of Community \_\_\_\_\_  
 (Required on each income survey)

**MINORITY BENEFIT DETERMINATION &  
 HOUSING NEEDS SURVEY**

Page 1 of 2

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

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

Date: \_\_\_\_\_

To help determine the ethnic population of your locality, please check the appropriate category:

<b>Ethnic Category</b>	<b>Total Persons</b>	<b># Also Hispanic</b>
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

Check here if female headed household.

*This information will not affect funding determination.*

- How many people are living in the house?
- How many people are 62 years of age or older?
- How many persons with physical disabilities in the household
- Do you own your home? \_\_\_\_\_ or rent? \_\_\_\_\_

5. Based on your family size, gross monthly income (annualized for 12 months) is higher or lower than the income eligibility figures for your county listed below:

COUNTY: \_\_\_\_\_

Number of Persons Family/Household	Income Limit*		
	80% of median	50% of median	30% of median
1			
2			
3			
4			
5			
6			
7			
8			

Check whether income is lower than:  80%  50% or  30% or  Over Income

Use income limits indicated for your county as detailed in "Attachment B" (HUD Section 8 Income Guidelines).  
 Use the figures detailed on the line entitled "LOW-INCOME" for 80% and "VERY LOW-INCOME" for 50%.

**MINORITY BENEFIT DETERMINATION &  
HOUSING NEEDS SURVEY**

Page 2 of 2

**To be completed for housing rehabilitation projects.**

6. How many rooms are in the house – not counting bathrooms	<input type="text"/>	
7. Is your house connected to a central sewer system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any major improvements needed to your home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe below		
Roofing	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Electrical/Wiring	<input type="checkbox"/>	<input type="checkbox"/>
Heating/AC	<input type="checkbox"/>	<input type="checkbox"/>
Foundation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Is your home One-story  or Two-story   
 Does your home have a Basement  or Crawl Space

**Homeowner Signature**

**Date**

***FOR INTERVIEWER ONLY!***

\*\*\*\*\*

Place corresponding points to describe the extent of each structural deficiency.

<b>SECTION A – Major Deficiencies</b>			
<b>Points:</b>	<b>(6) Remove/Replace</b>	<b>(3) Repair</b>	<b>(0) No Repairs Needed</b>
Roofing	<input type="text"/>	Plumbing – Drain/Waste/Vent	<input type="text"/>
Framing – Exterior walls & Sills	<input type="text"/>	Plumbing – Supply & Fixtures	<input type="text"/>
Framing – Load bearing beams & joists	<input type="text"/>	Electrical Service & Distribution	<input type="text"/>
Foundation	<input type="text"/>	Electrical Fixtures	<input type="text"/>
Furnace	<input type="text"/>	<b>Section A Total (Max. 48)</b>	
<b>SECTION B – Minor Deficiencies</b>			
<b>Points:</b>	<b>(4) Remove/Replace</b>	<b>(2) Repair</b>	<b>(0) No Rpairs Needed</b>
Doors – Interior	<input type="text"/>	Interior Flooring	<input type="text"/>
Doors – Exterior	<input type="text"/>	Windows	<input type="text"/>
Porches/Entrances	<input type="text"/>	Siding/Painting	<input type="text"/>
		<b>Section B Total (Max. 24)</b>	
Approximate Square Footage: _____		<b>Total Points (A + B)</b>	
<b>Interviewer Signature</b>		<b>Date</b>	
<b>Designate if housing unit is a Mobile Home    Yes    No</b>			

# INCOME SURVEY COVER SHEET

State of Illinois  
Community Development Assistance Program

## COMMUNITY DEVELOPMENT SURVEY

Name of Community \_\_\_\_\_

Date \_\_\_\_\_

Interviewer's Name \_\_\_\_\_

Respondent's Street Address (**Required**):

\_\_\_\_\_

Structure Number

\_\_\_\_\_

Street Name

Introduction: Hello, I'm \_\_\_\_\_ and I'm conducting a survey for the City/Village of \_\_\_\_\_. We're trying to get information needed to complete an application for a community development grant. What you say will be kept strictly confidential in accordance with the Privacy Act of 1974 (Public Law 93-579). Your answers are very important to our community improvement effort.

**MINORITY BENEFIT/AFFIRMATIVE HOUSING STATEMENT**

<p>a. What is the percentage of the minority group(s) population residing in the community?</p> <p>What is the percentage of the minority group(s) population residing in the proposed project ("<b>targeted</b>") area?</p> <p>Identify the characteristics of the population of the project (targeted) area by specific ethnic group. This information may be obtained from the most recent Census Data ("Summary of Population and Housing Characteristics CPH 1-15 Table 3") or from the income survey if a survey was conducted. (If survey data is being used, and less than a 100% response rate was received, extrapolated data should be used, rounding fractions to whole numbers)</p>	%																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:65%;">Ethnic Category</th> <th style="width:15%;">Total Persons</th> <th style="width:20%;"># Also Hispanic</th> </tr> </thead> <tbody> <tr><td>White</td><td></td><td></td></tr> <tr><td>Black/African American</td><td></td><td></td></tr> <tr><td>Asian</td><td></td><td></td></tr> <tr><td>American Indian/Alaskan Native</td><td></td><td></td></tr> <tr><td>Native Hawaiian/Other Pacific Islander</td><td></td><td></td></tr> <tr><td>American Indian/Alaskan Native and White</td><td></td><td></td></tr> <tr><td>Asian and White</td><td></td><td></td></tr> <tr><td>Black/African American and White</td><td></td><td></td></tr> <tr><td>American Indian/Alaskan Native and Black/African</td><td></td><td></td></tr> <tr><td>Other Individuals Reporting more than One Race</td><td></td><td></td></tr> <tr><td># of Female Headed Households</td><td></td><td></td></tr> </tbody> </table>	Ethnic Category	Total Persons	# Also Hispanic	White			Black/African American			Asian			American Indian/Alaskan Native			Native Hawaiian/Other Pacific Islander			American Indian/Alaskan Native and White			Asian and White			Black/African American and White			American Indian/Alaskan Native and Black/African			Other Individuals Reporting more than One Race			# of Female Headed Households			
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# of Female Headed Households																																					
<p>With the <u>exception</u> of "<u>Female Heads of Households</u>", the above numbers should equal the total number of persons to benefit from the project ("targeted" area).</p> <p>b. What is the goal for the percentage of CDAP funded contracts to be awarded to minority contractors?</p> <p>c. If the percentage goal in <i>b</i> is <u>substantially less</u> than the percentage of minorities residing in the community, please explain.</p> <p>_____</p> <p>_____</p> <p>d. If funded, the applicant agrees to affirmatively further fair housing by posting Fair Housing Posters and by making HUD Fair Housing Complaint Forms available to the public.</p> <p>In addition, the Department <u>recommends</u> that the unit of local government pass a fair housing ordinance. Please check one below:</p> <p><input type="checkbox"/> We already have a Fair Housing Ordinance on file. (Indicate Number and Date Passed _____)</p> <p><input type="checkbox"/> If funded, we will pass a Fair Housing Ordinance</p> <p><input type="checkbox"/> We do not plan to pass a Fair Housing Ordinance at this time.</p>	%																																				

**Signature of Chief Elected Official:** \_\_\_\_\_

**HOUSING REHABILITATION  
ADMINISTRATION COSTS WHICH WILL BE PAID OUT OF CDAP FUNDS**

I. PERSONNEL COSTS (must be completed)				
POSITION (Administration)	COMPENSATION	% OF CDAP TIME	NUMBER OF MONTHS	CDAP TOTAL
II. GENERAL MANAGEMENT COSTS				
A. COMMUNICATIONS				
PHONE				
POSTAGE				
B. SUPPLIES/MATERIALS				
C. COPYING/PRINTING				
D. EQUIPMENT (LIST)				
			SUB-TOTAL	
E. TRAVEL				
III. CONTRACTUAL COST (IDENTIFY)				
Inspector				
			SUB-TOTAL	
IV. OTHER (IDENTIFY IN DETAIL)				
			TOTAL*	
			% OF CDAP REQUEST _____	

\*This amount must not exceed the CDAP Administration/Inspector limits listed on page 9.

**PART B**

**DOCUMENTATION, CERTIFICATIONS AND RESOLUTIONS**

**SAMPLE**

**COUNCIL RESOLUTION OF SUPPORT**

**Resolution No. \_\_\_\_\_**

WHEREAS, (unit of local government) \_\_\_\_\_, is applying to the State of Illinois for a Community Development Assistance Program grant, and

WHEREAS, it is necessary that an application be made and agreements entered into with the State of Illinois.

NOW, THEREFORE, BE IT RESOLVED as follows:

- 1) that the (unit of local government) apply for a grant under the terms and conditions of the State of Illinois and shall enter into and agree to the understandings and assurances contained in said application.
- 2) that the Mayor (County Board Chairman) and City Clerk (County Clerk) on behalf of the City (County) execute such documents and all other documents necessary for the carrying out of said application.
- 3) that the Mayor (County Board Chairman) and City Clerk (County Clerk) are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.

Passed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

ATTEST: \_\_\_\_\_  
City Clerk  
(County Clerk)

\_\_\_\_\_  
Mayor  
(County Board Chairman)

**SAMPLE**

**RESOLUTION COMMITTING LOCAL FUNDS**

**Resolution No. \_\_\_\_\_**

WHEREAS, the City Council (County Board) of the City (County) of \_\_\_\_\_, Illinois has taken action to submit an Illinois Community Development Assistance Program (CDAP) public facilities application,

WHEREAS, receipt of CDAP grant assistance is essential to allow the City (County) of \_\_\_\_\_ to undertake the project to \_\_\_\_\_,  
(project description)

WHEREAS, criteria of CDAP are such that financial participation by the grantee is required in conjunction with CDAP funds, and

WHEREAS, the City (County) of \_\_\_\_\_ has certain monies allocated for the above-referenced project with cash on hand, as needed.

NOW, THEREFORE, BE IT RESOLVED THAT the City (County) of \_\_\_\_\_ does hereby commit funds for use in conjunction with an Illinois Community Development Assistance Program grant, such funds to equal \_\_\_\_\_% of the estimated total project cost of \$\_\_\_\_\_, or \$\_\_\_\_\_.

PASSED and APPROVED at its regular (special) City Council (County Board) Meeting, held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Mayor (County Board Chairman)

ATTEST:

\_\_\_\_\_  
City Clerk (County Clerk)

**SAMPLE**

**RESOLUTION OF SUPPORT AND COMMITMENT OF FUNDS**

WHEREAS, the City (County) of \_\_\_\_\_, is applying to the State of Illinois for a Community Development Assistance Program (CDAP) grant,

WHEREAS, it is necessary that an application be made and agreements be entered into with the State of Illinois, and

WHEREAS, criteria of CDAP are such that financial participation by the grantee is required in conjunction with CDAP funds.

NOW, THEREFORE, BE IT RESOLVED as follows:

- 1) that the City (County) apply for a grant under the terms and conditions of the State of Illinois and shall enter into and agree to the understandings and assurances contained in said application.
- 2) that the Mayor (County Board Chairman) and City Clerk (County Clerk) on behalf of the City (County) execute such documents and all other documents necessary for the carrying out of said application.
- 3) that the Mayor (County Board Chairman) and City Clerk (County Clerk) are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.
- 4) that the City (County) of \_\_\_\_\_ does hereby commit funds for use in conjunction with an Illinois Community Development Assistance Program grant, such funds to equal \_\_\_\_\_% of the estimated total project cost of \$\_\_\_\_\_, or \$\_\_\_\_\_.

Passed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (date required)

\_\_\_\_\_  
Mayor (County Board Chairman)

ATTEST:

\_\_\_\_\_  
City Clerk (County Clerk)

## LOCAL GOVERNMENT CERTIFICATIONS

On this (date) of (month), (year), the (title and name of the Chief Elected Official) of (name of the local government) hereby certifies to the Department of Commerce and Economic Opportunity in regard to an application and award of funds through the Community Development Assistance Program:

1. It will comply with the National Environmental Policy Act (NEPA) with the submission of this application and it further certifies that no aspect of the project for assistance has or shall commence prior to the award of funds to the community and the receipt of an environmental clearance.
2. It will comply with the Interagency Wetland Policy Act of 1989 including the development of a plan to minimize adverse impacts on wetlands, or providing written evidence that the proposed project will not have an adverse impact on a wetland.
3. It will comply with the Illinois Endangered Species Endangered Protection Act and the Illinois Natural Area Preservation Act by completing the consultation process with the Endangered Species Consultation Program of the Illinois Department of Natural Resources, or providing written evidence that the proposed project is exempt.
4. It will identify and document all appropriate permits necessary to the proposed project, including, but not limited to: building, construction, zoning, subdivision, IEPA and IDOT.
5. No legal actions are underway or being contemplated that would significantly impact the capacity of the (name of local government) to effectively administer the program, and to fulfill the requirements of the CDAP program.
6. It will coordinate with the County Soil and Water Conservation District regarding standards for surface and sub-surface (tile) drainage restoration and erosion control in the fulfillment of any project utilizing CDAP funds and involving construction.
7. It is understood that the obligation of the State will cease immediately without penalty of further payment being required if in any fiscal year the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this agreement.
8. It acknowledges the applicability of Davis-Bacon prevailing wage rate requirements to construction projects; a request for wage rate determination will be submitted prior to commencement of any construction or equipment installation; and, it shall discuss these requirements with the contractor.
9. It will comply with Section 3 of the Housing and Urban Development Act of 1968 to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing federal, state, and local laws and regulations, be directed to low and very low income persons and businesses.

10. It will comply with the National Emission Standards for Hazardous Air Pollution (NESHAP) of the U.S. Clean Air Act by contacting the Field Operations Section, Bureau of Air, of the Illinois Environmental Protection Agency when asbestos materials are involved in the demolition and/or renovation of any existing building due to the proposed project.
11. It will conduct a Section 504 self-evaluation of its policies and practices to determine whether its employment opportunities and services are accessible to persons with disabilities.
12. Specify whether any of the project activities/area is in a flood plain. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does it participate in the National Flood Insurance Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, provide an explanation as to why it does not participate: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Elected Official

\_\_\_\_\_  
Date

## **APPLICANT/GRANTEE/RECIPIENT DISCLOSURE CERTIFICATION INSTRUCTIONS**

Section 102 of the HUD Reform Act of 1989 contains a number of provisions to ensure greater accountability and integrity in the way the U.S. Department of Housing and Urban Development (HUD) and its grantees make certain types of assistance available. The CDAP Program is one of the HUD programs partially covered by Section 102.

A unit of local government applying for a CDAP grant (regardless of the program component) as well as the recipient of the grant must make certain disclosures. These disclosures are only necessary if the aggregate amount of previously awarded CDAP grants, CDAP grant applications currently pending review, and proposed CDAP grants is in excess of \$200,000 for the current program year. This funding threshold determines the extent of the information which must be disclosed.

### **Disclosure Information Required**

1. Other Government Assistance is defined as any loan, grant, guarantee, subsidy, tax benefit, credit, etc., from the federal government, state or unit of local government which is expected to be made available with respect to the project for which the assistance is sought.
  
2. Interested Parties is defined as follows.
  - a. The name of any developer, contractor, or consultant involved in the application for assistance or in the planning, development or implementation of the project or activity.
  
  - b. The name of any other person who has a financial interest in the project in excess of \$50,000 or 10 percent of the assistance, whichever is less. If the person referred to is an entity, then disclosure must include an identification of each officer, director, and stockholder.

A financial interest means any financial involvement in the project or activity including, but not limited to, situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not by itself considered a covered financial interest.

3. Sources and Uses of Funds is defined as the gross amount of funds to be made available for the project from both governmental and non-governmental sources and private capital resulting from tax benefits and the expected uses for those funds.

## **Who Must Complete the Disclosure Certification**

Parts I and II of the Applicant/Grantee/Recipient Disclosure Certification must be completed by every unit of local government applying for CDAP funds and submitted as part of the application package. If the funding threshold of \$200,000 is met, then Parts III through V of the Disclosure Certification, as they pertain to this particular grant request, must also be completed. It is important that the information be as complete and concise as possible. An **applicant** is defined as any unit of local government applying for CDAP funds. The **grantee** is any unit of local government which has been awarded a grant. The **recipient** is defined as the receiver of the grant funds from the local government and refers to the economic development component only. An example is a city receives a grant to loan to a company for machinery and equipment acquisition. The company is the recipient.

## **Updating the Disclosure Certification**

**During the period in which an application is pending or the period in which the assistance is being provided, the Disclosure Certification must be updated if the following actions occur. Updated reports must be submitted within 30 days of the change requiring the update.**

1. Omitted Information - The application was submitted and the applicant failed to disclose the information as required.
2. Change in Disclosure Threshold - Information subject to disclosure arose after the time for making disclosures, i.e., an interested party who did not previously have a pecuniary interest at the time of application, now meets or exceeds the \$50,000 or 10 percent of assistance threshold.
3. Change to Previously Disclosed Information - Changes must be submitted when any of the following criteria are met:
  - a. Changes in "Other Government Assistance" that exceeds the amount of such assistance that was previously disclosed by \$250,000 or 10 percent of the assistance, whichever is lower;
  - b. Changes in the amount of the pecuniary interest of a person exceeds the amount of the previously disclosed interests by \$50,000 or by 10 percent of such interests, whichever is lower;
  - c. Changes in the source of funds that exceeds the amount of all previously disclosed sources of funds by \$250,000 or 10 percent of those sources, whichever is lower; and
  - d. Changes in the uses of funds that exceeds the amount of all previously disclosed uses of funds by \$250,000 or by 10 percent of those uses, whichever is lower.

## APPLICANT/GRANTEE/RECIPIENT DISCLOSURE CERTIFICATION

See attached instructions.

<b>PART I. APPLICANT/GRANTEE/RECIPIENT INFORMATION</b>	
Indicate whether this is an Initial Report _____ or an Update Report _____	
A. Applicant/Grantee Name, Address and Telephone (include area code)	
B. Recipient Name, Address and Telephone (include area code) (for economic development component only)	
C. Project Location Address	
D. Type of Assistance Requested/Provided	Amount of Assistance Requested/Provided
<b>PART II. THRESHOLD DETERMINATION (Applicant/Grantee only)</b>	
Have you received, or can you reasonably expect to receive (including this grant application), an aggregate amount of CDAP funds in excess of \$200,000 for the time period January 1, 2007, to December 31, 2007.                      Yes _____                      No _____	
<b>If "yes," Parts III through V must also be completed.</b>	
All applicants must certify that the information provided is true by signing below.	
_____ Printed Name of Applicant/Grantee/Recipient	_____ Signature of Authorized Official
_____ Date	_____ Printed Name and Title of Authorized Official

Applicant/Grantee/Recipient Disclosure Certification (continued)

<b>PART III. OTHER GOVERNMENT ASSISTANCE</b>			
Federal Department/State/Local			Amount
Agency Name & Address	Program	Type	Requested/Provided

<b>PART IV. INTERESTED PARTIES</b>		
List of all persons with a Reportable Financial Interest	Type of Participation	Financial Interest in Project (\$ and %)

<b>PART V. SOURCES AND USES OF FUNDS</b>	
Source	Use

**SAMPLE**

**INTERGOVERNMENTAL COOPERATION AGREEMENT**

The \_\_\_\_\_, \_\_\_\_\_ County, Illinois, seeks to support the efforts of the \_\_\_\_\_ to obtain Community Development Assistance Program funds from the Illinois Department of Commerce and Economic Opportunity for (proposed project) \_\_\_\_\_ located in \_\_\_\_\_.

As the chief executives of our respective local governments, we are signing this agreement to cooperate as much as needed to accomplish these improvements.

The \_\_\_\_\_ is hereby designated as the lead agency for this application and will be the applicant for the funds. The \_\_\_\_\_ will be liable for all program administration functions should the grant be awarded.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attest

\_\_\_\_\_

Attest

Date: \_\_\_\_\_

NOTE: This general form (or a suitable variation) is to be used by local government applicants whose proposed project or project area involves more than one jurisdiction. It is a required part of any "on behalf of" or joint applications with appropriate modifications as may be required to fit local conditions.

**SECTION V**  
**ATTACHMENTS**

**DIRECT HUD ENTITLEMENTS****Metropolitan Cities**

Arlington Heights  
Aurora  
Belleville  
Berwyn  
Bloomington  
Bolingbrook  
Champaign  
Chicago  
Chicago Heights  
Cicero  
Danville  
Decatur  
DeKalb  
Des Plaines  
Downers Grove  
East St. Louis  
Elgin  
Evanston  
Joliet  
Kankakee  
Moline  
Mount Prospect  
Naperville  
Normal  
North Chicago  
Oak Lawn  
Oak Park  
Palatine  
Pekin  
Peoria  
Rantoul  
Rockford  
Rock Island  
Schaumburg  
Skokie  
Springfield  
Urbana  
Waukegan  
Wheaton

**Urban Counties**

Cook County  
DuPage County  
Kane County  
Lake County  
Madison County  
McHenry County  
St. Clair County  
Will County

INCOME GUIDELINES

## CDAP HOUSING SURVEY GUIDE

Section A – Major Deficiencies

	No Repair	Repair	Remove/Replace
	0	3	6

**Roofing**

Sagging, Buckling, Rotting Rafters Missing or Curling Shingles	( )	( )	( )
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**Framing – Exterior Walls & Sills**

Bulging or Leaning Walls Rotted or Deteriorated Framing	( )	( )	( )
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**Framing – Load Bearing Beams**

Cracked or Sagging Beams & Joists	( )	( )	( )
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**Foundation**

Settlement or Cracks in Load Bearing Walls Loose or Missing Foundation Materials	( )	( )	( )
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**Furnace**

Adequate Heat to All Habitable Spaces	( )	( )	( )
--	-----	-----	-----

**Plumbing – D W V**

System Properly Vented Unobstructed Drain Lines	( )	( )	( )
--	-----	-----	-----

**Plumbing – Supply & Fixtures**

Adequate Water Flow & Pressure Leaking Supply Lines	( )	( )	( )
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**Electrical Service & Distribution**

Sub-Standard Service Entry (mast & weatherhead) 60 Amp or 110 - 2 Wire Service	( )	( )	( )
--	-----	-----	-----

**Electrical Fixtures**

Inadequate Number of Receptacles & Switched Light Fixtures to Serve Household	( )	( )	( )
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## CDAP HOUSING SURVEY GUIDE

**Section B – Minor Deficiencies**

	<b>No Repair</b>	<b>Repair</b>	<b>Remove/Replace</b>
	<b>0</b>	<b>2</b>	<b>4</b>

**Doors – Interior**

Missing doors, broken frames	( )	( )	( )
------------------------------	-----	-----	-----

**Doors – Exterior**

Broken, Rotted Doors & Frames	( )	( )	( )
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**Porches/Entrances**

Holes, Cracks or Rotting Materials Tilting or Sagging Components	( )	( )	( )
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**Interior Flooring**

Holes or Tears in Floor Coverings	( )	( )	( )
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**Windows**

Broken, Missing or Rotted Window Frames or Panes	( )	( )	( )
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**Siding/Painting**

Deteriorated or Missing Siding Peeling or Chipping Paint	( )	( )	( )
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**For the purposes of creating three cost estimates based on typical housing conditions, housing units being surveyed should be classified in the following three numerical categories.**

**0 – 20 Points Minimal Rehabilitation Needed**

**21 – 48 Points Moderate Rehabilitation Needed**

**49 – 72 Points Major Rehabilitation Needed**