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-OFFICE OF-
**LAWRENCE COUNTY
DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT**

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DEVELOPMENT
REBECCA SHAFFER,
OFFICE MANAGER

DATE: May 5, 2016

TO: Municipalities in Lawrence County classified as "non-entitlement" in the PA CDBG Program

FROM: Amy B. McKinney, Director, Department of Planning and Community Development *ABM*

SUBJECT: **Community Development Block Grant (CDBG) Application Request**

Lawrence County will be allocated an estimated \$200,000 for municipal service projects through the FFY2016 PA Community Development Block Grant Program. Funds will be available for projects benefitting non-entitlement municipalities (all except the City of New Castle, Shenango and Union Townships, and Ellwood City Borough).

All municipalities or agencies that desire FFY 2016 CDBG funding from the County must submit project proposals. Proposal requirements are attached. Proposals must be received in the Lawrence County Department of Planning and Community Development office no later than 3:00 p.m. July 15, 2016.

CDBG projects must meet one of the three national objectives: 1) provide principal benefit to low moderate income persons; 2) eliminate slum and blight; or 3) serve an urgent local need. A list of eligible project activities is attached.

In order to document principal benefit to low-moderate income persons, municipalities are required to perform an income survey of families in the project service area. A copy of the survey is included in this packet and must be returned with the project proposal. Should you require further clarification on any of the items listed above, please contact our office.

ENCLOSURES

Copy: Chrono
Lawrence County Board of Commissioners



Project Evaluation and Selection

The Lawrence County board of Commissioners will select projects for County CDBG funding based on the evaluation criteria and selection process outline below.

Evaluation Criteria

1. Eligibility and compliance with CDBG requirements - Project activities must be eligible and meet all CDBG requirements, particularly 51% low-moderate income persons.
2. Comparative need and benefit - Projects with greater needs will rank higher in the review process. Projects that provide the most complete solution to problems or needs will receive more favorable review.
3. Leverage of other funds - Projects that utilize other funds (federal, state, local, private) and public/private joint efforts to more completely address the problem or need, will receive more favorable review.
4. Community benefit - Projects that advance the community livability strategies and meet the objectives of the Lawrence County Comprehensive plan will receive more favorable review.
5. Regional Involvement - Projects that encourage regional/multi-municipal cooperation in addressing the problem or needs, will receive more favorable review.

Selection Process

July 15, 2016	Deadline for proposed projects
October 25, 2016	Approval of selected projects by Lawrence County Board of Commissioners
November 18, 2016	Deadline to State

Project Proposals

Proposals must be typewritten or computer-printed. Hand-written proposals will not be accepted. All proposals **must** contain the information specified below, present in the same order as outlined below and numbered accordingly. The proposal or cover letter, **must** be signed by the chief elected official. An original and five (5) copies must be submitted.

Minimum Content

1. Name of municipality/agency, mailing address, phone number and contact name.
2. Problem/need - Describe the problem or need to be addressed in enough detail to convey its seriousness and magnitude. Quantify the problem with data/statistics.
3. Project description - Describe the proposed activities and include physical dimensions for work to be completed (length, size, area, etc.). Describe how completing the project addresses the problem or need. Provide any third-party support for the project. Indicate the proposed schedule for project completion.
4. Project location & service area - Indicate the location of proposed activities. Describe the area to be served by the project. Include a map showing both.
5. Project benefit - Indicate the number of persons, households, businesses, etc., to be served. Indicate the number and percentage of low-moderate income persons to be served.
6. Community Support- Describe community support for the proposed activities, especially among residents to be affected by the project. Describe efforts made to inform the public and obtain input about the project.
7. Permits/approvals needed - List any permits needed from governmental or private agencies to complete the project. Describe if right-of-way, easements, or other property interests must be obtained.
8. User fee information - If the project involves user fees (such as water/sewer systems or public services), describe the existing user fee. Explain why CDBG

funds are needed and why the project cannot be completed solely with user fee increases, other local funds, or borrowing.

9. Estimated cost - Provide total project cost, amount of CDBG funds requested, and source of other funds (if any) being used for the project. Indicate the source of the cost estimate.

10. Engineer or Architect statement - Attach a statement from a registered Engineer or Architect indicating the project is feasible, the cost estimate is accurate, and the project has been evaluated against other alternatives and found to be the most appropriate solution to the problem.

Eligible and Ineligible Project Activities

The following activities are generally eligible or ineligible according to federal CDBG program regulations. Some conditions may apply to certain activities. For more information on activities or possible conditions, contact the Lawrence County Department of Planning and Community Development.

Project activities must meet one of the three national objectives: 1) provide principal benefit to low moderate income persons; 2) eliminate slums and blight; or 3) serve an urgent local need (serious and immediate threat to health or welfare, no other financial resources available).

Eligible Activities

1. Acquisition of property
2. Public works, community facilities
3. Code Enforcement
4. Clearance, demolition, removal, and rehabilitation of buildings
5. Removal of architectural barriers for handicapped persons
6. Displacement and relocation costs
7. Disposition of property
8. Provision of certain public services
9. Payment of non-federal shares of certain federal grant projects
10. Payment of completing an urban renewal project under Title I of the Housing Act of 1949
11. Planning activities
12. Administration costs
13. Assistance to eligible activities carried out by public or private non-profit entities
14. Assistance to neighborhood-based non-profit organizations
15. Historic preservation
16. Economic development assistance to private for-profit organizations
17. Housing rehabilitation or development under Section 17 of the U.S. Housing Act of 1937
18. Interim assistance necessary to alleviate emergency conditions in certain public facilities & services

Ineligible Activities

1. Improvements to buildings used predominantly for the general conduct of government
2. General government expenses
3. Political activities
4. Purchase of equipment exclusive of emergency equipment
5. Purchase of construction equipment
6. Purchase of furnishings and property
7. Operating and maintenance expenses
8. New housing construction (unless done by a CBDO)
9. Income payments
10. Improvements to church-owned property
11. Cost involving conflict of interest

Survey Tips

1. Before you start you must post a Public Notice in the municipal building or a public area, with the dates and service area of the survey.
2. All houses in the service area must be counted. If a house is vacant take picture and note that on the survey form. If multiple families reside in a home please gather both families' data.
3. Service Area questions please call County 724-656-2144.
4. Interviewers should not sway the responses:
 - a. "We are here today to collect information regarding income and family data for a potential grant application. This information will be confidential." Respondent can fill out and sign or interviewer can read out loud and mark. All forms must be signed by respondent and interviewer.
 - b. Have extra copies on hand.
 - c. If leaving at the address or mailed, be sure to add a contact person and phone number for questions.
5. Respondent Signature is required, if they refuse to sign just note it as such. The majority should be signed and interviewer should detail the reason for not signing e.g. phone call, religious, etc.
6. ALL Forms (Coversheet, Interview, K-2, etc.) should be completed before being turned into the county on or before July 15.

Sample Public Notice:

Smith Borough will be collecting Household Income Data on May 1-15, 2016 for the area of John Street (from Robert Street to Grant Street) and will include Rich Lane. This information will be collected for a municipal grant application and will be confidential. If you have any questions or concerns regarding the information requested, please contact: Mary Smith, Borough Staff at 724-555-1234 or via email at Marysmith@SmithBorough.com.

INCOME SURVEY COVERSHEET

Project: _____
Municipality: _____
FFY: _____

County: _____
Survey Dates: _____
Survey Type: ___ Site Specific ___ Community-wide

Survey Type: Phone
 Door-to Door
 Mail

Follow-up Activities: _____

Survey Area Definition: *Example--If a telephone survey, how were unlisted numbers obtained; how were those with no phone reached; if door-to-door, how was survey area defined; if mail, how were addresses obtained, AND how was randomness achieved?*

How and When was the public notified an income survey will be conducted:

Day(s) of week survey conducted: _____

Time(s) of day survey conducted: _____

Definition of income used: _____

Who conducted the interviews? (Names/Titles): _____

** If any of the interviewers have a vested interest in the activity, please explain **

Who tabulated the results? _____

Geographic Distribution (attach map and/or describe)

Income Survey Script (copy attached). If no script was used, please explain.

Community Development Block Grant Survey Form

1. Family size and Income 2016 Income limits PA effective 3/28/2016:

___ 1 person Total Income ___ Above ___ Below \$32,450

___ 2 person Total Income ___ Above ___ Below \$37,050

___ 3 person Total Income ___ Above ___ Below \$41,700

___ 4 person Total Income ___ Above ___ Below \$46,300

___ 5 person Total Income ___ Above ___ Below \$50,050

___ 6 person Total Income ___ Above ___ Below \$53,750

___ 7 person Total Income ___ Above ___ Below \$57,450

___ 8 person Total Income ___ Above ___ Below \$61,150

2. Are you or anyone in the home Handicapped? ___yes ___no

3. Minority: ___Black ___ Hispanic ___American Indian ___Asian/Pacific Islands
 ___ Alaskan Native

4. Female Head of Household ___yes ___no

5. Address: _____

"Any false statements made knowingly and willfully may subject the signer to penalties under Section 1001 and 1010 of Title 18 of the United States Code."

The survey purpose is to determine eligibility for proposed community development projects to be funded by the Department of Community and Economic Development (PA DCED) under the Community Development Block Grant Program. The above information is necessary and each family should participate.

Interviewer Signature

Date

Respondent Signature

Date

LOW AND MODERATE INCOME SURVEY WORKSHEET

Grantee Name:

Vacancy:

Non-Respondents:

(Under 100 need 100% response)

PART A. INFORMATION CONTAINED IN YOUR SURVEY	Original	Adjusted
1 Total number of families in target area.		
2 Total number of families interviewed.		
3 Total number of LMI families interviewed.		
4 Total number of persons in LMI families interviewed.		
5 Total number of non-LMI families interviewed.		
6 Total number of persons in non-LMI families interviewed.		

PART B. CALCULATIONS BASED ON DATA CONTAINED IN YOUR SURVEY		
7 Average size of the LMI family interviewed.	#DIV/0!	#DIV/0!
8 Average size of the non-LMI family interviewed.	#DIV/0!	#DIV/0!
9 Proportion of families interviewed that are LMI families.	#DIV/0!	#DIV/0!
10 Proportion of families interviewed that are non-LMI families.	#DIV/0!	#DIV/0!
11 Estimate number of LMI families in the target area.	#DIV/0!	#DIV/0!
12 Estimate number of non-LMI families in the target area.	#DIV/0!	#DIV/0!
13 Estimate number of LMI persons in the target area.	#DIV/0!	#DIV/0!
14 Estimate number of non-LMI families in the target area.	#DIV/0!	#DIV/0!
15 Estimate number of persons in the target area.	#DIV/0!	#DIV/0!
16 Estimated percentage of LMI persons in the target area.	#DIV/0!	#DIV/0!

SURVEY RESULTS DISTRIBUTION WORKSHEET

DATE: _____

SURVEY AREA: _____

NUMBER OF FAMILIES IN SERVICE AREA: _____

NUMBER OF REQUIRED RESPONSES (5% confidence interval): _____

[Sample Size Calculator](#)

Use the Sample Size Calculator hyperlink to determine the sample size for the service area (use 95% Confidence Level and a Confidence Interval of 5). Next, divide the sample size by 80%. This will give you the maximum number of income surveys that need to be distributed throughout the service area. The number of required income surveys needed is the sample size.

TOTAL NUMBER OF HOUSEHOLDS: _____

NUMBER OF NON-RESPONDENTS: _____

NUMBER OF VACANCIES: _____

NUMBER OF SEASONAL/PART-TIME: _____

Actual # of Families Completed Survey: _____

OF FEMALE HEADED HOUSEHOLDS: _____

OF DISABLED HOUSEHOLDS: _____

LOW MOD INCOME

1	x	_____	=	_____
2	x	_____	=	_____
3	x	_____	=	_____
4	x	_____	=	_____
5	x	_____	=	_____
6	x	_____	=	_____
7	x	_____	=	_____
8	x	_____	=	_____

OVER INCOME

1	x	_____	=	_____
2	x	_____	=	_____
3	x	_____	=	_____
4	x	_____	=	_____
5	x	_____	=	_____
6	x	_____	=	_____
7	x	_____	=	_____
8	x	_____	=	_____

TOTAL _____

	# LMI Households	# LMI Persons
--	---------------------	------------------

	# Over Households	# Over Persons
--	----------------------	-------------------

_____ Persons per
Household

_____ Persons per
Household

Income Survey Results

Municipality _____ County _____ FY Year _____

Project: _____

Enter the appropriate information:

1. List estimated total number of families in the activities service area _____
2. List the total number of families responding _____
3. List the number of low-moderate income families responding _____
4. List the total number of persons living in the low-moderate income families responding _____
5. List the total number of families responding above the income limits _____
6. List the number of persons responding in families above income limits _____

Calculations:

7. Divide line 4 by line 3- this shows average size of low-moderate income families responding _____
8. Divide line 6 by line 5- this shows the average size of above-income families responding _____
9. Divide line 3 by line 2- this is the proportion of families responding that have low-moderate income _____
10. Divide line 5 by line 2- this is the proportion of families responding above low-moderate income _____
11. Multiply line 1 by line 9- this is the estimate of the total number of low-moderate income families _____
12. Multiply line 1 by line 10- this shows the total number of above-income families _____
13. Multiply line 7 by line 11- this is the estimate of total number of low-moderate income persons in the service area _____
14. Multiply line 8 by line 12- this shows the total number of above-income families _____
15. Add line 13 and line 14- this is the estimate of total number of persons in the service area _____
16. Divide line 13 by line 15 and multiply the result by 100. This shows the estimated percent of low-moderate income persons in your service area (must be 51% or more) _____

Application #: _____
Date: _____

**LAWRENCE COUNTY APPLICATION
FOR FUNDING ASSISTANCE**

I. APPLICANT

Government For-Profit Corporation Non-Profit Corporation Public

Applicant Name: _____

CEO Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Contact Name: _____

Title: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Internet Access: Yes No

II. FUNDING ASSISTANCE PROGRAM

- | | |
|--|---|
| <input type="checkbox"/> Liquid Fuels (MS-339 form) | <input type="checkbox"/> Act 13 (County Transportation application) |
| <input checked="" type="checkbox"/> CDBG (Single Application form) | <input type="checkbox"/> Act 13 (Marcellus/Legacy Fund) |
| <input type="checkbox"/> Act 137 (Affordable Housing) | <input type="checkbox"/> General Fund Allocation |
| <input type="checkbox"/> Act 44 (MS-339 form) | <input type="checkbox"/> Housing Rehab/Blight Removal |
| <input type="checkbox"/> Other _____ | |

III. PROJECT SITE LOCATION (as applicable)

Street Address: _____

City, State, Zip: _____

Municipality(ies): _____

IV. PROJECT INFORMATION

Project Name/Description: _____

Is this project related to another previously submitted project? yes no

If yes, indicate previous project name: _____

V. INDICATE BUDGET CATEGORY OF FINANCIAL ASSISTANCE REQUESTED (Check all appropriate boxes)

- Acquisition
- Infrastructure / Site Prep
- Machinery and Equipment
- Operating Costs/Working Capital
- General Construction
- Related Costs
- Other Costs – Identify: _____

VI. HOW WILL THE ASSISTANCE BE USED? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Community Development/Revitalization | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Water/Sewer System |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Stormwater/Floodplain |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Emergency/Public Safety |
| <input type="checkbox"/> Economic Development/Revitalization | <input type="checkbox"/> Career/Job Training |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Tourism Promotion | <input type="checkbox"/> Judicial Services |
| <input type="checkbox"/> Road/Bridge Infrastructure | <input type="checkbox"/> Education |

Is the proposed bridge on the County's TIP? yes no

If yes, the TIP Project #: _____

VII. PROJECT NARRATIVE

Attach a comprehensive description of this project. The narrative must specifically address each cost item identified in the project budget. The narrative **must** include:

- A. Specific problems to be addressed;
- B. Project description;
- C. Expected outcomes;
- D. Project schedule and key dates;
- E. Description of consistency with local, County or regional plans;
- F. Project Partners;
- G. Documentation to support budget costs.

VIII. PROGRAM APPLICATION

As may be applicable, please attach a completed application of the specific program for which assistance is being applied (e.g., CDBG application, MS-339, etc.).

IX. PROJECT BUDGET

Include *all* sources of funds and project costs.

Activity	Source	COUNTY FUNDS	<u>State Source</u>	<u>Federal Source</u>	<u>Private Source</u>	<u>TOTAL</u>
ACQUISITION						
NEW CONSTRUCTION						
RENOVATION						
INFRASTRUCTURE						
<i>Road/Street</i>						
<i>Water/Sewer</i>						
<i>Stormwater</i>						
<i>Utilities</i>						
<i>Demolition</i>						
<i>Excavation</i>						
OPERATING COSTS						
OTHER COSTS						
<i>Professional</i>						
<i>Engineering</i>						
<i>Inspections</i>						
<i>Legal Costs</i>						
<i>Contingencies</i>						
TOTAL						

X. CERTIFICATIONS

I hereby certify that all information contained in this document and its attachments is true and correct to the best of my knowledge.

Municipal/Agency Name: _____

By: _____

Title: _____

Printed Name: _____

Address: _____

Date: _____

Lawrence County Application **for Funding Assistance**

Please use the following instructions when completing this application. If there are any questions or concerns concerning the application, please contact Jim Gagliano, Jr., Lawrence County Administrator (724)656-2175, email at jgagliano@co.lawrence.pa.us or Amy McKinney, Director of Planning and Community Development (724)656-2193, email at amckinney@co.lawrence.pa.us. **It is highly recommended that you contact the County prior to completing an application.**

Section I. Applicant

Please check the type of agency making application.

Applicant Name: Name of Municipality/Agency/Organization acting as owner and sponsor of the Project.

CEO: Please name the CEO of the organization and Title.

Contact Name: The Name of the person that should be contacted if further information should be required and additional information, as required.

Section II. Funding Assistance Program

Please check the appropriate box of the type of funds that your organization is seeking. Please note that some of the programs require separate application forms which must be attached to this application.

Section III. Project site location (as applicable)

Project Location: If your project has a specific address, list the address. If the project effects a neighborhood or larger location, give the area boundaries. If the project effect an entire municipality or multi-municipalities, identify all municipalities effected.

Section IV. Project Information

Project Name/Description: Provide the name of the project that reflects the activity. If the project is related to a previously submitted project, please check the appropriate box and indicate the name of the previous project.

Section V. Budget Category of Financial Assistance Requested

Please check all appropriate boxes from which you seek funding.

Section VI. How will the Assistance be used?

Please check all boxes that apply to your request. A variety of activities are eligible for funding, depending on the program:

- Liquid Fuels/Act 44
 - Road and bridge projects
- CDBG
 - A variety of Community Development projects that meet low-moderate income standards. Please contact the Planning & Community Development Office for more details.
- ACT 137
 - Affordable housing projects
- ACT 13 (Transportation)
 - Projects that repair locally-owned, at-risk deteriorated bridges ***currently listed on the Transportation Improvement Plan (TIP).***
- ACT 13 (Impact Fees)

Projects can include:

- Projects for the planning, acquisition, development, rehabilitation and/or repair of greenways, recreational trails, open space, natural areas, community conservation and beautification projects, community and heritage parks and water resource management
- Road, Bridge and Infrastructure Projects
- Water, Storm Water and Sewer Systems
- Preservation and reclamation of surface and subsurface waters and water supplies
- Increasing the availability of Affordable Housing
- Emergency Preparedness and Public Safety
- Delivery of Social Services
- Judicial Services
- Career and Technical Centers for training of Workers
- Local or Regional Planning Initiatives under the MPC
- General Fund Allocation
- Other

Section VII. Project Narrative

Please attach a comprehensive description of this project. The narrative **must** specifically address each cost item identified in the project budget and **must** include:

- A. Explain, in detail, the specific problems to be addressed.
- B. Explain, in detail, the solution or action the project will address, including previous studies or activities that have gone into determining the proposed solution that best addresses the need/problem.
- C. Explain expected outcomes.
- D. To the greatest extent possible, provide a detailed schedule and key dates for the proposed project.
- E. Describe how the project is consistent with local, County and/or regional plans.
- F. Please provide a list of all Project Partners, their affiliation with the project and a contact person.
- G. Please attach any supporting documentation with application

VIII. Program Application

Attach a completed application of the specific program from which assistance is being requested (e.g. CDBG Single Application, Form MS-339, etc.)

XI. Project Budget

Provide a detailed breakdown of the project budget and **all** funding sources. Provide sources of your estimate for the cost. Local match and donations must identify the source of the match.

XII. Certifications

Please complete, sign and date.