



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

2016 MUNI GRANT ACTIVITY APPLICATION

Activity Name:				
Municipality:	County Council District:			
Federal IRS Tax Exempt No:	DUNS No:			
Activity Address or Location:				
Mayor/City Manager:				
Mayor's E-mail Address:				
Mailing Address:				
Contact Name:	Contact Phone #:			
Contact Email:	Contact Address, if different:			
Total Activity Cost:	Amount Requested:			
Proposed Eligible Use (in accordance with 24CFR570 Subpart C):				
Proposed location:				
ITA	LMI Area Benefit	Limited Clientele	Blight Area Benefit (Municipality defined)	Citywide
Other: specify:				
List all census tracts and block groups served by proposal:				

ENVIRONMENTAL and HISTORIC REVIEW (as required by HUD)

Does any part of the activity include parcel(s) that are in a floodway or floodplain?

YES NO

Is the activity listed on or eligible for listing on the National Register of Historic Places?

YES NO

Is the activity located within or directly adjacent to an historic district?

YES NO

Does the activities area of potential effects include an historic district or property?

YES NO

If your answer is yes to any of the above questions, you must consult with the County Planning Commission's Historic Preservation staff (216-443-3723) and comply with 36CFR, part 800.

FAIR HOUSING

Has the municipality sponsored or participated in a Fair Housing training in the past 12 months (September 2014 – August 2015) that was facilitated by one of the following organizations: U.S. Department of HUD, Housing Research and Advocacy Center, Cleveland Tenants Organization?

YES NO.

PREVIOUS PARTICIPATION – CDBG

If the municipality received CDBG Grant funding in the past two years, identify the dollar amount received, amount submitted for reimbursement and the current balance.

Previous CDBG Awards	Amount Awarded	Amount Submitted for Reimbursement	Balance
2015			
2014			

ACTIVITY DESCRIPTION- Maximum 1 page

ACTIVITY IMPACT- Maximum 1 page

ACTIVITY IMPLEMENTATION PLAN- Maximum 1 page

2015 MASTER PLAN APPLICATION

Individual Community Application-Name:

Joint Community Application-List all communities:

Cooperation Agreement between applying communities attached:

Yes No

PROJECT SUMMARY AND NEED

REGIONAL APPROACH

IMPLEMENTATION PLAN

APPLICANT CERTIFICATION

I HEREBY CERTIFY that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete and correct to the best of my knowledge.

I acknowledge and agree that all County contracts and programs are subject to all applicable HUD regulations, County Ordinances, including, without limitation, the County's Ethics Code, Inspector General Ordinance and the Contracting Ordinance.

I understand that any willful misrepresentation on this application or any of the attachments thereto could result in a fine and/or imprisonment under provisions of the United States Criminal Code.

IN WITNESS WHEREOF, the undersigned, being duly authorized so to do, have signed this application.

City/Village:

Mayor/City Manager:

Signature

Date: