

**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: City of West Columbia

Contact Person Name: Donna M. Smith

Email: dsmith@westcolumbiasc.gov*

Title: Director, Economic Development

Address: 200 N. 12th St

City: West Columbia

State: SC

Zip: 29169

Phone: 939 8614

Fax: 939 8634*

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

2. PROJECT INFORMATION

Project Title: Triangle City Façade Improvement Project - Phase I

Location of the project: East side of 12th Street between B and D Avenues

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

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

Total Project Cost: \$242,000

CDBG Funds Requested: \$220,000

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)

- façade improvements to include painting, awnings, walkway/sign lighting and more unified signage
- engineering and design costs
- Contract oversight and grant administration

(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): August 2008

Expected Project End Date (Mo/Year): June 2009

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

- Will contract with CDBG experienced administrator
-
-

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 checked="" type="checkbox"/> Economic Development | <input type="checkbox"/> Housing | <input 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: 52.69% for City

List ALL Census Tract(s) and Block Group(s) numbers to Benefit: n/a

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: Entire City - approximately 14,500

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:	\$ 24,200.00	\$ 2,200.00
Engineering, Architect or Other Professional Fees:	\$ 24200	\$ 24200
Construction Costs:	\$ 193600	\$ 193600
Property Acquisition (Easements, Right of Way, etc.):	\$	\$
Environmental Review:	\$	\$
Other (Be Specific):	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$ 242,000.00	\$ 220,000.00

Funding Source(s) (attach documentation showing the provider and the specific amount)	Amount of Funds	Committed	Pending
Lexington County CDBG	\$ 220,000.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Property Owners	\$ 22,000.00	<input type="checkbox"/>	<input checked="" 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): Donna M. Smith & Myron F. Corley (also consulted with engineer)
- Contracted Engineer: Name of Firm:
- Other Contractor or Consultant: Name of Firm:

When Were the Budget Cost Estimates Prepared? Estimates were updated from a 2005 estimate

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

Consulation with engineer and design architect

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: (attach details)	\$	\$
Total	\$	\$

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):
- 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?

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.
Triangle City Facade Improvements Project - Phase I will primarily consist of building facade painting, new awnings, walkway and signage lighting and more uniform signage (see attached for more detail).
2. What will you accomplish with CDBG Funding?
The improvement will help to stimulate economic development in a declining commercial area surrounded by LMI neighborhood (see attached for more detail).
3. What will happen if CDBG funds are not provided for your project this year?
That area will continue to decline, which will attract more non-family oriented businesses (see attached for more detail)

Construction Projects Only

1. Will all construction take place on public property? If not, explain in detail.
No. While the buildings are privately owned, they are part of the public landscape in a declining commercial area surrounded by LMI neighborhoods. As the buildings have aged and anchor tenants moved out of the area in the 1980s, the economic stability of the community has steadily declined (see attached for more 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. Letters of Support – OPTIONAL (attach and identify any letters of support for your project)

<input checked="" type="checkbox"/>	Letter of Support From Business Owners
<input checked="" type="checkbox"/>	Letter of Support From WEST METRO CHAMBER OF COMMERCE & VISITORS CENTER
<input checked="" type="checkbox"/>	Letter of Support From Citizens

15. Other Documentation (please describe any additional documents you are providing)

<input checked="" type="checkbox"/>	Other CURRENT PICTURES OF BUSINESSES TO BE IMPROVED
<input checked="" type="checkbox"/>	Other PICTURE OF PROPOSED CHANGES - SAMPLE

16. 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

Name of Authorized Official

Title

Date