

**LEXINGTON COUNTY  
2008 CDBG PROGRAM  
APPLICATION FOR ASSISTANCE**

(REFER TO APPLICATION HANDBOOK FOR ASSISTANCE IN COMPLETING AND SUBMITTING THIS APPLICATION)

**1. GENERAL INFORMATION**

Applicant Name: Central Midlands Council of Governments

Contact Person Name: Robin Cooley

Email: rcooley@centralmidlands.org\*

Title: Comm. & Econ. Dev. Manager

Address: 236 Stoneridge Drive

City: Columbia

State: SC

Zip: 29210

Phone: (803)744-5136

Fax: (803) 376-5394\*

\*Please provide as follow-up information may be sent by email or fax

**2. PROJECT INFORMATION**

Project Title: Lexington County Needs Analysis

Location of the project: Lexington County

Map attached showing general location of project (City/County level):

Map attached showing specific location of project (Street level):

Total Project Cost: \$30000

**CDBG Funds Requested:** \$30000

**3. USE OF FUNDS – Briefly, using bullet points, detail the specific use of CDBG funds for this project**

(This information will be used for project reviews)

- Prepare priority lists of CDBG-eligible projects for thirteen towns and unincorporated areas
- Conduct CDBG needs meetings with each municipality and reps. of unincorporated areas
- Submit required reports and documentation to Lexington County CDBG

(A more complete description of your project should be given in response to Narrative Question 1)

**4. PROJECT SCHEDULE / TIMELINE – When do you expect to begin and end the project?**

(NOTE: Funds will not be available until after July 1)

Expected Project Begin Date (Mo/Year): 07/01/08

Expected Project End Date (Mo/Year): 06/30/09

**5. GRANT ADMINISTRATION – Who will administer the grant and be responsible for all compliance issues? What experience do they have in administering CDBG projects?**

- Central Midlands Council of Governments will administer the grant and be responsible for compliance.
- Central Midlands COG staff members have extensive CDBG experience
- 

**6. SELECT THE ELIGIBLE ACTIVITY YOUR PROJECT WILL MEET** See Application Handbook Part 3

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acquisition                      | <input type="checkbox"/> Clearance/Demolition | <input type="checkbox"/> Code Enforcement    |
| <input type="checkbox"/> Economic Development             | <input type="checkbox"/> Housing              | <input checked="" type="checkbox"/> Planning |
| <input type="checkbox"/> Public Facilities & Improvements |   | <input type="checkbox"/> Public Services     |
| <input type="checkbox"/> Relocation                       |   | <input type="checkbox"/> Other: List         |

**7. SELECT THE NATIONAL OBJECTIVE YOUR PROJECT WILL MEET** See Application Handbook Part 3

- Benefit to low-and-moderate income persons** (if you check this, you must choose one below)
  - Area Benefit:
  - Limited Clientele
  - Jobs
  - Housing
  
- Aid in the prevention or elimination of slum or blight** (if you check this, you must choose one below)
  - Area Basis
  - Spot Basis

**8. DOCUMENTING THE NATIONAL OBJECTIVE**

**When benefit is to Low / Moderate Income persons, how will you verify income?**

- Income Verification Documentation (tax returns, pay stubs, etc.)
- Income Survey verifying at least 51%, by using
  - Participant Survey
  - Survey method meeting HUD requirements
- Serving 100% of clientele that meet one of the following presumed benefit categories
  - Abused Children
  - Illiterate Adults
  - Homeless Persons
  - Battered Spouses
  - Migrant Farm Workers
  - Severely Disabled
  - Elderly Persons (62+)
  - Persons with AIDS
- Census Tract / Block Group Data (Contact CDBG Program staff for guidance)
  - % of LMI Persons in Area:
  - List ALL Census Tract(s) and Block Group(s) numbers to Benefit:

**For Slum and Blight Projects, how will you verify?**

- Area – substantial number of deteriorated/ing buildings or public improvements in an area. Documentation is attached on the boundaries of the area and the conditions that qualified the area at the time of designation.
- Spot – spot designation and project qualifies for acquisition, clearance, relocation, historic preservation or building rehabilitation (limited to the extent necessary to eliminate a specific condition detrimental to public health and safety).

## 9. PROJECT ACCOMPLISHMENT/BENEFIT DATA See Application Handbook Part 2

Based on the primary activity, funding source and intent of your project, select the most appropriate response:

The primary purpose of this project is to:

- Create a suitable living environment
- Provide decent housing
- Provide economic opportunity

The primary outcome expected at the end of this project is:

- Improved availability / accessibility (makes basics available to LMI persons)
- Improved affordability (makes an activity more affordable for LMI persons)
- Improved sustainability (using resources in a targeted area to help make that area more viable)

**Total Number of People That Would Benefit From This Project:**

## 10. HUD STRATEGIC GOALS

**(Pick one most applicable to the goal(s) of your project)**

- Increase homeownership opportunities
- Promote decent affordable housing
- Strengthen communities
- Ensure equal opportunity in housing
- Embrace high standards of ethics, management and accountability
- Promote participation of faith-based and community-based organizations

## 11. LEXINGTON COUNTY PRIORITIES

**(Pick one of the following priority needs that your service or activity most promotes)**

- Ensure adequate and dependable public facilities are available to provide for basic and essential needs and services.
- Ensure adequate and safe infrastructure to meet basic needs of residents.
- Develop and produce plans and studies that will assist in identifying and evaluating community needs and establish detailed strategies for implementation.
- Establish or support programs that provide needed public services and/or increase the level of service provided by existing programs.
- Support and provide assistance to non-profit and for-profit entities that create, increase or retain employment opportunities for LMI residents.
- Provide and/or support adequate, safe and affordable housing.
- Provide mechanisms and forums for collaboration, coordination, and community capacity building.
- Support programs that provide housing and services for homeless populations.

**12. PROJECT BUDGET – Attach supporting documentation if available**

**CONSTRUCTION PROJECTS**

Budgeted Activities	Total Project Cost	CDBG Funds Requested
Administration of Grant:	\$	\$
Engineering, Architect or Other Professional Fees:	\$	\$
Construction Costs:	\$	\$
Property Acquisition (Easements, Right of Way, etc.):	\$	\$
Environmental Review:	\$	\$
Other (Be Specific):	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	\$	\$

Funding Source(s) (attach documentation showing the provider and the specific amount)	Amount of Funds	Committed	Pending
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

LIST ANY AND ALL FUNDING FROM LEXINGTON COUNTY (other than CDBG)			
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

**Cost Estimate Reasonableness and Accuracy**

**Who Prepared the Budget Cost Estimates?**

- Applicant: Name of Staff Person(s):
- Contracted Engineer: Name of Firm:
- Other Contractor or Consultant: Name of Firm:

**When Were the Budget Cost Estimates Prepared?**

**On What Basis Did You Determine That the Estimated Costs Were Reasonable and Accurate?**

NON-CONSTRUCTION PROJECTS		
Budgeted Activities	Total Project Costs	CDBG Funds Requested
Salaries:	\$	\$
Fringe Benefits:	\$	\$
FICA:	\$	\$
Health Insurance:	\$	\$
Worker's Compensation:	\$	\$
Unemployment:	\$	\$
Rent:	\$	\$
Equipment:	\$	\$
Insurance:	\$	\$
Phone/Fax:	\$	\$
Postage:	\$	\$
Printing:	\$	\$
Supplies/Materials:	\$	\$
Travel and Expenses:	\$	\$
Contract Services:	\$	\$
Other: PLANNING (attach details)	\$ 30,000.00	\$ 30,000.00
<b>Total</b>	<b>\$ 30,000</b>	<b>\$ 30,000</b>

Funding Source(s) (attach documentation verifying committed funds)	Amount of Funds	Committed	Pending
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

LIST ANY AND ALL FUNDING FROM LEXINGTON COUNTY (other than CDBG)			
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

**Cost Estimate Reasonableness and Accuracy**

**Who Prepared the Budget Cost Estimates?**

- Applicant: Name of Staff Person(s): Robin Cooley
- Contracted Engineer: Name of Firm:
- Other Contractor or Consultant: Name of Firm:

**When Were the Budget Cost Estimates Prepared?** Previous similar studies

**On What Basis Did You Determine That the Estimated Costs Were Reasonable and Accurate?**

Previous similar studies

### 13. NARRATIVE QUESTIONS

#### All Projects

**NOTE:** Attach additional sheets as necessary. Applications submitted without complete responses to the narrative questions will not be processed.

1. Provide a detailed description of your proposed project.

The CMCOG is requesting CDBG funds to conduct a comprehensive analysis of Lexington County needs that can be addressed through the County's Community Development Block Grant (CDBG) program. The study will include the identification and prioritization of specific CDBG-eligible projects for each of the thirteen participating municipalities in the County's CDBG program and unincorporated areas. Meetings with each municipality and representatives of the unincorporated areas will be conducted to develop the lists and descriptions of projects. Feasibility issues of each project will also be assessed and identified. CMCOG staff will work closely with Lexington County staff in the development of the study.

2. What will you accomplish with CDBG Funding?

Comprehensive and prioritized lists of CDBG-eligible projects for towns and unincorporated areas

3. What will happen if CDBG funds are not provided for your project this year?

Project will not be conducted

#### Construction Projects Only

1. Will all construction take place on public property? If not, explain in detail.

#### Public Service Projects Only

1. Describe any increase in services, new service to be provided, or expansion of services from previous CDBG grant award(s).

2. If your project is selected for funding, how will you continue to provide services if you are not selected in future years?

3. If you are a non-profit agency, do you have 501(c)(3) United States Internal Revenue Service tax exemption? If so, attach documentation with your application.

### 14. CONFLICT OF INTEREST

#### All Projects

1. Is there any member(s) of the applicant's **staff, Board or governing body** who currently is or has/have been **within one year of the date of this application** (check all that apply):

An employee or consultant of Lexington County government (Department: \_\_\_\_\_ )

A member of Lexington County Council

- A member of the Lexington County Community Development Advisory Committee
- Not applicable

If yes, please provide the following for **each person** (attach additional page(s) as needed):

- A. Name: SEE ATTACHED TABLE
- B. Job Title or Role:

2. Is/are there any other potential conflict(s) of interest regarding the applicant, project, or related issues? Consider the following:

**Yes No**

- Will any of your employees or Board members receive a financial interest or benefit from CDBG funds?
- Will any immediate family members or business associates of your employees or Board members receive a financial interest or benefit from CDBG funds?
- Will your project have a financial effect on a County official, employee, their immediate family or business associates?

Describe in detail any potential conflicts (NOTE: The existence of a potential conflict of interest does not necessarily make your project ineligible for funding, however, the existence of an **undisclosed** conflict may result in the termination of any assistance and immediate repayment).

CMCOG is one of 10 regional councils of governments in the State of South Carolina. The COGs were created by an act of the South Carolina legislature in 1967. By requirement of the creating legislation, the majority of the members of the COG's governing body must be members of the governing bodies of the participating cities and counties included in the COG service area. CMCOG serves Fairfield, Lexington, Newberry and Richland Counties and the 33 municipalities within those 4 counties. The COG's Board of Directors is composed of 46 representatives, the majority of whom are elected officials. The majority of Lexington County's Council members are members of the CMCOG Board of Directors. However, they would not be receiving any direct benefit or gain from the activities proposed within this application.

A CMCOG staff member is also been asked to sit on the Lexington County Community Development Advisory Committee. This individual will not be responsible for any activities proposed under this application for planning services and also would not receive any direct benefit from the proposed activities.

CMCOG provides services to its member governments in the areas of transportation, water and air quality, coordination of services to the elderly, research as well as community and economic development.

15. Letters of Support – OPTIONAL (attach and identify any letters of support for your project)	
<input type="checkbox"/>	Letter of Support From
<input type="checkbox"/>	Letter of Support From
<input type="checkbox"/>	Letter of Support From

16. Other Documentation (please describe any additional documents you are providing)	
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other

## 17. CERTIFICATION

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed or construction begun on the proposed project, and that none will be prior to issuance of official authorization to proceed by the Lexington County Community Development Block Grant Program staff. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

\_\_\_\_\_  
Signature of Authorized Official

Norman Whitaker  
\_\_\_\_\_  
Name of Authorized Official

Executive Director  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date