



516 Cooper Avenue, Suite 101
Grafton, ND 58237
701-352-3550
www.RedRiverRC.com

Housing Pre-Application

North Dakota Community Development Block Grant (CDBG) Program FY 2018

All Pre-Applications must be received by 3:00 p.m. on June 28, 2018. Pre-Applications submitted by e-mail must be followed by original. The Pre-Application as well as the Program Distribution Statements for North Dakota and the Red River Regional Council (RRRC) are available under the Community Development tab on the RRRC website, www.RedRiverRC.com.

For assistance please contact Stacie Sevigny at 701-352-3550 or Stacie@redriverrc.com.

Name of Applicant (City or County only): _____

Address: _____

Phone Number: _____

Contact Person: _____

Email Address: _____

DUNS Number: _____

Engineer/Architect (if applicable): _____

Address: _____

Phone: _____

Contact Person: _____

Email Address: _____

1. Project Title:

2. Brief Description of the Proposed Project:

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3. Proposed Funding:

CDBG Project Costs:	\$
Grant Administration:	\$
Local Funds:	\$
Other Funds:	\$
TOTAL:	\$

4. Funding Sources:

CDBG Grant Funds:	\$
Local Matching Funds:	\$
Other Matching Funds*:	\$
TOTAL:	\$

*Please specify what the other sources of Matching Funds are and their status (i.e., secured or under development):

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5. How will the local share be funded? (Please specify):

6. Estimated Start Date: _____
Estimated Completion Date: _____

7. Is the Project:

- _____ Entirely within the city limits?
- _____ Entirely outside the city limits?
- _____ Some features within and some features outside?

8. Will any proposed activities take place within a designated floodplain area? If so, please explain.

9. Will any proposed activities take place within a structure or area listed on the National Register of Historic Places? If so, please explain.

PRE-APPLICATION NARRATIVE

Scoring & Ranking

PROJECT NEED

Points will be awarded based on perceived need. Please describe how the project addresses an already demonstrated significant problem which clearly affects or will affect health and/or safety, including documentation for the type of housing or work proposed; and whether the project meets both current and long-term benefits in addressing existing and future needs.

10. Please describe why you need to do this project. (Attach additional pages if necessary.)

FINANCIAL NEED

The greatest number of points will be given to projects that are asking for the minimum amount of CDBG funds and is therefore providing a maximum amount of local or other funds for the project. The greatest number of points will be given to projects that can't be done without CDBG assistance.

11. Why is CDBG assistance needed for this project? In describing that need, you may reference figures shown on page 2 and include explanations as to why other local sources of financing, including borrowing and anticipated future revenues, are inadequate or not feasible in financing the project.

APPROPRIATENESS

The CDBG committee will score each application based on perceived appropriateness.

- 12. Provide a brief synopsis how the project meets the following criteria: represents a logical and cost-effective strategy for addressing the documented needs; provides the best long-term solution; meets all federal and state requirements and standards; appears to be cost effective considering the number of people to benefit; the ability to assure the housing can and will remain occupied, affordable and properly maintained; and the project appears ready to proceed in a timely manner. (i.e. homes are identified, and other funding sources identified and committed)**

- 13. Describe other major projects or programs that have been undertaken by the proposed recipient of the grant during the past five years and include a description of how those projects or activities were funded and may affect the applicant's ability to commit more to this project.**

14. In the space provided, please list:

Proposed number of homes to be rehabilitated/developed:	
Percentage of elderly households:	
Percentage of handicapped households:	
Percentage of female head of households:	
Percentage of households with children under age 18:	
Percentage of minority households:	
Percentage of low income households (80% or below median):	
Percentage of other funding sources (% of total project cost):	

15. Have you ever received a CDBG grant before? If so, for what project(s) and in what year(s)?

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Applicant Certification:

To the best of my knowledge and belief, data and statements in this application are true and correct.

Name (Mayor/Chairman):	Title:
Signature:	Date: