



**CITY OF NORTH LAS VEGAS – PLANNING AND DEVELOPMENT DEPARTMENT
 NEIGHBORHOOD SERVICES DIVISION
 Telephone: 702-633-1531 Fax: 702-642-1511**

**Construction/Rehabilitation Program Application
 Community Development Block Grant Funds
 (CDBG)
 FY 2006/2007 EDITION - ALL OTHERS ARE OBSOLETE
 DO NOT CHANGE THE APPLICATION FORMAT**

DUE: THURSDAY, NOVEMBER 17, 2005 BY 5:00PM

**DO NOT STAPLE OR BIND
 PROJECT SUMMARY PAGE**

AGENCY NAME:		
PROGRAM/PROJECT TITLE:		
PROJECT PRIORITY: (IF MULTIPLE APPLICATIONS ARE SUBMITTED)	<u>AMOUNT REQUESTED:</u>	
	PROPOSED NUMBER OF UNITS:	
EXECUTIVE DIRECTOR:	CONTACT PERSON:	
STREET ADDRESS/STATE/ZIP:		
TELEPHONE NO.:	FAX:	E-MAIL:
PROGRAM/PROJECT LOCATION:		
BRIEF DESCRIPTION OF PROGRAM/PROJECT:		
CENSUS TRACT:	WARD:	
TYPE OF CLIENT SERVED. CIRCLE ONE: HOMELESS, YOUTH, ELDERLY, DISABLED		

The City of North Las Vegas does not discriminate against persons based on race, color, religion, marital status, sex, national origin, ancestry, age, familial status, disability or any arbitrary basis. If you need special assistance in order to read and understand the information contained herein, please call the Neighborhood Services Division at (702) 633-1531.



SECTION I
NATIONAL OBJECTIVE REQUIREMENTS

Project Name: _____

- A. National Objective:** Benefits low- and moderate (L/M) income persons.
- B. National Objective Qualifiers** (*In order to be considered as benefiting low- or moderate income persons, an activity must fall into one of the categories below. Please check the applicable box*)

- Area Benefit - At least 51% of the residents within the targeted activity area are L/M income persons. The activity may also be available to all persons in the area regardless of income.
- Limited Clientele (To qualify under this subcategory, a limited clientele activity must meet one of the following tests. Please check the appropriate box.)
- Clientele must be one of the following groups: abused children; elderly persons; battered spouses; homeless persons, adults meeting Bureau of Census' definition of severely disabled persons, illiterate adults, persons living with AIDS, and migrant farm workers
 - At least 51% of the clientele must be L/M income persons
 - The activity must be located in a low-moderate income census tract (see CDBG/SNEC target area on attached maps), or be *of such a nature* that it may reasonably be concluded that the clientele will be L/M income persons

- C. Category of Activity** (*check all applicable boxes which describe the program or project*)

- | | |
|--|--|
| <input type="checkbox"/> Subrecipient Facility- Rehabilitation | <input type="checkbox"/> Acquisition of Real Property |
| <input type="checkbox"/> Subrecipient Facility- New Construction | <input type="checkbox"/> Public Facilities/Improvement |
| <input type="checkbox"/> Housing Rehabilitation | |

These categories will describe the services offered at the facility.

- | | |
|--|--|
| <input type="checkbox"/> Affordable Child Care | <input type="checkbox"/> Education Programs |
| <input type="checkbox"/> Drug and/or Alcohol Treatment | <input type="checkbox"/> Services for Homeless persons |
| <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Recreation Program | <input type="checkbox"/> Job Training/Readiness |
| <input type="checkbox"/> Services for Senior Citizens | |

**SECTION II
SCOPE OF SERVICES**

PART I - PROJECT NARRATIVE: Provide a brief, clear and concise description for each question or statement. Do not use a font smaller than 10 point. No attachments will be allowed, unless specifically indicated in each section.

A. Statement of Problem/Need: Describe the problem or need the proposed activity is intended to address.

B. Target Population: Describe the characteristics of the population to be served (i.e.; homeless, youth, seniors, disabled, etc.) or the area to be benefited. Please attach map showing project location and, geographic area served.

C. Project Description:

1. Describe the construction/rehabilitation work to be performed.

2. Please detail the timeline for the proposed project. Include benchmarks, corresponding dates, activity descriptions, duration of work and start and finish dates.

3. Describe project location including street address and nearest cross streets.

4. Discuss what agencies other than the applicant that will be involved with the project. If applicable, attach letters of intent from each participating agency specifying the agency's role and contribution to the project.

D. Previous Accomplishments: For those agencies that have previously received City of North Las Vegas CDBG funding, describe the accomplishments achieved. Include the degree to which the objectives were met. If there were difficulties in achieving the objectives, describe how that will be overcome in the future. If the project has not previously received City of North Las Vegas CDBG funding, describe the accomplishments achieved through other funding sources.

PART II - AGENCY NARRATIVE: *Provide a brief, clear and concise description for each question.* Do not use a font smaller than 10 point. Unless requested, no attachments will be allowed within this section.

A. Background

1. Describe the purpose of the agency, charter or mission statement of applicant. Describe organization's capabilities and characteristics of clients served. Include days and times of operation.

2. Indicate the length of time the agency has been in operation and include the date of incorporation.

B. Qualifications: Discuss the agency's capability to develop, implement and administer the proposed project.

C. Financial: Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures and audit requirements. Describe financial supervision by Board. Identify and describe any audit findings, investigations, or probation by any agency in the past five years. ***Failure to provide requested information will render the application non-acceptable.***

Part III - BUDGET NARRATIVE: *Provide a brief, clear and concise description for each question.* Do not use a font smaller than 10 point. No attachments will be allowed within this section.

A. Finances:

1. Describe how the project will be funded. Discuss current funding and funds that have been applied for or requested from other sources.

2. Discuss plans for maintaining the project beyond the period supported by CDBG. (Describe fundraising or other funding sources.)

3. Have you ever had any funds recaptured (returned) or removed from your agency? This includes CDBG, HOME, HOPWA, State, Federal or other funds. If yes, explain. **Failure to accurately answer this question will render the application non-acceptable.**

4. Have you ever requested an extension to utilize funds? If yes, explain.

B. Program Priorities:

Priorities

Due to the fact that funding requests typically exceed funding availability, please prioritize your line item budget request. It is often not possible to fully fund some projects and by providing this information will enable the Citizens Advisory Committee to make a knowledgeable funding decision. **It is very important that you prioritize your line items.**

	Line Item Category	Amount
Priority #1		
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		

**SECTION III – PART I
PROJECT CHARACTERISTICS**

(a) Type of Project Check one:		(b) Site Control Check one:	
Capital Improvement Public Facility		Site Control is in the following form:	
Capital Improvement Non-Public			Deed (you hold title to property)
Activity Check one:			Executed Purchase Contract
New Construction			Option to Purchase
Acquisition		Attach documentation of site control. (Projects without site control will not pass the threshold review) <u>SPECIAL NOTE TO APPLICANTS</u> Deed of Trust, Purchase Contract or Option must be in the name of the non-profit agency making the application	
Acquisition w/Moderate* Rehabilitation			
Acquisition w/Substantial Rehabilitation			
Moderate* Rehabilitation			
Substantial Rehabilitation			
Reconstruction**			

*Rehabilitation where the average per unit rehabilitation cost does not exceed \$25,000.

** Means the rebuilding of a destroyed or demolished (or to be demolished) building

(c) Appraised Value of Property: (Attach an appraisal or comparables from a licensed real estate agent obtained within the past year) All property must have a formal appraisal <u>prior</u> to funding. Before and after rehab and construction appraisals must be submitted prior to requesting funding. Projects will not be funded over appraised value. Preliminary Title Report must be submitted to the City prior to funding	Appraised Value	\$
	Name of Appraiser/Agent:	
	Date of Appraisal:	
	Date of Market Analysis	

(d) Site Data:		(e) Property Status:			
Is the site properly zoned for this project?		Unimproved Property			
Site Zoning:		Improved Property			
NOTE: Must attach a letter from the City of North Las Vegas Planning and Development Department verifying the proposed use is either a principally permitted use or a special use within the current zoning designation. A copy of your request letter with no corresponding response from the City of North Las Vegas Planning and Development Department is not acceptable.		If Improved, is the Property:			
		Vacant		Occupied	
		If Occupied, is Property Occupied By:			
		Owner		Tenant(s)	
		Site Size		Acres	
		Please note size in box to the right			

(f) Describe site and previous use:

**SECTION IV –PART I
PROJECT BUDGET CERTIFICATION FORM**

ALL PERMITS AND FEES ARE THE RESPONSIBILITY OF THE APPLICANT

(Construction control may be required for all construction and rehab costs)

You must provide a detailed Budget of the use of your requested funds to include materials.

ITEM	TOTAL ESTIMATED COST	TO BE FUNDED W/ CNLV CDBG
ACQUISITION OF LAND & BUILDINGS:		
LAND (construction must start within one year of Council approval)	\$	\$
EXISTING BUILDING (S)	\$	\$
OTHER:	\$	\$
SUBTOTAL-ACQUISITION OF LAND & BUILDINGS	\$	\$
CONSTRUCTION/REHABILITATION COSTS:		
*(Include a detailed description of these costs, and explain how they were estimated on a separate paper.)		
DEMOLITION COSTS	\$	\$
NEW BUILDING COSTS	\$	\$
REHABILITATION COSTS	\$	\$
MATERIALS	\$	\$
LABOR	\$	\$
SITE WORK	\$	\$
OFF-SITE IMPROVEMENTS	\$	\$
PERMIT FEES	\$	\$
UTILITY CONNECT FEES	\$	\$
WATER CONNECT FEES	\$	\$
SEWER CONNECT FEES	\$	\$
CONTRACTOR FEE	\$	\$
CONSTRUCTION CONTINGENCY	\$	\$
SUBTOTAL- CONSTRUCTION/REHABILITATION COSTS	\$	\$
TITLE AND RECORDING FEES	\$	\$
LEGAL FEES	\$	\$
INSURANCE	\$	\$
DOCUMENTATION PREP. FEES	\$	\$
ESCROW CLOSING FEE	\$	\$
OTHER:	\$	\$
SUBTOTAL- PERMANENT LOAN FINANCING COSTS	\$	\$
PAGE SUBTOTAL (ALL)	\$	\$

NO PHYSICAL OR CHOICE LIMITING ACTIONS INCLUDING ACQUISITION, DEMOLITION, MOVEMENT, REHAB, OR CONSTRUCTION, ETC. CAN TAKE PLACE ON THE PROPOSED PROJECT PRIOR TO THE COMPLETION OF THE HUD REQUIRED ENVIRONMENTAL REVIEW.

**SECTION IV –PART I (continued)
PROJECT BUDGET CERTIFICATION FORM**

ITEM	TOTAL ESTIMATED COST	CITY CDGB PORTION
RELATED SOFT COSTS - GENERAL:		
ARCHITECTURAL DESIGN FEES	\$	\$
ARCHITECTURAL SUPERVISION (if applicable)	\$	\$
ENGINEERING FEES	\$	\$
ENGINEERING SUPERVISION (if applicable)	\$	\$
SURVEY	\$	\$
APPRAISAL FEE(S)	\$	\$
ENVIRONMENTAL REPORT	\$	\$
SOILS REPORT	\$	\$
INDEPENDENT COST ESTIMATE FEES	\$	\$
PROJECT AUDIT FEE	\$	\$
PROFESSIONAL ESTIMATOR	\$	\$
CONSTRUCTION CONTROL	\$	\$
OTHER:	\$	\$
SUBTOTAL-RELATED SOFT COSTS/GENERAL	\$	\$
PAGE SUBTOTAL	\$	\$
PREVIOUS PAGE SUBTOTAL	\$	\$
TOTAL ESTIMATED COST	\$	\$

ALL PROJECTS OVER \$2,000 MUST UTILIZE APPLICABLE DAVIS-BACON WAGE RATES.

In my position* as _____ (Title)**, I have reviewed the cost estimate for _____ (Name of Project) and find that the scope of the project is adequately defined and the cost estimates associated with the project, as defined, are reasonable and accurate.

Signature/Title**/Company

Date

Print Info here:

*May not be an employee of the applicant.

**Must be signed off by Independent Architect, Engineer, Contractor or Professional Estimator.

**SECTION IV –PART II
PROJECT FUNDING SUMMARY**

SOURCE	COMMITMENT RECEIVED		FEDERAL FUNDS		AMOUNT (\$)
	Yes	No	Yes	No	
OWNER/SPONSOR CASH					
OWNER/SPONSOR LAND CONTRIBUTION					
CNLV CDBG FUNDS					
CLARK COUNTY CDBG					
STATE					
OTHER:					
OTHER:					
OTHER:					
VALUE OF DONATED CONSTRUCTION MATERIAL					
VALUE OF DONATED LABOR					
1 ST DEED OF TRUST LENDER:					
2ND DEED OF TRUST LENDER:					
3 RD DEED OF TRUST LENDER:					
4 TH DEED OF TRUST LENDER:					
OTHER (SPECIFY):					
TOTAL ALL SOURCES OF FUNDS					\$

CONSTRUCTION LOAN DATA				
Will interim construction financing be required for this project?	Yes		No	
If Yes, state name of construction lender:				
Amount of construction loan:	\$			
Name of construction loan contact person			Phone No.	

**SECTION IV – PART III
THREE YEAR FUNDING HISTORY**

Name of Organization: _____

Funding Cycle

From Month: _____ To Month: _____

	02/03	03/04	04/05
REVENUE			
CITY			
COUNTY			
STATE			
FEDERAL			
FEES CHARGED			
FUNDRAISING			
DONATIONS			
OTHER (EXPLAIN)			
OTHER (EXPLAIN)			
TOTAL REVENUE			
EXPENSES			
SALARIES			
BENEFITS			
INSURANCE			
AUDIT			
RENT			
UTILITIES			
CONSULTANTS			
TRAVEL			
OFFICE SUPPLIES			
EQUIPMENT			
PRINTING			
DIRECT CLIENT SERVICES			
OTHER			
OTHER			
TOTAL EXPENSES			
REVENUE LESS EXPENSES			

**SECTION V – PART I
DEVELOPMENT SCHEDULE**

Indicate the proposed time line for major milestones of project based on a start date after July 1, 2006.

DEVELOPMENT ACTIVITY	SCHEDULED DATE (MM/YY)	COMPLETED AT TIME OF APPLICATION (YES OR NO)
SITE:		
SITE CONTROL SECURED		
PHASE I ENVIRONMENTAL REVIEW COMPLETE		
SITE PURCHASED		
PLANS AND SPECIFICATIONS:		
ARCHITECT SELECTED:		
ENGINEER SELECTED:		
SCHEMATIC DESIGNS/WORKING DRAWINGS COMPLETE		
LOCAL BUILDING CODE REVIEW COMPLETE		
FINAL PLANS AND SPECIFICATIONS COMPLETE		
PERMANENT FINANCING:		
PERMANENT FINANCING APPLICATION SUBMITTED		
PERMANENT FINANCING COMMITMENT RECEIVED		
INTERIM FINANCING:		
CONSTRUCTION/REHAB LOAN APPLICATION SUBMITTED		
CONSTRUCTION/REHAB LOAN COMMITMENT RECEIVED		
CONSTRUCTION/REHABILITATION:		
CONTRACTOR SELECTED:		
CONSTRUCTION/REHABILITATION TO BEGIN		
CONSTRUCTION COMPLETE		
PERMANENT FINANCING LOAN CLOSING:		

**SECTION VI
CERTIFICATIONS**

**COMPLIANCE WITH
CIVIL RIGHTS ACT AND AMERICANS WITH DISABILITIES ACT**

_____ (Name of organization requesting CDBG funds) certifies that it prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964. Written documents outlining this organization's non-discrimination policy are on file and available for review.

It is further certified that this organization has reviewed its projects, programs and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written documentation concerning this review and corrective actions taken (if any) are on file and available for review.

CERTIFICATION OF NON-DEBARRED STATUS

The undersigned, acknowledges and certifies that they are in compliance with 24 CFR Part 5 and 24 CFR Part 570.609 - Use of debarred, suspended or ineligible contractors or subrecipients. Assistance under this Part shall not be used directly or indirectly to employ, award contracts to, or otherwise engage the services of, or fund any contractor or subrecipient during any period of debarment, or placement in ineligibility status under the provisions of 24 CFR Part 24.

Further, in the case of construction projects, the prime contractor certifies same for self and all subcontractors on any federally funded project.

CERTIFICATION OF CITY OF NORTH LAS VEGAS AFFILIATION

 List the names and positions of members of the Board of Directors, officers, workers, or members of the organization who are on the City Council, appointed by a member of the City Council, or a City employee. **If none, check the box below that states NONE.**

NONE IN AGENCY

NAME	POSITION IN ORGANIZATION	AFFILIATION WITH CITY

 President/Board of Directors
 (or other authorized person)

 Date

**SECTION VI CERTIFICATIONS
THRESHOLD CERTIFICATION**

In order for your application to be accepted, in addition to the application itself your organization must meet and submit the following threshold items:

ALL APPLICANTS Must be a 501 C (3) or (4) NO OTHERS WILL BE ALLOWED

1. **FULLY COMPLETED APPLICATION.**

ATTACHMENTS

2. **DOCUMENTATION OF NON-PROFIT STATUS.** Copy of IRS letter showing current 501 C (3) or (4) status. **PENDING STATUS WILL NOT BE ACCEPTED.**
3. **NEVADA SECRETARY OF STATE CERIFICATION OF GOOD STANDING.** All applicants must show proof of current good standing with the Nevada's Secretary of State Office. Receipt must be dated no more than 12 months prior to application date.
4. **EVIDENCE OF SITE CONTROL.**
5. **BOARD OF DIRECTORS.** Include a list of all persons serving on the Board of Directors.
6. **ORGANIZATIONAL CHART.** Please submit a chart showing current employees with job titles and delegation of authority.
7. **AUDIT.** All applicants must submit either an A-133 Audit, audited financials or certified annual financial statements.
- a. Copy of OMB A-133 Audit (Required if \$500,000 in aggregate Federal funds expended)
 - b. Audited Financial statements audited by a CPA (only if not qualified for A-133)
 - c. Certified Annual Financial Statements: This is the lowest criteria and will only be accepted for those non-profits who can document that they did not qualify for an A-133 or regular audit or who are first time federal grant applicants. The Treasurer and Board President must certify the Annual Financial Statements.
8. **MISSION OR OBJECTIVE STATEMENT:** Pages from Articles of Incorporation that document the mission or objectives of agency.
9. **COPY OF CURRENT OPERATING BUDGET.**
10. **LETTERS OF COMMITMENT** from other funding sources, if applicable.
11. **APPRAISAL(S) OR COMPARABLES** as applicable.
12. **LETTER FROM CITY OF NORTH LAS VEGAS PLANNING AND DEVELOPMENT DEPARTMENT** verifying that the project conforms to current zoning.
13. **BUSINESS LICENSE: Documentation** verifying that the agency meets the City of North Las Vegas Business License requirements.

The undersigned acknowledges and accepts the terms and conditions of the Threshold Certification, and understands that omission of any required documents shall render the application as non-acceptable.

President/Board of Directors
(or other authorized person)

Date

**SECTION VI
CERTIFICATIONS**

CERTIFICATION OF APPLICATION

The Board of Directors of _____, does hereby resolve that on _____, 2005 the Board reviewed the Application for Community Development Block Grant Funds to be submitted to the City of North Las Vegas Neighborhood Services Division for funding consideration for the fiscal year 2006/2007 and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax exempt and incorporated in the State of Nevada.

_____ (*name of organization requesting CDBG funds*) hereby proposes to provide the services or project identified in the Scope of Services in accordance with this Application for Community Development Block Grant Funds and with the City of North Las Vegas Neighborhood Services Division. If this application is approved and this organization receives CDBG funding from the City of North Las Vegas, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true and correct and complete.

I also authorize the following person(s) to have signatory authority regarding this grant:

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
President/Board of Directors (or other authorized person)	Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.