



Request for Fiscal Year 2012
Community Development Block Grant
(CDBG) Funds

In 2011, the City of Lakewood will receive
\$2,017,897 in CDBG funding

PART I - GENERAL INFORMATION

AGENCY:
ADDRESS:
TELEPHONE (DAY):
CONTACT PERSON:
TITLE:
Email address:
PROJECT/ACTIVITY NAME:
GRANT REQUEST AMOUNT: \$

NATIONAL OBJECTIVE MET BY THIS ACTIVITY:

- LIMITED CLIENTELE (SERVE ONLY LOW- AND MODERATE INCOME INDIVIDUALS)
AREA BENEFIT (OPERATE ONLY IN ELGIBLE LOW- AND MODERATE INCOME AREAS- MAP AVAILABLE UPON REQUEST)
HOUSING UNITS (SERVE ONLY HOUSING UNITS OCCUPIED BY LOW- AND MODERATE INCOME HOUSEHOLDS)
CREATES LOW- AND MODERATE INCOME JOB OPPORTUNITIES
PREVENT SLUM & BLIGHT- AREA
PREVENT SLUM & BLIGHT- SPOT
OTHER- PLEASE DESCRIBE

AND

MY ACTIVITY IS A:

- PUBLIC SERVICE (CDBG FUNDS POSITIONS AND SIMILAR TO SERVE THE PUBLIC)
PUBLIC FACILITY (CDBG FUNDS USED TO IMPROVE STREET, PUBLIC BUILDING, PUBLIC SPACE, ETC. CONDITIONS)
HOUSING PROGRAM (CDBG FUNDS FOR IMPROVEMENTS TO HOUSING UNITS)
BUSINESS OR ECONOMIC DEVELOPMENT ACTIVITY
OTHER- PLEASE DESCRIBE

PROGRAMS MUST MEET A NATIONAL OBJECTIVE AND BE AN ELIGIBLE ACTIVITY IN ORDER TO BE FUNDED THROUGH CDBG. TECHNICAL ASSISTANCE AVAILABLE THROUGH PLANNING & DEVELOPMENT AND AT MEETING ON JUNE 28, 2011 3-5 PM IN AUDITORIUM.

**HUD DESIGNATED PERFORMANCE MEASURE FOR ACTIVITY  
(MUST CHECK AT LEAST ONE OPTION)**

- CREATE SUITABLE LIVING ENVIRONMENTS
- PROVIDE DECENT AFFORDABLE HOUSING
- CREATE ECONOMIC OPPORTUNITIES

**HUD DESIGNATED PERFORMANCE OUTCOME FOR ACTIVITY  
(MUST CHECK AT LEAST ONE OPTION)**

- AVAILABILITY/ACCESSIBILITY
- AFFORDABILITY
- SUSTAINABILITY

**PART II – PROJECT DESCRIPTION**

Please attach a separate sheet of paper with the answers to Part II, questions (1.) and (2.) **Limit your narrative to no more than one (1) page for each question.**

**1. PROBLEM / NEED IDENTIFICATION**

BRIEFLY DESCRIBE THE SPECIFIC COMMUNITY DEVELOPMENT PROBLEM OR NEED ADDRESSED BY THE PROGRAM. DESCRIBE HOW THE PROBLEM OR NEED INVOLVES LOW- AND MODERATE-INCOME RESIDENTS IN LAKEWOOD, OR HOW IDENTIFIED CONDITIONS COULD LEAD TO PHYSICAL BLIGHT IN THE COMMUNITY. USE OF DATA OR STATISTICS IN THE DESCRIPTION IS STRONGLY ENCOURAGED. EXPLAIN ANY PREVIOUS ACTIONS TAKEN TO ADDRESS THIS NEED.

**2. STRATEGY STATEMENT**

DESCRIBE HOW THIS REQUEST FOR FUNDS WILL ADDRESS THE PROBLEM OR NEED IDENTIFIED ABOVE. THIS SECTION SHOULD SPECIFICALLY DESCRIBE AND QUANTIFY THE SERVICES TO BE PROVIDED, OR THE PROJECT TO BE UNDERTAKEN WITH THE REQUESTED CDBG FUNDING. INCLUDE AN OBJECTIVE THAT IS A SPECIFIC, MEASURABLE OUTCOME TO BE ACHIEVED IF THE REQUEST FOR FUNDS IS APPROVED AND THE PROJECT COMPLETED (E.G. TO RECONSTRUCT 500 LINEAR FEET OF SIDEWALK FOR 50 UNITS OF HOUSING IN A LOW/MODERATE INCOME NEIGHBORHOOD.)

**3. PROJECT AREA (city-wide, or identify census tract, neighborhood street boundaries, or street address where project is to take place): \_\_\_\_\_**

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**PART III – ANTICIPATED BENEFITS**

**1. WHAT IS THE TARGET POPULATION? (E.g. elderly, disabled, abused children, etc.)**

\_\_\_\_\_

2. PLEASE COMPLETE THE SECTION OF THE FOLLOWING TABLE THAT IS RELEVANT TO YOUR TYPE OF PROGRAM. THE NUMBER IN THE "LOW-MOD BENEFIT" COLUMN MAY BE THE SAME AS THAT IN THE "OVERALL BENEFIT" COLUMN.

<b>FISCAL YEAR 2012</b>			
<b>Type of Program</b>	<b>A. Overall Benefit</b>	<b>B. Low-Mod Benefit (See Attachment II, "Income Guidelines")</b>	<b>C. % Low-Mod Benefit (B. / A.)</b>
Public Service	Total number of Lakewood residents to be served: _____	Total number of Lakewood residents of low/moderate income to be served: _____	_____%
Economic Development	Total number of Lakewood businesses to be served: _____	Total number of jobs to be created for low/moderate income people: _____	_____%
Housing (includes rehab, new construction, or code inspection):	Total number of Lakewood housing units to be served: _____	Total number of Lakewood housing units occupied by low-moderate households to be served: _____	_____%
Infrastructure/ Public Facilities	Total number of housing units to benefit directly from the project: _____		

3. IF THIS IS AN EXISTING PROGRAM, PROVIDE AN UNDUPLICATED COUNT OF THE NUMBER SERVED PER YEAR DURING. PLEASE INDICATE IF YOU ARE COUNTING UNITS, HOUSEHOLDS OR INDIVIDUALS:  
FISCAL YEAR 2010: \_\_\_\_\_ FISCAL YEAR 2011: \_\_\_\_\_
4. IF A SOCIAL SERVICE, PERCENTAGE OF PROGRAM'S LAKEWOOD CLIENTS TO TOTAL NUMBER OF PROGRAM CLIENTS: \_\_\_\_\_%
5. ANTICIPATED PERCENTAGE INCREASE IN THE NUMBER SERVED BY THE PROGRAM DURING FISCAL YEAR 2012: \_\_\_\_\_%
6. ON WHAT BASIS DO YOU ANTICIPATE AN INCREASE?  
\_\_\_\_\_
7. IS THERE ANY OTHER AGENCY SERVING LAKEWOOD RESIDENTS WITH A SIMILAR PROGRAM?  
 No  Yes (If yes, please list the agency and program.) \_\_\_\_\_

8. DOES THE AGENCY HAVE PROCESSES IN PLACE FOR SERVING BENEFICIARIES WHO DO NOT SPEAK ENGLISH?  No  Yes (If yes, please describe)  
\_\_\_\_\_
9. TO WHICH SET OF INCOME ELIGIBILITY GUIDELINES DOES THE AGENCY TYPICALLY ADHERE IN THE ADMINISTRATION OF THIS PROGRAM [E.G. HUD PROGRAM LOW- AND MODERATE-INCOME GUIDELINES; HOUSING CHOICE VOUCHER PROGRAM (FORMERLY "SECTION 8"); FEDERAL HHS POVERTY GUIDELINES; ETC.]: \_\_\_\_\_
10. PLEASE LIST THE CLIENT ELIGIBILITY CRITERIA OF THE PROGRAM.
- A.  
B.  
C.  
D.  
E.
11. DESCRIBE THE POTENTIAL SPIN-OFF BENEFITS TO THE COMMUNITY IF THIS PROJECT IS FUNDED: \_\_\_\_\_

#### **PART IV – PROJECT TIMELINE AND BENCHMARKS**

1. WHAT IS THE PROJECT'S CURRENT STATUS?
- Existing program that is underway  
 New program that is ready for implementation  
 New program that is currently in the planning phase
2. WHEN WILL THIS PROJECT'S PROGRAM YEAR BEGIN? \_\_\_\_\_ END? \_\_\_\_\_
3. INDICATE BELOW THE AMOUNT OF CDBG FUNDS TO BE SPENT EACH QUARTER, BEGINNING JANUARY 1, 2012 AND ENDING DECEMBER 31, 2012.

2012 Jan., Feb. and March	2012 Apr., May and June	2012 July, Aug. and Sept.	2012 Oct., Nov., and Dec.
\$_____	\$_____	\$_____	\$_____

4. PROVIDE A WORK SCHEDULE IN THE SPACE BELOW THAT INDICATES A PROJECTED MILESTONE AND DEADLINE FOR ACCOMPLISHMENT OF TASKS OR THE DELIVERY OF SERVICES. (E.G. THE SCHEDULE FOR A PUBLIC SERVICE ACTIVITY MAY SPECIFY DELIVERY

OF A CERTAIN NUMBER OF STAFF HOURS PER QUARTER, OR DELIVERY OF SERVICES TO A CERTAIN NUMBER OF CLIENTS PER QUARTER.)

MILESTONE	DEADLINE

**PART V – FINANCIAL SUMMARY**

1. IF THIS PROJECT INCLUDES PHYSICAL IMPROVEMENT(S), WHAT IS THE LIFE EXPECTANCY OF THE IMPROVEMENT(S)?

\_\_\_\_\_

2. DOES THIS PROJECT PRODUCE PROGRAM INCOME (I.E. REVENUES)?

No     Yes (If yes, what is the estimated income to be produced and according to what schedule?): \_\_\_\_\_

3. PLEASE IDENTIFY THE PRIMARY STAFF MEMBERS WHO WILL BE INVOLVED IN THE ADMINISTRATION OF THE PROGRAM. IDENTIFY IF POSITION IS TO BE NEWLY HIRED IN THE “SUMMARY” SECTION OF THE TABLE.

TITLE	TYPE OF POSITION	AMOUNT OF TIME DEVOTED TO PROGRAM	BRIEF SUMMARY OF RESPONSIBILITIES
	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	

4. SOURCE OF FUNDS FOR PROJECT:

Complete this budget for the activity for which you are requesting funds only, not the entire agency or departmental budget, unless this is the only activity administered by your agency.

SOURCE OF FUNDS	COMMITTED		AMOUNT
	YES	NO	
APPLICANT AGENCY FUNDS	<input type="checkbox"/>	<input type="checkbox"/>	\$
LAKWOOD CDBG CARRY-FORWARD FUNDING FROM FY 2011	<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER FEDERAL FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	\$
STATE GOVT. FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	\$
COUNTY GOVT. FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	\$
PRIVATE SECTOR FUNDING (E.G. FOUNDATION)	<input type="checkbox"/>	<input type="checkbox"/>	\$
CLIENT FEES (ATTACH FEE SCHEDULE)	<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>LAKWOOD CDBG FY 2012 FUNDING REQUEST</b>			<b>\$</b>
<b>TOTAL PROJECT BUDGET</b>			<b>\$</b>

5. ADDITIONAL FUNDING INFORMATION (Include all costs necessary to complete this activity, such as architectural fees, administration fees, and other necessary expenses.)

A. IF THIS REQUEST IS FOR NEW CONSTRUCTION, REHABILITATION, ACQUISITION OR EQUIPMENT, SUBMIT A COST ESTIMATE FROM AN UNRELATED THIRD PARTY. *IF CDBG FUNDS ARE USED FOR CONSTRUCTION OR REHABILITATION COSTS, THEN FEDERAL WAGE RATES ("DAVIS-BACON") MUST BE PAID. AGENCY MUST ALSO SUBSCRIBE TO REPORTING REQUIREMENTS OF THE CITY OF LAKEWOOD RELATED TO PAYMENT OF DAVIS BACON WAGE RATES.*

B. SUBMIT OTHER FUNDING SOURCE COMMITMENT LETTERS TO SUPPORT BUDGET FIGURES ABOVE.

C. WHEN WILL OTHER FUNDING COMMITMENTS BE AVAILABLE FOR USE IN THIS PROJECT?

6. BREAKDOWN OF CDBG FUNDING:

Complete this budget table for CDBG funds request only. No indirect costs may be paid with CDBG funds without an approved indirect cost plan.

EXPENDITURE TYPE	DETAILED DESCRIPTION OF EXPENDITURE (ATTACH SHEET IF NECESSARY)	AMOUNT
SALARIES AND BENEFITS		\$
OPERATING COSTS (e.g. supplies, professional services, postage, materials, travel, etc.)		\$
CAPITAL COSTS (e.g. land or building acquisition, construction, rehab, demolition, etc.)		\$
OTHER		\$
OTHER		\$
<b>TOTAL</b>		<b>\$</b>

7. THE REQUESTED AMOUNT OF CDBG FUNDING COMPRISES \_\_\_\_\_% OF THE TOTAL PROGRAM BUDGET.

8. TOTAL AGENCY BUDGET:

EXPENDITURE TYPE	AMOUNT
SALARIES AND BENEFITS	\$
OPERATING COSTS (e.g. supplies, professional services, postage, materials, travel, etc.)	\$
CAPITAL COSTS (e.g. land or building acquisition, construction, rehab, demolition, etc.)	\$
OTHER (DESCRIBE: )	\$
OTHER (DESCRIBE: )	\$
<b>TOTAL</b>	<b>\$</b>

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## PART VI – AGENCY INFORMATION

1. NON-PROFIT AGENCIES SHOULD SUBMIT ONE COPY OF EACH OF THE FOLLOWING DOCUMENTS:
  - A. ONE (1) COPY OF THE ORGANIZATION'S ARTICLES OF INCORPORATION
  - B. ONE (1) COPY OF THE ORGANIZATION'S IRS TAX EXEMPT STATUS DETERMINATION LETTER. ENTER TAX EXEMPT ID NUMBER HERE: \_\_\_\_\_
  - C. CURRENT LIST OF THE ORGANIZATION'S BOARD OF DIRECTORS OR TRUSTEES, AND THEIR AFFILIATIONS.
  - D. ONE (1) COPY OF THE ORGANIZATION'S MOST RECENT ANNUAL REPORT.
  - E. ONE (1) COPY OF THE ORGANIZATION'S MOST RECENT AUDITED ANNUAL FINANCIAL STATEMENT.
2. WHAT IS THE GEOGRAPHICAL AREA OF SERVICE FOR YOUR AGENCY? \_\_\_\_\_
3. IS THE AGENCY LICENSED OR ACCREDITED?     No     Yes (If yes, by whom?)  
\_\_\_\_\_
4. DOES THE AGENCY FORMALLY EVALUATE AND MEASURE THE EFFECTIVENESS OF THIS PROGRAM?     No     Yes  
  
If not, please explain your efforts to implement such a process. If yes, describe how: \_\_\_\_\_
5. HOW WILL THE AGENCY MODIFY THE PROGRAM IF FULL FUNDING IS NOT RECEIVED?  
\_\_\_\_\_
6. PLEASE EXPLAIN ANY SIGNIFICANT CHANGES IN AGENCY FUNDING SOURCES THAT HAVE OCCURRED IN THE LAST TWO (2) YEARS:  
\_\_\_\_\_
7. WHAT NEW APPROACHES ARE BEING DEVELOPED OR EXPLORED TO GENERATE NEW SOURCES OF FUNDS?  
\_\_\_\_\_
8. WHAT STEPS HAVE BEEN TAKEN IN THE PAST YEAR TO MAKE THE AGENCY MORE COST EFFECTIVE?  
\_\_\_\_\_

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**PART VII**

IF THIS REQUEST IS ACCEPTED FOR FUNDING, THE APPLICANT MUST BE WILLING TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND CITY REQUIREMENTS AND ENTER INTO A FUNDING AGREEMENT WITH THE CITY OF LAKEWOOD.

APPLICANT CERTIFIES THAT: *TO THE BEST OF MY KNOWLEDGE AND BELIEF, DATA CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THIS APPLICATION HAS BEEN DULY AUTHORIZED BY THE APPLICANT'S APPROPRIATE BOARD OF TRUSTEES, BOARD OF DIRECTORS, OR CHIEF EXECUTIVE OFFICER.*

SUBMITTED BY: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

SUBMIT:

- ONE UNSTAPLED **ORIGINAL AND**
- **ONE ELECTRONIC COPY**

OF APPLICATION AND ATTACHMENTS BY **NOON, MONDAY, July 18, 2011** TO:

**EMMA PETRIE BARCELONA**  
DEVELOPMENT OFFICER  
PLANNING & DEVELOPMENT DEPARTMENT  
CITY OF LAKEWOOD  
12650 DETROIT AVENUE  
LAKEWOOD, OHIO 44107  
(216) 529-7680  
FAX: (216) 529-5907  
[EMMA.BARCELONA@LAKEWOODOH.NET](mailto:EMMA.BARCELONA@LAKEWOODOH.NET)

**ATTACHMENT I**  
**CHECKLIST FOR ENCLOSURES**

- PART II, QUESTION 1 – PROBLEM NEED/IDENTIFICATION
- PART II, QUESTION 2 – STRATEGY STATEMENT
- PART V, 2 – PROGRAM INCOME SCHEDULE (IF APPLICABLE)
- PART V, 5A– CONSTRUCTION COST ESTIMATE (IF APPLICABLE)
- PART V, 5B – FUNDING SOURCE COMMITMENT LETTERS (IF APPLICABLE)
- ARTICLES OF INCORPORATION (IF APPLICABLE)
- IRS TAX EXEMPT STATUS DETERMINATION LETTER (IF APPLICABLE)
- LIST OF BOARD OF TRUSTEES (IF APPLICABLE)
- MOST RECENT ANNUAL REPORT (IF APPLICABLE)
- MOST RECENT AUDITED ANNUAL FINANCIAL STATEMENT (IF APPLICABLE)

**ATTACHMENT II**  
**LOW- AND MODERATE INCOME GUIDELINES**

<b>Fiscal Year 2011 Income Limits</b>			
Household Size	Moderate (80% of Metropolitan Area median)	Low (50% of Metropolitan Area median)	Extremely Low (30% of Metropolitan Area median)
1 person	\$35,200	\$22,000	\$13,200
2 person	\$40,200	\$25,150	\$15,100
3 person	\$45,250	\$28,300	\$17,000
4 person	\$50,250	\$31,400	\$18,850
5 person	\$54,300	\$33,950	\$20,400
6 person	\$58,300	\$36,450	\$21,900
7 person	\$62,350	\$38,950	\$23,400
8 person	\$66,350	\$41,450	\$24,900

Please note, income limits above apply to fiscal year 2011 programs, and are provided for example purposes only. Income limits for fiscal year 2012 may increase. The CDBG program's income limits as set by the U.S. Department of Housing and Urban Development each year.

**DATA TO BE REPORTED FOR MOST PROGRAMS:**

**DATA ACCEPTED MONTHLY AND MUST BE RECEIVED IN ORDER TO PROCESS SAME MONTH INVOICES**

- **NUMBER OF PEOPLE SERVED**
- **EXACT RACE OF EACH PERSON SERVED (INCLUDING MULTI-RACIAL VARIATIONS)**
- **HISPANIC OR NON-HISPANIC ETHNICITY OF EACH PERSON SERVED**
- **NUMBER OF FEMALE HEADED HOUSEHOLDS SERVED**
- **NUMBER OF PEOPLE SERVED IN EACH INCOME CATEGORY**
- **NUMBER OF PEOPLE WITH NEW OR CONTINUING ACCESS TO THE SERVICE OR BENEFIT**
- **NUMBER OF PEOPLE WITH IMPROVED ACCESS TO A SERVICE OR BENEFIT**
- **NUMBER OF PEOPLE WHO RECEIVE A SERVICE OF BENEFIT THAT IS NO LONGER SUBSTANDARD**
- **OTHER DATA AND INFORMATION AS NEEDED**