**KANE COUNTY**

**COMMUNITY DEVELOPMENT FUND**

**2024 APPLICATION COVERSHEET/CHECKLIST**

|  |  |
| --- | --- |
| **Neighborhood Improvement Projects** | |
| **APPLICANT/AGENCY NAME:** | |
| **Instructions:** This form must be completed by the applicant and submitted as a coversheet. If an agency is submitting more than one funding proposal, separate application forms (and copies) must be submitted. | |
| **SECTION 1: Application Forms** | |
| Application Coversheet/Checklist page (this page) |  |
| Application Form pages |  |
| Beneficiary Report Table Form |  |
| CDF Schedule Form |  |
| Project Sources of Funds Form |  |
| Project Budget Form (Use of Funds) |  |
| Applicant Certification Form |  |
| **SECTION 2**: **Supporting Documentation**  **Documents must be clearly labeled (as Exhibit A, B, C, etc.) at the top right corner on the first page of each Exhibit.** | |
| 1. Detailed scope of work from a licensed professional and associated detailed project estimate(s). Ensure that estimate(s) incorporate Davis-Bacon Wage and Fringe Benefit Rates. |  |
| 1. Photographs of proposed project area (color photos please) |  |
| 1. Map of proposed project area; clearly delineating boundary of benefitting area |  |
| 1. Proof of property ownership or control |  |
| 1. Resolution from Agency’s governing board authorizing application for CDF funds |  |
| 1. Background/Overview of Programs and Services Provided by Agency |  |
| 1. Annual Financial Statement – for the current year to date |  |
| 1. Annual Financial Statements – for the last three years (audited) |  |
| 1. Chart of Accounts (showing agency has a separate method of tracking grant funds) |  |
| 1. Copy of Financial Policies and Procedures (written procedure manual for financial management) |  |
| 1. Single Audit from most recent fiscal year ( **N/A** - Agency was not required to conduct a Single Audit) |  |
| 1. If you answered N/A to the submission of a Single Audit, provide a certification statement from the Agency’s chief financial officer documenting that Agency is not required to conduct a Single Audit |  |
| 1. Job Description for chief administrative staff person |  |
| 1. Job Description for chief financial staff person |  |
| 1. Job Description for CDF grant mgmt. staff person (Mark here  if it is either chief administrative or financial staff.) |  |
| 1. Organizational Chart |  |
| 1. If external funding sources for your proposed activity are pending, provide written documentation of their status. |  |

By signing this checklist, I attest that I have included the documents indicated above as part of my application. I further attest that I am providing complete and accurate information to Kane County in support of this funding request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official Date

**KANE COUNTY**

**COMMUNITY DEVELOPMENT FUND**

**2024 APPLICATION FORM**

**Neighborhood Improvement Projects**

**ANSWERS MUST BE TYPED IN THE SPACES PROVIDED.**

**PLEASE Do not ADD extra sheets.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agency Name:** | |  | | | | |
| **Authorized Official:** | |  | | | | **Title:** |
| **Name of Project:** | |  | | | | |
| **Project Location/Address:**  *(Include City, State, Zip)* | |  | | | | |
| **Agency Address:**  *(Include City, State, Zip)* | |  | | | | |
| [DUNS](http://www.dnb.com/duns-number/what-is-duns.html) #: | [CCR/CAGE](https://fsd.gov/fsd-gov/answer.do?sysparm_kbid=cad02a7e6f585100211956532e3ee421&sysparm_search=ccr): | | | | FEIN/Tax ID #: | |
| **Contact Name:** **, Contact Title:**  *(This person is the agency representative authorized to discuss this application during the review process.)* | | | | | | |
| **Contact Address:**  *(Include City, State, Zip)* | | |  | | | |
| **Contact Phone #:** (   )   - | | | | **Contact E-mail:** | | |

**PROJECT FUNDING SUMMARY**

(SPECIAL NOTE: THE CDF PROGRAM OPERATES ON A REIMBURSEMENT BASIS AND ACTIVITIES THAT OCCUR PRIOR TO A SIGNED AGREEMENT WITH THE COUNTY CANNOT BE REIMBURSED.)

|  |  |
| --- | --- |
| **What is the total cost of your project or proposal?**  *This figure should match the total costs you identify in the Project Budget form.* | $ |
|  |  |
| **When added together, the amounts below should equal the total cost of your project.**  *Please double check that these add up before submitting your proposal.* | |
| **How much funding from Kane County CDF are you requesting?** | $ |
| What is the total amount of funds you currently have secured/available for the project? | $ |
| What is the total amount of funds still to be secured from other sources? | $ |

**ACTIVITY SUMMARY**

1. **Brief Project Summary:** (Please provide a two-sentence summary of your project.)

1. **Population Served:** Describe the clients served by your project. Note in particular whether specific subpopulations, such as the homeless, the elderly (at least 62 years of age), etc. are served. (1,500 character max.)

1. **Eligibility:** Describe any client eligibility requirements to receive services at the facility described in this application.

**SERVICE AREA**

1. Is the proposed project exclusively available to residents of Kane County’s Program Area?

Yes  No

1. Has your agency requested CDF/CDBG funding for this project from other jurisdictions?

Yes  No

If “yes”, which jurisdictions?

**AGENCY CAPACITY**

1. **Capacity of the Organization:** Briefly describe the capacity of the agency to complete this project within the time frame provided as part of this application. Please identify and describe the qualifications of staff member(s) that will be involved in the administrative aspects of the project such as reporting, record keeping, and preparing reimbursement requests. (1,500 character max.)

1. Identify the roles (such as preparing project specifications, managing bidding, and overseeing construction) that will be assumed by outside professionals. (1,500 character max.)

1. **Collaboration:** Does your agency duplicate other programs offered in Kane County?

Yes  No

If “yes”, please describe your agency’s efforts to reduce the duplication and any challenges that have impacted this effort. (1,500 character max.)

If “no”, describe how your agency works with other area agencies to reduce the duplication of services (1,500 character max.)

1. **Past Performance:** Describe your agency’s past performance managing grant funds, including CDF and other government awards (including local, state, and federal). (1,500 character max.)

1. If your agency administered federal awards in the past five years and was monitored, please provide information as to the year(s) your agency was monitored, the agency that conducted the monitoring, the monitoring results, and efforts made by your organization to resolve any concerns or findings. (1,500 character max.)

1. If your agency is a prior CDF recipient, have project funds been recaptured?

Yes  No  Not applicable (New CDF applicant)

If “yes”, provide information on the year(s) funds were recaptured, and explain the reasons why the Agency was not able to fulfill funding commitments. (1,500 character max):

1. **Financial Record Keeping:** The CDF Program operates on a reimbursement basis and retroactive payments for activities that occur prior to the execution of a funding agreement are not permitted. Briefly describe your agency’s accounting system, and your payment/disbursement procedures, with relevance to the proposed project. (1,500 character max.)

1. Based upon your most recent financial audit, were there any outcomes or findings that changed the way your organization does business?  Yes  No

If “yes”, please explain the changes. (1,500 character max.)

1. Provide a detailed explanation as to the current status of any unresolved issues and corrective actions that have yet to be implemented. If the audit report is still open, please provide a timeline for when it will be closed. (1,500 character max.)

**PROJECT INFORMATION**

1. **The project involves:** (check all that apply)

Acquisition\*  Rehabilitation  Demolition  New Construction

**\*Briefly describe your plan and timeframe for acquiring the necessary property, including the status of any discussions or negotiations. Otherwise enter "N/A".**

1. **Project Description:** Describe all aspects of the project for which you are requesting funds. (1,500 character max.)

1. **Ownership/Control**:

Does your agency own/control the subject facility/infrastructure?  Yes  No

*(For Public Right of Way/Infrastructure projects, skip to Question #6.)*

Are any other tenants housed in your facility?  Yes  No

If “yes”, please list each tenant and the annual rent received by your agency.

What percentage of your facility is used by each tenant? Please also provide the methodology for determining the percentage(s).

1. **Do you use your facility to generate revenue for your organization?**  Yes  No

**If** “yes”**, please explain.**

1. **Do you charge fees for any programs occurring in the facility?** Yes  No

**If** “yes”**, please explain.**

## **Why is this project needed by Kane County residents?** Describe supporting research or documentation regarding why/how this project will address community needs. (1,500 character max.)

## 

1. **Future Funding:** Is the proposed project a phased project?  Yes  No

If yes, how will your agency continue the proposed project if CDF funds are not available in future years? *Please note that regardless of construction phase, if awarded CDF funds, the project will be required to follow CDF regulatory requirements (procurement, Davis-Bacon, etc.) for its duration. This includes phases that occur following the completion of the CDF-funded phase.* (1,500 character max.)

1. **Plans/Specifications:** Have you prepared plans and specifications for your project?  Yes  No

Have you initiated contact with the planning/permitting authority/jurisdiction to determine project eligibility under the applicable planning, zoning, and building requirements? If not please describe the timeline to complete these steps. (1,500 character max.)

**Has a Phase I Environmental Site Assessment or other environmental study been completed regarding the site of the proposed facility project? Have any environmental conditions impacted your project design?**

**Describe environmentally friendly features incorporated into your project that are expected to result in energy savings or water conservation.**

1. **Project Outcomes:** Please check the box will most closely address your project’s outcome. (Check only one.)

Availability/Accessibility: This outcome relates to projects that make services more accessible or available to low‐ or moderate-income persons, including those with special needs and/or disabilities.

Affordability: This outcome relates to projects that provide affordability to low‐ or moderate‐income persons.

Sustainability: This outcome relates to projects that improve communities and promote viability, such as removing slums and blight, or other services that sustain communities.

1. **Outcome Performance Measures:** How will you measure the success of your project? How will your project positively affect the neighborhood, the community, and its residents? Please describe the performance measures you will use to evaluate your project outcomes. (1,500 character max.)

1. **Organizational Resources:** Describe the organizational resources to be used in managing and carrying out the proposed project (e.g. capacity of staff, impact to agency workload, etc.) (1,500 character max.)

1. **Operational Resources:** Describe how you will sustain this project in the future. Elaborate on your routine maintenance and repair schedule, funding reserves, etc. (1,500 character max.)

1. **Impact of CDF Funding:** How will the injection of CDF funds lead to increased effectiveness, innovation or improvement? (1,500 character max.)

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**Area Benefit Report Table**

**AGENCY NAME:**

**PROJECT NAME:**

***All Neighborhood Improvement projects must be able to be measured as an “Area Benefit”. The area benefitting from the project must be primarily residential in nature and at least 51.0% of the residents of the area must be low- to moderate-income. Please contact the County for assistance in completing this form.***

Enter Census data in the table below for the tracts/block groups that will benefit from your project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Census Tract** | **Block Group** | **L/M Population** | **Total Population** | **Percent L/M** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **TOTAL:** |  |  |  |

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**CDF Project Schedule**

**AGENCY NAME:**

**PROJECT NAME:**

Provide a timeline for completing your project. Include major tasks/milestones and target completion dates (month and year). Typical capital project tasks/milestones include: **Securing various funding sources**; **acquiring real estate**; **completing drawings/specifications**; **bidding**; **awarding of contracts**; **beginning construction**; and **completing construction**. **You will likely also have other tasks to include in your schedule as well.** When laying out your schedule, keep in mind that **certain work may not begin prior to execution of a funding agreement with Kane County**. List in your timeline an anticipated award of Kane County funds in October 2024. Also, individually list the expected award dates for each funding source in your budget that has not yet been awarded.

Please note all any activity associated with your project occurring after the date of submission must meet federal regulations (specifically, procurement).

Additionally, per 2 CFR 200.319, in order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, invitations for bids and/or requests for proposals shall be excluded from competing for such procurements. If a CDF applicant consults (or consulted) with a contractor in developing a scope of work, the contractor will be disqualified from bidding on the project. It is the agency’s responsibility to ensure that the contractor is aware of these requirements prior to requesting a cost estimate.

|  |  |
| --- | --- |
| **Action/Activity** | **Target Completion Date** |
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**Project Sources of Funds**

**AGENCY NAME:**

**PROJECT NAME:**

**Source of Funds**

Please list all funding sources that you expect to use to carry out your project. If resources include In-Kind donations, please list the value. Under “Status of Funding” indicate whether funds have been “Requested”, “Committed”, or “Received”. Provide documentation of the status of all funding amounts and indicate whether they are restricted or unrestricted.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Source** | | **Amount or Value** | **Status of Funding** | **Documentation Attached** | **Restricted or Unrestricted** |
| 1 | Kane County CDF Program | $ | Requested | Application | Restricted |
| 2 |  | $ |  |  |  |
| 3 |  | $ |  |  |  |
| 4 |  | $ |  |  |  |
| 5 |  | $ |  |  |  |
| 6 |  | $ |  |  |  |
| 7 |  | $ |  |  |  |
| 8 |  | $ |  |  |  |
| 9 |  | $ |  |  |  |
| 10 |  | $ |  |  |  |
| 11 |  | $ |  |  |  |
| 12 |  | $ |  |  |  |
| 13 |  | $ |  |  |  |
| 14 |  | $ |  |  |  |
| 15 |  | $ |  |  |  |
| **TOTAL SOURCES:** | | $ |  |  |  |

**KANE COUNTY**

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**Project Budget (Use of Funds)**

**AGENCY NAME:**

**PROJECT NAME:**

***Please Note:***

***\*****Estimated construction costs should include the payment of Davis-Bacon Wage and Fringe Benefit Rates.*

*\*\*In filling out this form, start by documenting the “TOTAL COST” for each category. The TOTAL DEVELOPMENT COST should match what you have stated the TOTAL PROJECT COST to be on the first page of this application. Then, go back to either the “CDBG” or the “OTHER SOURCES” columns to identify which sources of funds are proposed to pay for each component of the project.*

|  |  |  |  |
| --- | --- | --- | --- |
| ACQUISITION COSTS | **CDF Funds** | **+ Other Funds** | **= Total Cost** |
| Real Estate Acquisition Costs | $ | $ | $ |
| Real Estate Acquisition Closing Costs (title, recording, etc.) | $ | $ | $ |
| Other: | $ | $ | $ |
| Other: | $ | $ | $ |
| *Acquisition Total (A)* | $ | $ | $ |
| CONSTRUCTION/REHAB COSTS |  |  |  |
| Site Work | $ | $ | $ |
| Demolition | $ | $ | $ |
| Rehabilitation/Construction | $ | $ | $ |
| Other: | $ | $ | $ |
| Other: | $ | $ | $ |
| **Subtotal** | $ | $ | $ |
| Construction Contingency (     % of Subtotal) | $ | $ | $ |
| ***Construction/Rehab Total (B)*** | $ | $ | $ |
| SOFT COSTS |  |  |  |
| Architectural | $ | $ | $ |
| Engineering | $ | $ | $ |
| Survey | $ | $ | $ |
| Appraisal (pre-purchase) | $ | $ | $ |
| Site Investigation | $ | $ | $ |
| Environmental Study | $ | $ | $ |
| Fees/Permits | $ | $ | $ |
| Other: | $ | $ | $ |
| Other: | $ | $ | $ |
| ***Soft Costs (C)*** | $ | $ | $ |
| FINANCING/OTHER COSTS |  |  |  |
| Other: | $ | $ | $ |
| Other: | $ | $ | $ |
| ***Financing/Other Costs Total (D)*** | $ | $ | $ |
| **TOTAL DEVELOPMENT COST (A+B+C+D) =** | **$** | **$** | **$** |

**APPLICANT CERTIFICATION**

To the best of my knowledge and belief, data in this application are true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all regulations and guidelines applicable to Kane County’s CDF program.

Applicant certifies that they have read and fully understand all application materials for the Kane County CDF program. Applicant further certifies that that all information furnished in/with this application is true and complete to the best of Applicant’s knowledge and belief. If any information provided herein changes following the submission of this application, Applicant agrees to notify Kane County immediately. Applicant acknowledges that the County may verify any information contained in/with this application, and submission of this application shall constitute Applicant’s authorization for the County to complete such verification as it deems necessary to determine the accuracy of this application and its suitability for funding. Applicant understands and agrees that if false or incomplete information is provided in/with this application, the County may disqualify this application and deem Applicant ineligible to receive any funds in the future. Applicant understands that the County retains the right to reject any and all applications, and, in its sole determination, to waive minor irregularities. Applicant acknowledges by submission of this application that the County will make such determinations with the fullest discretion allowable by law. Applicant will at all times indemnify and hold harmless Kane County against all losses, costs, damages, expenses and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to the County’s acceptance, consideration, approval, or disapproval of this application and the issuance or non-issuance of funds herewith. Applicant further certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from HUD programs; that they do not discriminate on the basis of race, religion, color, sex, age, handicap or national origin; and that they are duly authorized by board resolution to cause this document to be executed and submitted to Kane County.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on the  day of , .

Signature of Authorized Official Date

Type/Print Name