

**INSTRUCTIONS for  
Community Facilities**

**INSTRUCTIONS FOR COMPLETING ACTIVITY FORMS**

**Note:** If more than one project is being proposed, submit a separate Activity Form for each project.

**A. ACTIVITY DESCRIPTION:**

1. **Use of CDBG funds.**

Indicate how CDBG funds will be used on the project.

**Note:** **Please see the NOFA for detailed descriptions and limitations of these uses.**

If the applicant is applying for “Multi-Service” Community Facility with **more than one** public service program conducted within it, the applicant must complete one set of the “activity needs section” forms below for **each** service program conducted within the facility. **This is very important because the need for the facility is based on the need for services being provided from within it.**

2. **Project description, type of service(s), and environmental clearance information.**

- a. Provide a brief description about the project. Give information about the use of CDBG funds, the total project cost, the total number of beneficiaries, and a breakdown of the Targeted Income Group (TIG) and Lowest Targeted Income Group (LTIG) beneficiaries.

If the applicant is proposing a combination activity, explain all aspects of these activities. If the project involves activities that will involve various user groups, describe the uses of the building/facility and include estimates for percentages of time projected for use by each user group.

**Example 1**—The City of XYZ will grant \$500,000 to the non-profit organization, the Battered Spousal Center of XYZ, to purchase and rehabilitate a building to house battered spouses and their children. These funds represent the total cost of the project. The City estimates the Center will provide services to 10 families/50 persons a week.

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**Example 2**—The County of ABC will use \$500,000 of CDBG funds to construct a health and social services center for the unincorporated community of XYZ. A private individual is donating the land. Sixty percent of the space will be used by the County Mental Health Department to provide services to migrant farm workers who are all Targeted Income Group. These services will be provided 30 hours a week. Thirty percent of the space will be used for job training for TANF recipients forty hours a week. The remaining ten percent of the space will be used to provide a drug and alcohol abuse counseling and diversion program to low income residents. These services will be provided twenty hours per week.

- b. Indicate whether the service(s) to be provided is a New service or an Existing service. (Complete the appropriate forms as indicated)
- c. Environmental Clearance.

Describe the actual (if known) or estimated level of National Environmental Policy Act (NEPA) environmental clearance. Scheduling and budgeting should allow for sufficient time and funds to complete environmental clearances prior to commencement of activities. Community Facilities activities may require a more elaborate level of NEPA environmental clearance than other types of community development.

If the applicant already has a NEPA environmental review record (ERR) for the proposed project that was prepared by another agency, these documents may or may not satisfy NEPA requirements for HUD purposes. Please contact the CDBG representative for further guidance on avoiding ERR duplication.

### B. NEED FOR ACTIVITY:

#### 1. **Serious Problem Description:**

Include a detailed description that is as specific as possible; quantify wherever possible to document the scope, magnitude, duration, and impacts of the problem.

#### **Complete the *Problem & Service Provider Documentation Chart*.**

Enter the type of documentation that is being provided to demonstrate the severity of the problem on the ***Problem & Service Provider Documentation Chart***. Applications submitted for Community Facilities addressing serious problems should include strong documentation in the form of a needs analysis, user/beneficiary survey, and letters from local agencies. The most competitive applications will address and document **a serious threat to the health, safety or well-being of the proposed beneficiaries.**

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### 2. **Solving the Problem:**

Describe how and to what extent the proposed activity will solve the problem. **Attach copies** of relevant documentation. **Highlight** relevant passages. The most effective methods of documentation include:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
- b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

### 3. **Commitment From Service Providers:**

Indicate the service(s) committed to by funding or provider source, and attach documentation.

### 4. **Site Control:**

If the proposed project involves site acquisition, please answer the question. **Note: *Site acquisition costs incurred prior to the award of a grant, execution of a grant agreement and satisfaction of any special conditions are not reimbursable from the grant.*** Examples of site control include an option to purchase or a purchase agreement, an option to lease or a leasehold interest, or a deed of trust. Include documentation that rights-of-way or easements have been obtained.

### 5. **Documentation of NEED for NEW Services:**

- a. Check how the NEED is documented.
- b. Check the appropriate box and provide information, if applicable.
- c. Check the appropriate box, and if yes, provide explanation.

OR

### 6. **Documentation of NEED for EXISTING Services:**

- a. Check the appropriate box.
- b. Identify date funds will end.
- c. Provide a brief explanation and attach any current financial statements.
- d. Indicate how the NEED was determined.
- e. Check the appropriate box.
- f. Check the appropriate box, and if yes, provide an explanation.

### 7. **Complete Problem and Service Provider Documentation Chart**

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### C. TARGETED INCOME GROUP BENEFIT

If the applicant does not provide information, the Department will assign points based on the percentage of families in the jurisdiction that are TIG. **Activities with 90% TIG benefit will result in full points in the Benefit category.**

Income restriction: applicants should demonstrate that there is an explicit limitation, based on income, for who is eligible to benefit from the project. (Note: Charging a fee to non-TIG project beneficiaries does not exclude them from being considered CDBG beneficiaries.)

Limited Clientele: for the purposes of assigning a benefit score, absent evidence to the contrary, 100% TIG benefit will be presumed for activities that exclusively serve a group of persons in any one or a combination of the following categories: abused children, battered spouses, adults meeting the Bureau of the Census' Current Population Report's definition of "severely disabled," homeless persons, illiterate adults, persons living with AIDs, and migrant farm workers.

Income survey: for Community Facilities activities in which services will be provided to specific client groups not listed in the limited clientele paragraph above (for example, senior citizens, farm workers, single mothers) applicants should conduct a survey of existing and/or potential beneficiaries. Please refer to Appendices for guidance on survey methodology.

NOTE: For Community Facilities, activities in which services or activities are open to all residents of the area, an income survey of the actual users of the facility may only be done if at least 51% of the residents of the area are TIG.

Other: Explain any other source documentation that was used, e.g., waiting lists.

### D. SOURCES AND USES FORM

#### 1. Sources and Uses Form

Sources. The major funding sources are printed on the form.

The amounts and sources for local and private funding contributions should match the information provided on the leverage charts in the application summary. In addition, make entries here for any State, Federal, or other sources, that will be used to finance the entire project.

For "other State" funds, if any are from another HCD program, please identify that program on this chart.

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Uses. Identify the cost categories applicable to the proposed project and enter the dollar amounts budgeted for each category. Allocate the amounts across the table to the funds that are expected to be received from all the sources listed. This chart should include costs for the entire project (not just the CDBG portion). The applicant's cost estimates can assist in calculating these entries.

- For the Construction lines, include a factor for Davis-Bacon wages when applicable. All construction costs should include a contingency established in the line item.
- The Equipment category could include items such as outdoor playground equipment.
- Examples of fees that should be listed are commissions to brokers or closing costs for the acquisition of land or a building.

***Please double-check the totals in all rows and columns for accuracy.***

### **E. PROGRAM READINESS**

Of the 150 points available for capacity, the application may be awarded up to 50 of those points if the applicant can document actions that make the proposed project ready to proceed. These actions must be directly related to the activity. They may include the completion of the special conditions and environmental review requirements, securing site control, securing financing for the entire project, or anything that would enable the applicant to be ready to proceed.

A list of acceptable Examples of such actions is included in the Program Readiness Chart.

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### A. ACTIVITY DESCRIPTION:

#### 1. Use of Funds:

Please indicate the proposed uses of the requested CDBG funds (for this activity). **Check all that apply.** Please see the NOFA for detailed description and limitations of these uses.

Acquisition

Construction

Rehabilitation

Other: (describe) - \_\_\_\_\_  
\_\_\_\_\_

**Note: If applying for Community Facilities with more than one public service program (multi service center), complete one set of Community Facilities activity “need” forms for each service.**

#### 2. Description of Project:

a. Please provide a detailed description of the size and scope of project. Give steps in project development and timeline for completion.

b. Description of service(s) to be provided in facility. *Check the appropriate box to indicate type of service(s).*

NEW Service. (Complete Section #5 – Documentation of Need for New Services.)

EXISTING Service. (Complete Section #6 – Documentation of Need for Existing Services.)

c. Environmental Clearance. What is the anticipated level of environmental clearance under the National Environmental Policy Act (NEPA)?

Environmental Assessment

Categorically Excluded but subject to 58.5...

## Community Facilities

### B. NEED FOR ACTIVITY:

1. Describe the serious problem that exists if this service is not available and/or increased. (Be sure to complete the ***Problem & Service Provider Documentation Chart*** and attach appropriate documentation.)
  
2. Explain how and to what extent the proposed activity will solve the problem. (Quantify current and proposed levels of service)

Include in the description:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
  - b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
  - c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.
3. **Commitment From Service Providers:**

Does the applicant have commitments from service providers?

\_\_\_\_\_ Yes. Include them on the chart.                      \_\_\_\_\_ No.

- Complete the attached ***Problem & Service Provider Documentation Chart***.
- Be sure to attach all documentation that is identified.
- All documentation must be on service provider letterhead and must be specific as to what services are being committed.

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**4. Site Control:**

If the proposed project involves site acquisition, please answer the following question.

- Will the applicant have site control in place within 90 days after execution of contract?

\_\_\_\_ Yes. Attach documentation.

\_\_\_\_ No. Explain Below.

**Note: Site acquisition costs incurred prior to the award of a grant, execution of a grant agreement, and satisfaction of any special conditions are not reimbursable from the grant.**

- 5. DOCUMENTATION OF NEED for NEW Services.** If multiple services are proposed, the applicant must complete one set of Activity Forms for each service. (See instructions for clarification.)

a. How was the **NEED** documented?

- **Surveys of:**

\_\_\_\_ **INTENDED** Beneficiaries

Number of INTENDED Beneficiaries: \_\_\_\_\_

\_\_\_\_ per Day    \_\_\_\_ per Week    \_\_\_\_ per Month

Number of Beneficiaries Turned Away: \_\_\_\_\_

\_\_\_\_ per Day    \_\_\_\_ per Week    \_\_\_\_ per Month

- **Other:**

\_\_\_\_ Letters from Non-Profit Organization(s)

\_\_\_\_ Newspaper Articles regarding the need for the service.

\_\_\_\_ Third party letters describing the direct health and safety impact.

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**b.** Is there a nearby facility providing the proposed service now?

No. (Go to **c.** on next page)

Yes. (Continue with the following questions.)

- Where is the facility located?
  
  
  
  
  
  
  
  
  
  
- Are there any special impediments for TIG households to access the service where it is located now?

No. (Go to **c.** on next page)

Yes. (Continue with the following questions.)

- ❖ What are the impediments? *Check all that apply **and** describe each one.*

Transportation

ADA

Other:

**Community Facilities**

❖ Is there an unmet demand?

\_\_\_ No. (Go to **c.** on next page)

\_\_\_ Yes. Describe the unmet demand.

Unmet Demand:

Number Currently Served: \_\_\_\_\_

\_\_\_ per Day    \_\_\_ per Week    \_\_\_ per Month

Number of persons on Waiting List: \_\_\_\_\_

**c.** Is this an ADA accessibility issue?

\_\_\_ No.

\_\_\_ Yes.

If yes, what other alternatives have been considered and why was this alternative the best solution?

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**6. DOCUMENTATION OF NEED for EXISTING Services to be continued or increased.** If multiple services are proposed, the applicant must complete one set of Activity Forms for each service. (See *instructions for clarification*.)

a. The proposed service is:

\_\_\_\_ An Existing service to be CONTINUED.

\_\_\_\_ An Existing service to be INCREASED.

b. For existing services to be CONTINUED, what is the **date** that all existing funding will end:

Identify the date: \_\_\_\_\_

c. For increased services, provide a brief explanation of the costs to provide the existing level of services and the costs for the increased level of services. Also, be sure to attach any current financial statements.

d. How was the **NEED** determined?

**Survey of:**

\_\_\_\_ **INTENDED** Beneficiaries

Number of INTENDED Beneficiaries: \_\_\_\_\_

\_\_\_\_ per Day    \_\_\_\_ per Week    \_\_\_\_ per Month

**Unmet Demand:**

\_\_\_\_ **EXISTING** Beneficiaries

Number of EXISTING Beneficiaries: \_\_\_\_\_

\_\_\_\_ per Day    \_\_\_\_ per Week    \_\_\_\_ per Month

Number of Beneficiaries Turned Away: \_\_\_\_\_

\_\_\_\_ per Day    \_\_\_\_ per Week    \_\_\_\_ per Month

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Number of persons on a Waiting List: \_\_\_\_\_

- **Other:**

- \_\_\_ Letters from Non-Profit Organization(s)
- \_\_\_ Newspaper Articles regarding the need for the service.
- \_\_\_ Third party letters describing the direct health and safety impact.

e. Are there any special impediments for TIG households to access the service where it is located now?

- \_\_\_ No.
- \_\_\_ Yes. (Continue with the following questions.)

❖ What are the impediments? *Check all that apply and describe each one.*

\_\_\_ Transportation

\_\_\_ ADA

\_\_\_ Other:

f. Is this an ADA accessibility issue?

\_\_\_ No.

\_\_\_ Yes.

If yes, what other alternatives have been considered and why was this alternative the best solution?

**Community Facilities**

<b>7. PROBLEM AND SERVICE PROVIDER DOCUMENTATION CHART</b>			
<b>SOURCE</b>	<b>TYPE OF DOCUMENTATION</b> (letter, reso., surveys, newspaper clipping, report, etc.)	Documentation to support <b>PROBLEM and/or COMMITMENT TO PROVIDE SERVICES</b>	<b>Page #</b> (in app.)
Dept. of Health Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
County Health Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Fire Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Law Enforcement Agency		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Dept. of Social Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Board of Supervisors		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Newspaper		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	

**Community Facility Project**

**C. TARGETED INCOME GROUP (TIG) BENEFIT**

1. For this activity, what is the TIG percentage and how was the TIG percentage determined?

**TIG Percentage: \_\_\_\_\_%**

\_\_\_\_\_ Income Restriction = 100% TIG

\_\_\_\_\_ Limited Clientele: (List): \_\_\_\_\_

\_\_\_\_\_ Other: Explain: \_\_\_\_\_

\_\_\_\_\_ Income Survey of EXISTING beneficiaries: (attach survey & results)

**TIG Percentage: \_\_\_\_\_%**

Survey Date:	
Total # of <b>existing</b> beneficiaries:	
Households or persons?	
How many were surveyed?	
<b>Total number of responses:</b>	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

\_\_\_\_\_ Income Survey of POTENTIAL beneficiaries: (attach survey & results)

**TIG Percentage: \_\_\_\_\_%**

Survey Date:	
Total # of <b>potential</b> beneficiaries:	
Households or persons?	
How many were surveyed?	
<b>Total number of responses:</b>	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

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**D. SOURCES AND USES FORM.** Show all funds that have been budgeted for the entire project (CDBG funds requested and all other funding sources).

USES	SOURCES							Totals:
	State CDBG	Local Financial	Private Financial	Program Income	Federal	Other State Funds	Other: List	
Land Acquisition								\$
Building Acquisition								\$
Construction On-Site								\$
Construction Off-Site								\$
Equipment								\$
Final Plans & Specs.								\$
Fees								\$
Contingency								\$
Relocation								\$
Planning								\$
Other:								\$
Other:								\$
Other:								\$
Other:								\$
<b>Totals:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Native American Allocation  
2006-07 and 2007-08

**Community Facilities**

**E. READINESS CHART – Community Facilities**

See Instructions for details of how to complete and provide proper documentation. No partial points will be given. If all readiness documents are not submitted and completed properly, no points will be awarded in that category.

<b>PROGRAM OPERATOR</b>	<b>INDICATE “Yes” OR “No”</b>	<b>DOCUMENTATION Submitted</b>	<b>PAGE NO.</b>
In-House Administration			
Sub-recipient Agreement			
Consultant			

<b>ENVIRONMENTAL</b>	<b>INDICATE “Yes” OR “No”</b>	<b>DOCUMENTATION Submitted</b>	<b>PAGE NO.</b>
Complete Environmental Review Record (ERR)			
Ready to Publish Public Notice			
Environmental Finding Form			
Form 58.6			

<b>SPECIAL CONDITIONS</b>	<b>INDICATE “Yes” OR “No”</b>	<b>DOCUMENTATION Submitted</b>	<b>PAGE NO.</b>
PI Reuse Plan Approved			
Site Control			
All financing in place			
Section 504 Certification			
Five Year Use Restriction in Place			
Timeline for completion			
Current cost estimate by engineer			

<b>READINESS</b>	<b>INDICATE “Yes” OR “No”</b>	<b>DOCUMENTATION Submitted</b>	<b>PAGE NO.</b>
Waiting List – Eligible Participants			
Final Plans and Specs			
Bid Documents Completed			
Project in Construction			