



Governor's Office of Storm Recovery

STATE OF NEW YORK
INSERT NAME OF SUBRECIPIENT

NY STATE
CDBG-DISASTER RECOVERY PROGRAM

APPLICATION FOR FUNDING
INSERT NAME OF PROJECT

INSERT MONTH, YEAR

PREPARED BY

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General Description Form

Place a check mark in the appropriate box: Original Application Amended Application

Applicant Name, Address, and Phone Number:	Project Name:	
	Project Address:	
Applicant's Contact Person Name, Address, Phone Number, Email Address, DUNS Number, and SAM CAGE Code Number.	Name, Address, Phone Number and Email Address of HGA Administrative Consultant: <i>(if applicable)</i>	
	Name, Address, Phone Number and Email Address of GOSR Project Manager:	
Name, Address, Phone Number and Email Address of Architectural/Engineering Firm:	National Objective to be Addressed (check one).	
	<input type="checkbox"/> Activities Benefiting Low/Moderate Income Persons <input type="checkbox"/> Prevention/Elimination of Slums or Blight <input type="checkbox"/> Urgent Need <input type="checkbox"/> Not Applicable—Planning	
Project Funds	Amount	Source and Status of Funds
CDBG-DR	\$0.00	
Local Funds	\$0.00	
Private Funds	\$0.00	
Other State Funds	\$0.00	
Federal Funds (non-CDBG-DR)	\$0.00	
Other Funds	\$0.00	
TOTAL FUNDS	\$0.00	
Signature (Authorizing Official) and Date Signed	Typed Name/Title (Authorizing Official)	

6. Indicate by means of an “x” as to whether the proposed project will involve a community-wide benefit or a target area(s) and enter the zip code of the project. If a target area is involved, enter the name(s) and zip code of the target area(s).

___ Community-wide (Zip Code: _____) ___ Target Area(s)

Name and Zip Code of Target Area: _____

Name and Zip Code of Target Area: _____

Name and Zip Code of Target Area: _____

Community-wide projects should use the zip code of the location of city hall. Target-area projects should use the zip code of the target area where the majority of the construction funds will be spent (for each target area). If the target area(s) does not have a name, please provide a brief geographical description of the area such as “western portion of the city.”

7. Provide Lat/Long for the Project Location at or near the geographical center:

Latitude: _____ Longitude: _____

8. How many other projects funded with CDBG-DR funds relate to the project: ___

9. Does the project relate to any other project GOSR should be aware? _____

10. If flood insurance is required, has the entity that will be required to carry it in perpetuity been informed of this requirement: ___ Yes ___ No

11. Does the project encompass multiple counties: ___ Yes ___ No

12. If the proposed project is a “covered project,” please provide a narrative describing the “**Resilience Performance Standards**” to be used in the design/implementation of the project below.

13. If the proposed project is a “covered project,” please provide a narrative describing the “**Green Infrastructure Project Activities**” to be used in the design/implementation of the project below. For the purpose of completing this section, green infrastructure is defined as the integration of natural systems and processes, or engineered systems that mimic natural systems and processes, into investments in resilient infrastructure. “Green Infrastructure” takes advantage of the services and natural defenses provided by land and water systems such as wetlands, natural areas, vegetation, sand dunes, and forests, while contributing to the health and quality of life of those in recovering communities.

14. If the proposed project is a “covered project,” please provide a narrative describing the “**Transparent and Inclusive Decision Processes**” undertaken in selection of the proposed project. Include accessible public hearings and other processes to advance the engagement of vulnerable populations.

15. If the proposed project is a “covered project,” please provide a narrative describing the “**Long Term Efficacy and Fiscal Sustainability**” plans to monitor and evaluate efficacy and sustainability, including how it will reflect changing environmental conditions (such as sea level rise or development patterns) with risk management tools, and/or alternate funding sources, if necessary.

16. If the proposed project is a "covered project," please provide a narrative describing how the project will align with the commitment expressed in the President's Climate Action Plan to "identify and evaluate additional approaches to improve our natural defenses against extreme weather, protect biodiversity, and conserve natural resources in the face of changing climate..."

17. Has an amendment to the Action Plan to include this project been submitted to HUD?

Yes; No;

18. What is the status of the amendment request? Provide a narrative describing the status of the amendment request. (Include date of submission, date of approval, any requests for additional information, and current status)

19. Is this project receiving FEMA Public Assistance funding: Yes No

20. Is this project receiving FEMA Public Assistance 406 Hazard Mitigation Funds:

Yes No

Please provide the FEMA Project Worksheet number(s) for this project application: _____
(The FEMA project work sheet number should include the FEMA disaster declaration number in the first four (4) digits and the project worksheet number in the last five (5) digits. A Hurricane Sandy related project with the project worksheet "567" would be entered as "4085-00567")

21. Is this project receiving FEMA Section 404 Hazard Mitigation funds:

Yes No

22. Is this project receiving any Army Corps of Engineers funding:

Yes No

If yes, please provide the type of funds applied for and application number: _____

23. Is this project receiving any Environmental Protection Agency funds:

Yes No

If yes, please provide the type of funds applied for and application number: _____

24. Is this project receiving any Department of Energy funds:

Yes No

If yes, please provide the type of funds applied for and application number: _____

25. Is this project receiving any Department of Transportation funds:

Yes No

If yes, please provide the type of funds applied for and application number: _____

26. Is this project receiving any Department of the Interior fund:

Yes No

If yes, please provide the type of funds applied for and application number: _____

BUDGET/COST SUMMARY FORM

PROJECT NAME:

(A) Costs by Activity	(B) CDBG-DR	(C) Other	(D) Total	(E) Source
1. Acquisition of Real Property	\$0.00	\$0.00	\$0.00	
2. Public Facilities and Improvements	\$0.00	\$0.00	\$0.00	
3. Rehabilitation Loans and Grants (Hook-ups)	\$0.00	\$0.00	\$0.00	
4. Clearance Activities	\$0.00	\$0.00	\$0.00	
5. Public Services	\$0.00	\$0.00	\$0.00	
6. Other (identify) - Planning	\$0.00	\$0.00	\$0.00	
7. Project Delivery Costs	\$0.00	\$0.00	\$0.00	
8. Administration	\$0.00	\$0.00	\$0.00	
TOTAL	\$0.00	\$0.00	\$0.00	

Architectural/Engineering (A/E) costs must be included in one of the activity costs above.

HUD Matrix Code: (Can be found at <http://www.hud.gov/offices/cpd/systems/idis/cdbg/Matrix%20Code%20Definitions.pdf>)

CDBG-DR PROGRAM TIME SCHEDULE

APPLICANT NAME:

MILESTONES	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10	Quarter 11	Quarter 12
Activity (list activity from budget/cost summary form) a. Study (H&H, Feasibility, etc.) b. Environmental Review c. A/E Design d. Construction e. Closeout												
Activity (list activity from budget/cost summary form) a. Acquisition												

Provide the following dates:
 *Required

*ERR Complete Date: _____
 Construction Start Date: _____
 *Construction End Date: _____

Acquisition/Closing: _____
 Design Complete: _____

ACTIVITY BENEFICIARY FORM

Community-Wide
 Target Area
 Limited-Clientele
 Combined

Project:
 Insert Name of Project Here

List name of each activity excluding Admin & Acquisition:	1)		2)		3)	
	#	%	#	%	#	%
Persons (total):						
Total LMI Income:						
Low Income:						
Owner (for Rehab activity <u>only</u> , i.e. hookups):						
Renter (for Rehab activity <u>only</u> , i.e. hookups):						
Moderate Income:						
Owner (for Rehab activity <u>only</u> , i.e. hookups):						
Renter (for Rehab activity <u>only</u> , i.e. hookups):						
Medium Income:						
Owner (for Rehab activity <u>only</u> , i.e. hookups):						
Renter (for Rehab activity <u>only</u> , i.e. hookups):						

Race and Ethnicity	Percent (%)	Percent (%)	Percent (%)
White:			
Black or African American:			
American Indian or Alaskan Native:			
Asian:			
Native Hawaiian or Other Pacific Islander:			
Other:			
Hispanic or Latino			

Data Sources:

Low and moderate income persons for area benefit activities were determined using the 2006-2010 American Community Survey.

Percentages for race and ethnicity for area benefit activities were determined using the Census 2010 SF-1 100% data, Tables P3-Race, and P4-Hispanic or Latino Origin.

VICINITY MAP



TARGET AREA MAP

PROJECT SITE MAP

PROJECT NAME: Insert Name of Project Here

PROJECT DESCRIPTION: Page ? of ?

PROJECT DESCRIPTION.

Insert Project Description Here

ARCHITECT/ENGINEER'S COST ESTIMATE	
Estimated Number of Parcels to be Acquired:	Not Applicable
Anticipated Approvals/Permits to be Acquired:	Not Applicable

PROJECT BUDGET

INSERT PROJECT BUDGET HERE

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Instructions (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code):	2. Social Security Number or Employer ID Number:
3. HUD Program Name Community Development Block Grant – Disaster Recovery Program	4. Amount of HUD Assistance Requested/Received

5. State the name and location (street address, City and State) of the project or activity:

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes No.

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

Signature:
X

Date: (mm/dd/yyyy)

Insert Typed Name and Title Here

APPENDIX A
INSERT NAME OF DOCUMENT