



Toni Preckwinkle
President
Cook County Board of Commissioners

COOK COUNTY

Bureau of Economic Development Community Development Block Grant Program (CDBG)

2012 Program Year Application

Applicant's Name

(Municipality, Township, Non-Profit Agency)

Applicant's Title

(Mayor, President, Chief Executive Officer, Executive Director)

Toni Preckwinkle, President
Cook County Board of Commissioners

Bureau of Economic Development
69 West Washington, Suite 2900
Chicago, Illinois 60602

Herman Brewer, Bureau Chief



2012 Community Development Block Grant Program Application

APPLICATION CHECKLIST

The following attachments are required and **must** be submitted as part of this application.

- All required sections of the application are complete.

Public Agency (Municipal/Township) (Form samples are attached.)

- Schedule of Local Public Hearing Citizen Participation Record - Form A
(Include Needs Assessment Hearing and Application Review Hearing)
- Certified Copy of Resolution - Forms B-1, B-2, or B-3
- Estimated Matching Funds Certification - Form C
- Maintenance of Effort and Project Sustainability - Form D
- Audited Financial Statements (most current)
- Demolition Application, if applicable.

Non-Profit Agency (Form samples are attached.)

- Forms B-2 Resolution and B-3 Certification of Resolution
- Matching Funds Certification - Form C
- List of Board of Directors
- Copy of 501(c)3
- Current Certificate of Good Standing (dated within the last 45 days)
- Certified Copy of Articles of Incorporation and Certified Copy of Amended Articles of Incorporation, if amended, **from the Illinois Secretary of State**. The certification must be dated **within 45 days** of the date of submission of the Application. This must be ordered every year.
- Audited Financial Statements (most current)

I hereby verify that the attached application is complete and all required documentation is enclosed.

Print Name (Designated Project Manager)

Signature

Date

Please return completed applications to the following:

Cook County Bureau of Economic Development
Department of Planning and Development
Attn: Ms. Sonia Brown
69 West Washington Street, Suite 2900
Chicago, IL 60602

**The deadline for submitting all applications is: FRIDAY, FEBRUARY 17, 2012, 4:00PM
(Applications received after this date and time will not be accepted.)**



2012 Community Development Block Grant Program Application

APPLICANT INFORMATION SHEET

Applicant Name: _____

Chief Executive Officer Name: _____

E-mail Address: _____

Contact Person Name & Title: _____

E-mail Address: _____

Telephone: _____ *Fax:* _____

Applicant Website Address: _____

Total Amount Requested: \$ _____

Total Matching Funds, if applicable: \$ _____

Mayor, President, Chief Executive Officer, Executive Director - Signature

Date



2012 Community Development Block Grant Program Application

APPLICANT INFORMATION SHEET CONT'D

2012 PROGRAM YEAR - October 1, 2012 through September 30, 2013
Please complete pages 1 through 28 for each project, as applicable.

Applicant: _____

Address: _____

City: _____ Illinois Zip Code: _____

Project Manager: _____

E-Mail: _____

Telephone: _____ Fax: _____

County Commissioner District #: _____

Project Title: _____

Is this project consistent with Cook County's Bureau Economic of Development CDBG 2010-2014 Consolidated Plan? If no, **"STOP"**. Yes No

Is this capital or planning project a continuation of a prior year project? Yes No

Is this public service project a new or an increase in an existing activity? If no, **"STOP"**. Yes No

Is your agency a faith-based entity? Yes No

Type of Applicant: Public Agency (Municipal/Township) Non Profit Agency

Activity Category: (Check One)

- CAPITAL IMPROVEMENT PROJECTS
 - ___ Infrastructure
 - ___ Public Facilities
 - ___ Demolition
 - ___ *Economic Development

- PLANNING & PUBLIC SERVICE PROJECTS
 - ___ Planning Studies
 - ___ Public Services
 - ___ *Economic Development

**Please refer to the 2012 CDBG Application Guide for guidelines regarding eligible Economic Development projects.*



2012 Community Development Block Grant Program Application

National Objective: *(Check One)*

- Benefit to low- and moderate income (LMI) persons**
1. **Area Benefit Activities** benefit all residents in a particular area, where at least **49.2%** of the people are low- and moderate-income. The service area of the project must be specifically identified and the area must be primarily residential (see page #17 of the application guide for details).
 2. **Limited clientele activities** benefit low- and moderate-income persons without regard to the area being served. At least **51%** of the persons participating in the activity must be low- and moderate-income and the activity must meet one of the following criteria
 - **Presumption of low- and moderate-income:** the activity serves persons who are presumed to be low- and moderate-income: abused children; battered spouses; elderly persons; severely-disabled adults; homeless persons; illiterate adults; persons living with AIDS and migrant workers; or
 - **Income Guidelines:** the activity must have eligibility requirements which limit the activity exclusively to low- and moderate-income persons.
 3. **Housing activities** that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by at least 51% low- and moderate-income households.
 4. **Job creation or retention activities** designed to create or retain permanent jobs, at least 51% of which (computed on a full-time equivalent basis) will be made available to or held by low- and moderate-income persons.
- Aid in the prevention or elimination of slums or blight**
Prevent or eliminate slum and blight on an area basis activities eliminate specific conditions of blight or physical decay on a spot basis and are not located in a slum or blighted area.
- Meet a need having a particular urgency (Demolition Projects Only)**
Use of the urgent need national objective category is rare. It is designed only for activities that alleviate emergency conditions. Urgent need qualified activities must meet the following criteria:
- The existing conditions must pose a serious and immediate threat to the health or welfare of the community;
 - The existing conditions are of recent origin or recently became urgent (generally, within the past 18 months);
 - The grantee is unable to finance the activity on its own; and
 - Other sources of funding are **not** available.

Does this project meet all National Objectives and eligible requirements, as noted in HUD's 24 CFR Part 570.201 regulations? (Please refer to the 2012 CDBG Application Guide for details.) If no, "**STOP**".

Yes

No



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SUMMARY PROJECT DESCRIPTION

DUNS Number (Required For Funding): _____

FEIN Number: _____ CFDA Number: **14.218**

CDBG Dollars Requested: \$ _____

Matching Funds: \$ _____ Source(s): _____

If acquisition is required for this project, is the property vacant? Yes No

Designated Project Area

(Provide a DETAILED map that shows the project site and defines service area. For Capital Improvement projects, please include PHOTOS.)

Exact Location/Project Address: _____

If project is an infrastructure activity, please indicate the following:

Address Start: _____ Address End: _____

Lineal Feet: _____

Summary of Project (50 Words or Less): _____

Specific Anticipated Accomplishments (50 Words or Less): _____



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CAPACITY AND INNOVATION

Inter-jurisdictional Regional Collaboration

Does your agency's proposed project offer a plan for regional collaboration?

- Yes No

Please describe how your agency's efforts are related to inter-jurisdictional regional collaboration. *(50 words or less)*

Innovative (Creative) Nature of Proposal

Does your agency's proposed project include innovative aspects?

- Yes No

If yes, please describe the creative elements of your proposal? *(50 words or less)*



2012 Community Development Block Grant Program Application

CAPACITY AND INNOVATION CONT'D

Economic Development Activities

Does your agency's proposed project directly or indirectly facilitate economic development using any of the activities described below? (check all that apply):

- Business Incubator
- Commercial/Industrial Rehabilitation/Improvements
- Economic Development Infrastructure Projects
- Façade Improvements
- Non-Profit Business And Technical Assistance
- Micro-Enterprise Assistance
- Public Services (Job Readiness, Skills Training, and/or Job Placement)
- Public Facilities

Economic Development Impact

Does your agency's proposed project directly or indirectly facilitate economic development targeting the following as major goals? (check all that apply):

- Job Creation
- Job Retention
- Goods or Services Provision

Please describe how your agencies proposed project will facilitate economic development directly or indirectly, including specifying major goals. (50 words or less)

Capital Improvement Projects Only - Please include a cost estimate for engineering/ architecture costs.

Planning and Public Service Projects Only - Please include a cost estimate for salaries, case management, planning studies, housing counseling, etc.

Please describe how your agency will leverage other funds, public or private, over the long-term to support similar projects and reduce reliance upon Cook County CDBG funding. (50 words or less)



2012 Community Development Block Grant Program Application

CAPACITY AND INNOVATION CONT'D

PREVIOUSLY FUNDED APPLICANTS:

Does your agency have any CDBG project(s) balances prior Yes No
to 2010?

If so, please explain why the project(s) currently have balances and the planned steps to expend remaining funds.

Does your agency have any outstanding CDBG performance Yes No
reports?

If so, please explain why the project(s) currently have outstanding performance reports.

NEW AND PREVIOUSLY FUNDED APPLICANTS:

Has your agency previously initiated similar projects? Yes No

If so, please describe the type of the project(s) previously initiated. (Capital Improvement or Planning and Public Service)



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CAPACITY AND INNOVATION CONT'D

Does your proposed project/program incorporate any of the following components (check all that apply):

Economic Development

- Generates Tax Revenue
- Promotes economic development focused non-profit capacity building as part of an existing regional plan
- Functions as part of broader Transit Oriented Development (TOD) or Cargo Oriented Development (COD) area
- Facilitates additional investments in industrial and/or commercial corridors
- Encompasses foreclosure prevention strategies

Infrastructure Improvements

- Facilitates broadband connectivity ("last mile infrastructure readiness")
- Incorporates underground utility lines as appropriate

Long Range Planning and Site Sustainability

- Promotes energy efficiency improvements (i.e. sustainability)
- Functions as part of a broader strategic plan or vision
- Encourages environmentally friendly or green initiatives (i.e. sustainability)
- Demonstrates ongoing efforts to promote and enforce affirmatively furthering Fair Housing practices

Please describe how your agency's proposed project plan is part of a broader strategic plan or vision. (50 words or less)

Please describe your agency's ongoing efforts to promote affirmatively furthering fair housing? (50 words or less)



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PROJECT ELIGIBILITY

A. AREA BENEFIT: *(if applicable)*

Total Number of low and moderate-income persons served in area:

Census Tract	Block Group	% Low/Mod Income

(Please see the 2012 CDBG Application Guide for appropriate website links.)

B. LIMITED CLIENTELE BENEFIT: *(if applicable)*

1. Presumed Benefit

Qualifying group _____

Number of persons served _____

2. Low- and Moderate-Income Persons* Served

Moderate-income (61-80% of AMI) _____

Low-income (51-60% of AMI) _____

- OR -

Very Low (31-50% of AMI) _____

Extremely Low (<30% of AMI) _____

Total Served (add above lines) _____

Number of Female-Headed Households _____

*How will income be verified? Check below:

- Income Verification Request Forms *(Attach sample)*
- Eligibility Status for other Governmental Assistance program
- Self Certification *(Must request source documentation of 20% of certifications and must inform beneficiary that all sources of income and assets must be included when calculating annual income)*
- Presumed benefit *(HUD presumes the following to be low and moderate-income: abused children, battered spouses, elderly persons, severely disabled persons, homeless persons, persons living with AIDS, migrant farm workers)*



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OUTCOME INDICATOR *Specific Outcome Indicators*

Anticipated Number of Persons to be Assisted

(For municipal capital projects, census tract data is permissible; for public service agencies, please provide your projection for the number of persons to be served.)

With NEW access to service or benefit _____

With IMPROVED access to service or benefit _____

Anticipated Number of Businesses to be Assisted

(For community and economic development projects.)

With NEW access to service or benefit _____

With IMPROVED access to service or benefit _____

Anticipated Economic Development Impact (If applicable.)

Estimated number of jobs created _____

Estimated number of jobs retained _____

Estimated amount of taxes generated _____

Estimated number of businesses retained and/or recruited _____

Anticipated Number of Housing Units Assisted (If applicable.)

Estimated number of units occupied by low- or moderate income households _____



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PROJECT COMPLETION SCHEDULE

Capital Improvement Projects - Please provide a detailed timeline outlining specific plans for completing this project within 12 months after issuance of Notice to Proceed, including but not limited to project specification development, bid and contractor procurement, preconstruction, construction and completion schedule.

MONTH 1
MONTH 2
MONTH 3
MONTH 4
MONTH 5
MONTH 6
MONTH 7
MONTH 8
MONTH 9
MONTH 10
MONTH 11
MONTH 12 PROJECT COMPLETE



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Planning and Public Service Projects - Please provide a detailed timeline outlining specific plans for completing this project within 12 months after issuance of Notice to Proceed, including but not limited to scope of planning study, program outreach, case management, housing counseling and completion schedule.

MONTH 1
MONTH 2
MONTH 3
MONTH 4
MONTH 5
MONTH 6
MONTH 7
MONTH 8
MONTH 9
MONTH 10
MONTH 11
MONTH 12 PROJECT COMPLETE



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PROPOSED PROJECT BUDGET

STAFF SALARIES (5 Person Limit)

Position	(A) Annual Salary	(B) % of time spent on project	(A) multiplied by B) Salary allocated for project	Salary CDBG Portion	Project Match (In-Kind)
TOTAL SALARIES					

Please note: Fringe benefits are no longer applicable.



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PROPOSED PROJECT BUDGET (CONT'D)

LINE ITEM BUDGET

Project Activity	CDBG Funds	Matching Funds	TOTAL
Capital Improvements			
Public Facilities			
Public Services			
Plans and Studies			
Economic Development			
Demolition			
Total Project Activity			

Project Delivery	CDBG Funds	Matching Funds	TOTAL
Staff Salaries			
Office Rent and Utilities			
Postage			
Printing			
Publication/Notices			
Project Travel @ \$0.555 per mile			
*Professional Services	CDBG Funds	Matching Funds	TOTAL
Architectural			
Engineering			
Legal			
Accounting (except Single Audit)			
Other:			
Total Project Delivery			
Grand Total (Project Activity + Project Delivery)			

**Professional Services MUST be procured prior to using CDBG funds. In addition, CDBG funding for professional services will be restricted to project completion.*



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FORM A: SCHEDULE OF LOCAL PUBLIC HEARING CITIZEN PARTICIPATION RECORD

Each municipality applying for Community Development Block Grant funds must develop its application through a series of community and neighborhood meetings. At least one (1) formal public hearing is required on a community-wide basis seeking input from residents on community needs. At least one (1) other public hearing is then required to present the municipality’s Community Development Plan and its proposed CDBG application to local residents. Therefore, it is required that municipalities conduct at least two (2) public hearings in compliance with the Citizen Participation Process as outlined.

Attach to the form the following items:

- Affidavits of Publication
- Minutes of the public hearings including lists of signatures from attendees
- Copy of response(s) to comments and/or complaints

NEEDS ASSESSMENT HEARING

Municipality: _____

Location: _____

Date: _____ Time _____

Describe the methods used to solicit participation of low- and moderate-income persons, including outreach to non-English speaking residents, if applicable.

Describe any adverse comments/complaints received and describe resolution.



2012 Community Development Block Grant Program Application

APPLICATION REVIEW HEARING

Municipality: _____

Location: _____

Date: _____ Time _____

Describe the methods used to solicit participation of low- and moderate-income persons, including outreach to non-English speaking residents, if applicable.

Describe any adverse comments/complaints received and describe resolution.



2012 Community Development Block Grant Program Application

APPLICATION RESOLUTION **Instructions**

Cook County has prepared two versions of the authorizing resolution: one for municipalities and one for all other applicants. Please choose the appropriate resolution. Samples of the versions are included in this application.

The person signing the cover of the application must be the same person signing the following Forms:

Please note that the Ratifying Resolution form is only to be used in limited circumstances. The resolution must be adopted by your governing body and a **certified** copy submitted with the application. Sample forms for certifications by non-municipal agencies are included.



2012 Community Development Block Grant Program Application

FORM D: MAINTENANCE OF EFFORT AND PROJECT SUSTAINABILITY Capital Improvement Projects ~ Planning and Public Service Projects (Economic Development – Planning Studies or Infrastructure Projects)

CAPITAL IMPROVEMENTS *(Please include Economic Development Infrastructure Projects, as applicable.)*
CDBG funds cannot be used for on-going maintenance, building operations and staffing requirements for projects constructed or rehabilitated with CDBG funds. Please provide the following information concerning these costs:

Amount of Annual Funds Required for Maintenance of Effort: \$ _____

Source of Funds: _____

Designated Use of Funds: (i.e. utilities, staff, equipment, maintenance):

PLANNING AND PUBLIC SERVICES *(Please include Economic Development Planning Studies, as applicable.)*
How will one year of funding address the need? Will future funding from the County be critical for project success? When will the project be self-sufficient?



2012 Community Development Block Grant Program Application

FAIR HOUSING ACTION PLAN - 2012 PROGRAM YEAR

The Secretary of the United States Department of Housing and Urban Development requires that Community Development Block Grant recipients certify that they will comply with Title VIII of the Civil Rights Act of 1968.

To fulfill this certification, Cook County requires each **municipal** Subrecipient to take action each year to affirmatively further fair housing. The actions that your community defined are in your 2011 Fair Housing Action Plan as required in order to be eligible for funds.

As part of the application, the municipal Subrecipient must develop and implement an Affirmative Action Plan. If you already have a plan, you should review it to ensure it is still relevant, up-to-date and submit a signed Resolution by the Mayor and City Clerk. Please provide County staff with a narrative to explain what your agency plans to accomplish during this program year to further fair housing.

The following are several actions your agency can take to complete the Fair Housing Action Plan: *(Please check the appropriate sections that apply and on the attached Form E, provide a brief narrative of actions to be undertaken during program year 2012.)*

- Provide copies of fair housing brochures published and distributed among realtors and other businesses in your community.
- Provide copies of newspaper articles published locally about fair housing issues in your community;
- Provide a summary of activities conducted by the Human Relations Committee to promote an open Community.
- Update/Amend Fair Housing Ordinance, if applicable.
- Attend Cook County Fair Housing Seminar.
- Submit notices, agendas and minutes of Fair Housing meetings sponsored by municipalities.

These points are merely suggestions for the types of actions that are acceptable to demonstrate your community's active commitment to fair housing. Additional or different action may be acceptable as well, and your submissions are not limited to those types listed above.

The County is required to provide documentation supporting its activities in compliance with Title VIII of the Civil Rights Acts of 1968. The activities of Cook County's Subrecipients, therefore, require this documentation. Failure by a community to provide this information to the County in a timely manner may jeopardize future funding for that community.

Additionally, if you have completed a 2012 Fair Housing Action Plan, please attach it to your Form E.

Please use attached Form E.



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AUDITED FINANCIAL STATEMENTS
(Attach most current.)



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DEMOLITION PROJECTS

(This section must also be completed for any demolition project, as noted on page #5 of the application guide.)

69 West Washington - Suite 2900
Chicago, Illinois 60602

Phone #: (312) 603-1000
FAX #: (312) 603-9770

COMMUNITY INFORMATION

Name of Municipality: _____

Municipal Contact Person: _____

Municipal Contact Person Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

PROPERTY OWNER INFORMATION (If different from municipality)

Owner/Business: _____

Owner/Business Contact Person: _____

Owner/Business Contact Person Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

NATIONAL OBJECTIVE (Please check one)

Elimination or Prevention of Slums and Blight
If selecting this National Objective, all of the following must be included with this application:

- A. Slum/Blight Criteria selected
- B. Additional Documentation (Photos, Letters from Officials etc.)
- C. Slum/Blight Declaration/Resolution

Urgent Health and Welfare Threat
If selecting this National Objective, all of the following criteria must be met:

- A. Determination of immediate threat - when and by whom; include documentation
- B. Applicant's inability to finance
- C. Confirmation that no other financial sources are available
- D. Confirmation that threat did **not** exist for more than 18 months prior to application



2012 Community Development Block Grant Program Application

DEMOLITION RATIONALE

Provide the rationale behind the applicants desire to demolish this structure and why the municipality does not consider rehabilitation a viable option. Include a letter from the municipal solicitor describing the municipality's condemnation process, acknowledging that condemnation proceedings ensued in accordance with all municipal ordinances and that the municipality has the authority to remove the subject structure.

Include copies of the following documents in support of your rationale for demolition:

- On-site inspection reports identifying the nature of the unsafe condition(s) (e.g. engineer, building inspector/code enforcement officer, fire/police officials, etc.).
Municipal notification of an unsafe condition to the property owner, agent or person in control of the structure. The correspondence must describe the unsafe condition(s), specifying the required repairs or improvements necessary to abate the existing conditions, or require the owner, agent or person in control to demolish the structure. Supply evidence that sufficient time was permitted to address the situation. Provide proof that notice was properly served (i.e. copy of certified or registered mail return receipt).
- Any correspondence from the owner, agent or person in control of the structure in response to municipal notification of unsafe conditions.
- Order of Condemnation (as posted at the site of the proposed demolition site).

PROPERTY INFORMATION

Property Identification

Number: _____

Street Address: _____

Legal Description: _____

Please Describe Property:

- i.e. building size, type, condition _____

Intended Use of Property After Demolition:

NOTE: If parcel is to remain vacant, describe how the municipality will assure that the resulting lot will be maintained and kept clear of health and safety hazards (e.g. trash, debris).

Estimated Demolition Cost: _____

CERTIFICATIONS

- A. There are no pending legal actions underway or being contemplated that would significantly impact the demolition of this facility.
- B. There are no unpaid property taxes filed against the property.
- C. There are no liens/assessments on the property, or proof of any are attached
- D. The property owner signing has full legal authority to sign

Print Name

Signature

Date