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# 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](http://www.RedRiverRC.com).

For assistance please contact Stacie Sevigny at 701-352-3550 or [Stacie@redriverrc.com](mailto: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: