# **HOUSING Pre-Application FY2020**

# Community Development Block Grant (CDBG) Program Red River Regional Council



All Pre-Applications must be received by 3:00 p.m. on June 24, 2020. Pre-Applications submitted by email must be followed by original. The Pre-Application Red River Regional Council's (RRRC) Program Distribution Statement are available on the RRRC website, www.RedRiverRC.com. For questions or assistance please contact Stacie Sevigny at 701-352-3550 or Stacie@redriverrc.com.

Applicant (City or County only):	Project Title:	
Applicant Address (Street/PO Box, City, State, Z	(ip):	
DUNS Number:	Tax ID/FEIN N	umber:
Local Government Contact Person/Title:	Phone:	Email:
Other Contact Person (if applicable):	Phone:	Email:
Engineer/Architect.		
Engineer/Architect:	Contact Na	me:
Phone:	Email:	
Phone:	Email:	
<u> </u>	Email:	
Phone:  Address (Street/PO Box, City, State, Zip):	Email:	
Phone:	Email:	OBJECTIVE
Phone:  Address (Street/PO Box, City, State, Zip):  3. Use of Funds & National Objective	NATIONAL	OBJECTIVE to Low Income
Phone:  Address (Street/PO Box, City, State, Zip):  B. Use of Funds & National Objective  USE OF FUNDS (Check all that apply)	NATIONAL  Benefit	
Phone:  Address (Street/PO Box, City, State, Zip):  B. Use of Funds & National Objective  USE OF FUNDS (Check all that apply)  Removal of Architectural Barriers	NATIONAL  Benefit to (Including L	o Low Income
Phone:  Address (Street/PO Box, City, State, Zip):  B. Use of Funds & National Objective  USE OF FUNDS (Check all that apply)  Removal of Architectural Barriers (Handicap Accessibility)	NATIONAL  Benefit to the control of	to Low Income imited Clientele)
Phone:  Address (Street/PO Box, City, State, Zip):  B. Use of Funds & National Objective  USE OF FUNDS (Check all that apply)  Removal of Architectural Barriers (Handicap Accessibility)  Construction/Rehabilitation	NATIONAL  Benefit to the control of	to Low Income imited Clientele) ion of Slum or Blight

4. Brief Description of the Propoleographic location; how long issue/problem parts which are to be funded by 0	n has existed; who the	owner is of the prope		· ·
5. Proposed Project Cost & Func PROJECT ACTIVITY		FIIN	NDING SOURCE	EC
Construction Cost:	\$	CDBG Grant Fund		\$
Grant Administration:	\$	Local Matching Fu		\$
(15% of CDBG amount; to be paid	'	(Including grant adn		
with local funds)		& E/A services)		
Engineering/Architectural:	\$	Other matching funds:		\$
(To be paid with local funds)	ļ	TOTAL		Ś
Other Costs: TOTAL:	\$	TOTAL: \$  TOTALS SHOULD MATC		<u> </u>
TOTAL.	) >	IOIAL	.3 SHOULD IVIE	ПСП
6. What is the source(s) and am	ount(s) of the other	Matching Funds?		
(If noted above, please indicate s		-	opment, pendin	g, secured)
SC	OURCE		AM	OUNT
			TOTAL: \$	
			TOTAL. 7	
7. What is the source(s) and am	ount(s) of the Local	Match?		
(Please indicate source and statu			g secured)	
•	OURCE	, core-op-mente, pentame	<u>.                                    </u>	OUNT
	<u> </u>		2	
			TOTAL: \$	

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ious purpose or			
Has any on-site construction and/or rehabilitation work been conducted?			
Has an asbestos inspection been conducted by a state licensed inspector?			
(Rehabilitation/demolition of structures can require an asbestos inspection and			
		<u> </u>	
Has a lead-based paint inspection been conducted by a licensed inspector? (Lead-			
based paint inspection required for some projects. If applicable, attach full copy of report)			
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#### **10. Project Beneficiaries**

		Persons	Families
a.	Total number in project area:		
b.	Total number of low and moderate income in project area:		

c.	Total number of persons to benefit from project:	
d.	CDBG dollars requested:	\$
e.	CDBG dollars per person to benefit:	\$

The above numbers should be derived from either Census data or from a survey utilizing an appropriate methodology as outlined in the state's Program Distribution Statement. Contact the RRRC for assistance.

### PRE-APPLICATION NARRATIVE

Applicants are encouraged to provide as much pertinent information as possible. Complete scoring and ranking criteria for Public Facilities projects can be found on the RRRC website: www.redriverrc.com

11. Project Need				
Describe why you need to do this project. The greatest number of points will be given to proposals that				
meet both current and long-term benefits in addressing existing and future needs; address, directly or				
indirectly, health and safety issues; and will have a significant impact on meeting the needs.				
12. Financial Need  Why is CDBC peeded for this project? In describing that peed, you may reference figures provided on				
Why is CDBG needed for this project? In describing that need, you may reference figures provided on Page 2 and include explanations as to why other sources of financing, including borrowing and				
anticipated future revenues, are inadequate. The greatest number of points will be given to proposals				
that prove the project cannot proceed (or the project would be significantly reduced) without CDBG;				
and the amount and terms proposed are reasonable and appropriate. Please describe any other projects				
undertaken in the last 5 years and include a description of how those projects were funded and may				
affect the applicant's ability to commit more to this project.				

13. Appropriateness
Discuss how the proposed project represents a logical and cost-effective strategy for addressing the
needs as documented considering the amount of funds requested, the terms proposed, and the number
of people who will benefit. Can you document the sustainability and viability of the project and assure
the housing can be and will remain occupied, affordable, and properly maintained? What other
alternatives were considered and why is the proposal considered the best long-term solution? Are the
cost estimates reasonable and well-documented? Have you received a CDBG grant in the past 5 years? I
yes, for what project in what year?

es, for what project in what year?				

## **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: