County of Kaua'i
Department of Public Works
Housing Division
Community Development Block Grant Application

PART 1 - APPLICANT INFORMATION

Project Title:

Type of Organization:

Legal Organization or Business Name:

Email:

Street (Mailing) Address:

Street (Physical) Address:

Contact Information

Name: Phone: 2nd:

Contact Title: Start Date: GE Tax ID Federal Tax ID

The following is required to conduct business with the Federal Government:

DUNS Number (Data Universal Numbering System):

SAM (System for Award Management) CAGE (Commercial and Government Entity) Code Number:

UEI Number (Unique Entity Identifier) 12-character alphanumeric ID issued by SAM:

PART 2 - PROJECT CONCEPT

A. Provide a clear and concise description of the project. Include project objectives, goals, and the priority need as identified in the Consolidated Plan. Explain how funds will be used (250 words maximum).

B. Project Site:

Street Address:

Tax Map Key: Legal Use:

Legal Owner: Legal Owner Address:

C. Project Funds: (a detailed, line-item budget for this project must be included in Part 4 - Financing

CDGB Funds Requested ($)	Other Project Funds 2 ($)	Other Project Funds 3 ($)	Total Funds($)

D. Have you applied for other funding? If "No", explain why you have not applied:

E. Are CDBG funds being requested as a:

If a "Loan". Describe your pruposed terms for repayment:

F. Previous Project Implementation.

1) Has your organization done or attempted to do this project before?

(If yes, answer the following questions in this section. If you do not have specific information, provide estimates):

2) When was the project previously done or attempted?

3) How was it funded?

4) Is the project still in progress?

5) Total number of persons or households currently being served

6) Total number of low- and moderate-income persons or households currently being served

7) Will the project need CDBG funds in the future?

If "Yes", how much? ($)

When will the funding be needed?

8) Why are continuing funds needed?

9) How will your project continue after the CDBG funding has ended?

G-H. National Objective: The proposed project must meet one of the following national objectives. Indicate which of the following objective applies to your project.

I. KCHA Priorities/Category: Which one of the following priorities does your proposed project primarily address?

-You can choose ONLY ONE priority and the appropriate activities. The priority should've been confirmed with CDBG Coordinatorprior to application.

-KHCA Priorities - Which ONE of the following priorities does your proposed project primarily address?

PRIORITY:

Priority#1 Activity(ies) please select at least one:

- ▪ Increase the housing inventory for lower-income persons.
- ▪ Prevent the loss of lower-income housing due to deterioration or conversion to higher income units.
- ▪ Public facilities construction and improvements that directly support housing related activities, including homeless shelters.
- ▪ Other:

For projects that involve CONSTRUCTION. (If you selected Priority #1 or Priority #2)

1.) Please select type of construction being proposed:

2.) Property Ownership. does your project involve construction or activities on property not owned by you?

Priority #2 Activity(ies) please select at least one:

- ▪ Removal of architectural barriers that restrict the accessibility of elderly or disabled persons.
- ▪ Acquisition, construction, reconstruction, rehabilitation or installation of publicly owned facilities which provide (but are not limi ted to) recreation, education, health care, social development, independent living, physical rehabilitation, vocational rehabilitation and homeless programs.
- ▪ Other:

For projects that involve CONSTRUCTION. (If you selected Priority #1 or Priority #2)

1.) Please select type of construction being proposed:

2.) Property Ownership. does your project involve construction or activities on property not owned by you?

Priority #3 Activity(ies) please select at least one:

- ▪ Provide a new public service.
- ▪ Provide a quantifiable increase in the level of an existing service.
- ▪ Continued funding to provide the same services for the same number of clients at the same or lesser level. (Applies only to public service projects funded in the previous CDBG program year.)
- ▪ Other:

Priority#4 activity(ies) please select at least one:

- ▪ Support businesses located in a lower income residential area and which employ lower income residents of the area.
- ▪ Provide support service facilities which allow lower income persons to prepare for, obtain, and retain gainful employment.
- ▪ Other:

For ECONOMIC DEVELOPMENT projects. If you selected Priority #4, attach a 3-year business plan that includes proposed jobs to be created or retained. Include job descriptions and minimum qualifications for the jobs.

J. Public Benefit

1. Estimate the number of persons to be directly served by this project.

1.a.) For public service projects. What is the projected increase?

2. Estimate number of families or households to be served by this project.

2.a.) For public service projects. what is the projected increase?

3. Calculate the public benefit. To calculate the public benefit here is the formula: Total Funding (to include leveraged or in-kind funds) divided by total number of persons proposed to be served = public benefit.

Public Benefit =

K. Identify the PRIMARY beneficiaries this project will serve. Check the appropriate national objective below and answer related questions. Keep In mind that you will be responsible to achieve these numbers. Due to newly released Census data. Please call our office to confirm whether your proposed project qualifies as an area benefit.

K. 1. a) Low- and moderate-income individual benefit

How many? Percentage of total served?

K. 1. b) Low- and moderate-income limited clientele benefit (presumed benefit)

Select the appropriate population the project will serve (only one choice)

K. 1. c) Low-and moderate-income area benefit: What percentage is low/mod?

Geographical areas to be served by Census block group numbers:

K. 2.) Female heads-of-household. How many (Only applicable for K.1.a.) and K.1.b.)?

NOTE: HUD considers the following ethnic groups minorities: Asian; Hawaiian/Part Hawaiian; Pacific Islander:American Indian or Alaska Native; Black or African American.

K. 3. Minority persons. (Only applicable for K.1.a.) and K.1.b.)

How many? Percentage of total served?

L. Identify sources of estimates in question "K" above:

M. Data on family or household size and income of each person in the family or household is required to verify the percentage of low- and moderate-income beneficiaries. For example, if there are 2 adults and 2 children in the family or household, each individual's income, including children, must be included in determining the total annual income. All income information must be verified with documentation kept on file. (Refer to "Policy on the Use of Self-Certification of Income Forms by Subrecipient Agencies.) Describe how you plan to obtain the verification required to document the number of low- and moderate-income beneficiaries. (Refer to the income inclusions section in the fact sheet and 24 CFR 5.609 for income inclusions and exclusions.) (Only applicable for K.1.a) and K.1.b.))

N. Provide information on the need for this project by addressing the following questions. Keep responses BRIEF and CONCISE.

N. 1.) Why is this project needed? Does it meet a high or medium priority need identified in the Consolidated Plan?

N. 2.) How have you determined that there is a need for this project?

N. 3.) Describe measurables/milestones undertaken by this project?

N. 4.) What will the immediate and long-term benefits be for the community?

N. 5.) How significant will the impact be on the community and why?

N. 6.) Are you aware of services or activities similar to your project provided by other organizations on Kauai?

If yes, list the services or activities and describe your efforts and/or plans to minimize duplication of services:

PART 3 - PROJECT READINESS

A. Will all other funding be in place by July 2026?

If NO, can the project proceed without leveraged funding?

Explain:

B. 1.) Are your IMMEDIATE NEIGHBORS aware of and support your project?

If YES, describe how they were informed and how they support your project. Provide documentation, e.g. support letters, newspaper clippings. *UPLOAD REMINDER*: on the upload page, title and provide support letters and other items.

B. 2.) Is the COMMUNITY in which your project is proposed aware of and support your project?

If YES, describe how they were informed and how they support your project. *UPLOAD REMINDER*: on the upload page, title and provide documentation. e.g. support letters. newspaper clippings.

B. 3.) Does your project affect any government agencies?

If YES, identify which agencies. Are they aware of and do they support your project? *UPLOAD REMINDER*: on the upload page, title and provide documentation. e.g. support letters. newspaper clippings.

B. 4.) Is there any opposition to your project?

If YES, describe.

C. 1.) What is the anticipated starting date of your project?

C. 2.) How long will the project take to complete?

C. 3.) What percent of CDBG funds being requested will be expended by 3/31/2027? Please explain what would prevent you from expending these funds by 3/31/2027 and what contingency plans you have:

D. List project staff, their positions and percentage of time that each will be involved in this project (total 100%). Identify the key person who will be in charge of the project and perform daily management functions and administrative responsibility. List each individual staff's experience and qualifications by attaching resumes. If a position is vacant, attach a position description including minimum qualifications required.

D. 1.) Key person/position/percent of time:

D. 2.) List other project staff/position/percent of time. *UPLOAD REMINDER*: on the upload apge, title and provide resumes and position descriptions.

E. If your project requires professional consultants. (a) list the type of consultants you need and (b) describe their scope of work.

F. If your project relies on participation by another organization, list the organization(s) and describe their role(s). *UPLOAD REMINDER*: on the upload page, title and provide commitment letter(s) from the organization(s).

G. Site Characteristics

G. 1.) Environmental. Project information relating to the following environmental categories. Check all that apply and explain how these categories will be affected by the project. If an Environmental Assessment (EA) has been prepared. *UPLOAD REMINDER*: on the upload page, title and provide a copy of the Environmental Assessment.

- ▣ Historic Properties
- ▣ Wild and Scenic Rivers

- ▪ Flood Plain Management and Wetlands Protection
- ▪ Coastal Zone Management
- ▪ Sole Source Aquifers
- ▪ Endangered Species
- ▪ Air Quality
- ▪ Farmlands Protection
- ▪ Noise level of surrounding activities

G. 2.) Site Selection Standards Information. If applicable, UPLOAD plans and Federal /Stale/County verification on the information below. Describe if current land designation permits the proposed use or if the current level of service is adequate for the proposed use. If not, provide estimated time, cost and likelihood to change designation or improve level of service to allow the project to proceed.

UPLOAD REMINDERS: on the upload page, title and provide
- Plans; and
- Federal/State/County verification for items checked below:

G. 2. a) Existing County Zone
G. 2. b) Existing General Plan land use pattern designation for the area
G. 2. c) State land use classification
G. 2. d) Road access (private, county, state, federal)
G. 2. e) Water Service
G. 2. f) Sewer Service
G. 2. g) Electrical service
G. 3) Site Description. UPLOAD: maps and surveys, if applicable
G. 3. a) Land Area
G. 3. b) Building Size & Description

G. 3. c) Located in flood zone?

G. 4.) Project Site.

G. 4. b.) Describe Current Site Use:

G. 4. b.) Property vacant or occupied?

If occupied, name of occupant(s):

G. 4. c.) Name of legal owner of property:

UPLOAD: copy of the deed or lease

G. 4. d.) If applicant does not currently control site, describe time required, cost, and steps to acquire site control.

G. 4. e.) Will project involve temporary or permanent relocation of residents or businesses?

If YES. describe your relocation plan including estimated costs to relocate residents or businesses.

PART 4 - FINANCING

A. Project Financing

Complete "Project Financing" form and *UPLOAD* on the upload page. List all funding sources proposed for the project, total amount requested, and the status of funding. Use the following status on the form: Committed; Tentatively Committed; Requested Only. *UPLOAD* copies of commitment letters or requests on the upload page.

B. Project Budget

Complete "Project Budget" form and *UPLOAD* on the upload page. Read "Notice" on first tab, then select Form B.1. B.2, or B.3 as appropriate for the proposed project. *UPLOAD* any pertinent documentation on the upload page.

PART 5 - EXPERIENCE AND QUALIFICATIONS

A. Has your organization been previously awarded CDBG funds in the last 3 years?

If YES, list the project name, date awarded, funded amount, and status (C=complete: P=pending; l=In progress) of your 3 most current projects.

B. Has your organization received other Federal, State, local government or private financial assistance within the last 3 years?

If YES, provide name of grantor, date awarded, amount of grant, status or project, and brief statement of project achievement of your 3 most current projects.

C. Briefly describe your organization's qualifications, covering the following points (150 words maximum): (a) The purpose and goals of your organization; (b) Prior (last 3 years) and current activities that qualify the organization to carry out the proposed project; (c) How you coordinate with other organizations to achieve your goals.

D. Does your organization have any unresolved audit findings or monitoring issues or suspensions with HUD or other federal agencies?

If YES, please explain:

E. Does your organization's by-laws, articles of incorporation or management policies include a conflict of interest policy which meets HUD regulations as stated in 24 CFR 570.611?

lf NO, how will you comply with 24 CFR 570.611?

ADDITIONAL ATTACHMENTS:

1.) INSURANCE: Depending on the project, it may require insurance coverage. Please confirm with CDBG Coordinator. Provide statement of ability to comply or Certificate of Liability Insurance (COLI) with the County's minimum insurance requirements.

County's insurance requirements:Insurance Requirements for Procurement 2019-3-12.pdf

UPLOAD: Statement of ability to comply or Certificate of Liability Insurance (COLI) with County's insurance requirements.

2.) Current Officers/Board of Directors. (must include position title, address, telephone number, term expiration date and occupation.)

UPLOAD: Current officers/Board of Directors.

3.) Organization Chart. UPLOAD: Organizational Chart.

4.) Certificate of Compliance

Hawaii Compliance Express (HCE) - obtain a certificate for proof of compliance as a business entity for clearances with the IRS, Department of Labor, Department of Commerce and Consumer Affairs, and State Tax office.

For Economic Development Projects:

5.) 3-Year Business Plan. UPLOAD: 3-Year Business Plan

6.) Project Policies or Rules. UPLOAD: Project Policies or Rules.
