### Small Cities CDBG Application Exhibits

**Small Cities Community**

**Development Block Grant**

**2019 Application**

****

Governor Ned Lamont

Exhibit 2.1

Waiting List – Provide the name, address, size of household, and income level of each applicant on the Town’s waiting list for the proposed activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Size of Household | Household Income Level (<30%, <50%, <80% AMI) & Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**The following documents are recommended to be collected for every member of each household at the time of application intake:**

* The most recent tax returns (Form 1040)
* Six (6) to 8 weeks’ worth of the most recent pay stubs
* Social Security benefit statements
* Pension benefit statements
* Unemployment compensation statements
* Child support documentation
* Alimony documentation
* Three (3) most recent bank statements
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, hereby acknowledge that the information provided here is true and accurate. The documents checked off above have been collected and are available to the State for review.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official of Grantee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(TYPE or PRINT) Name and Title

Exhibit 3.1

 Key Project Personnel - Identify all key personnel, including applicant staff, consultants, and sub-grantee personnel who will be involved in the proposed project.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Organization | Project Role | Qualifications |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

Exhibit 4.1.0

 Project Financing - Identify all potential sources of financing in order of lien position.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Source of Funds By Agency** | **Date of Application/Commitment** | **Date of Commitment: Indicate FC/CC/NC/AP** | **Amount of Funds** | **Type of Funds (i.e. grant/loan)** | **Rate and Terms of Funding (if applicable)** | **Annual Debt Service** | **Name & Phone # of Contact Person** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total Cost |  |  |  |  |  |  |  |

**Definitions**

**Firm Commitment (FC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, without condition.

**Conditional Commitment (CC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, with conditions.

**No Commitment (NC)** There is no documentation from another funding source identified by the applicant.

**Application Pending (AP)** Attach a letter or other written documentation from the funding source(s) indicating that they have received information/application for the specific project.

Exhibit 4.1.1

 Use of Project Funds

|  |  |  |
| --- | --- | --- |
|  | Non-Small Cities Funds | Small Cities Funds |
|  | Cash | In-Kind | Grant | Total |  Estimate Soft Costs as  Hard Costs % of Total Cost |
|  | $ | $ | $ | $ | $ |  |
| Infrastructure |  |  |  |  |  |  |
| Community Facilities & Improvements |  |  |  |  |  |  |
| Removal of Arch. Barriers |  |  |  |  |  |  |
| Public/Social Services |  |  |  |  |  |  |
| Relocation |  |  |  |  |  |  |
| Rehab., Preservation & Housing Activities |  |  |  |  |  |  |
| Economic Development |  |  |  |  |  |  |
| Planning |  |  |  |  |  |  |
| General Administration | $ | $ | $ | $ | $ |  |
| Financial Reviews |  |  | $ | $ | $ |  |
| Total Program Activity Costs | $ | $ | $ | $ | $ |  |

Exhibit 4.1a.

 Operating Funds and Rental Subsidies

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Source of Funds By Agency** | **Date of your Application** | **Date of Commitment:** | **Type of Commitment: Indicate FC/CC/NC/AP** | **Amount of Funds** | **Contract Period** | **Name & Phone # of Contact Person** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**Definitions**

**Firm Commitment (FC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, without condition.

**Conditional Commitment (CC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, with conditions.

**No Commitment (NC)** There is no documentation from another funding source identified by the applicant.

**Application Pending (AP)** Attach a letter or other written documentation from the funding source(s) indicating that they have received information/application for the specific project.

Exhibit 4.1b.

 Financial or Programmatic Link with Social Service Providers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Agency** | **Date of your Application** | **Date of Provider’s Letter/ Commitment** | **Type of Commitment: Indicate FC/CC/NC/AP** | **Name & Phone # of Contact Person** |
|  |  |  |  |  |
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**Definitions**

**Firm Commitment (FC)** Attach a letter or written documentation from the provider or funding source(s) committing the funds or services to the specific project, without condition.

**Conditional Commitment (CC)** Attach a letter or written documentation from the provider or funding source(s) committing the funds or services to the specific project, with conditions.

**No Commitment (NC)** There is no documentation from another funding source identified by the applicant.

**Application Pending (AP)** Attach a letter or other written documentation from the provider or funding source(s) indicating that they have received information/application for the specific project.

Project Time Table Small Cities CDBG

**Project Schedule**

1. Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Grant # (if awarded): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Total Budgeted $ Amount** |  | **1st Qtr** | **2nd Qtr** | **3rd Qtr** | **4th Qtr** | **5th Qtr** | **6th Qtr** | **7th Qtr** | **8th Qtr** |
| Construct/Activity Costs |  | ProjectedExpenditure |  |  |  |  |  |  |  |  |
| Project SoftCosts |  | ProjectedExpenditure |  |  |  |  |  |  |  |  |
| Admin. |  | ProjectedExpenditure |  |  |  |  |  |  |  |  |
| Total Costs |  | ProjectedExpenditure |  |  |  |  |  |  |  |  |

Note: The $ amounts listed under quarters 1-8 should reflect the cumulative totals for the line item.

**If approved, the schedule will become an Appendix to the Assistance Agreement. You will be monitored for compliance with these dates. Therefore, you must estimate the dates as wisely as possible.**

Please provide projected dates of completion for the following. Be advised that these dates will be considered part of your project schedule.

Project Design and Specifications Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Construction Bid Opening Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Construction Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit 4.4 SITE & BUILDING REPORT** Version 2019

Small Cities CDBG ADA, Housing Rehab, & Construction Projects

Development Name:

Applicant:

**SECTION 1 - GENERAL INFORMATION**

Site Name (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Activity**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acreage: \_\_\_\_\_\_\_\_\_\_\_\_ Shape: \_\_\_\_\_\_\_\_\_\_\_ Dimensions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frontage: \_\_\_\_\_\_\_\_\_\_\_\_

Size of Open Space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Buildable Space Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Easements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Liens: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R.O.W.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Present Zoning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Required Zoning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Assessors Map: \_\_\_\_\_\_\_\_\_\_\_ Section: \_\_\_\_\_\_\_\_\_\_\_ Parcel: \_\_\_\_\_\_\_\_\_\_\_\_ Lot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit the following:**

* **Location Map** showing directions to the site from a major highway and from DOH. Attach as 4.4LM
* **Street Map** ¾ mile radius around site including public & community facilities. 1" = 500" (min.) to 1" = 200' (max.) Attach as 4.4SM
* **Zoning Map:** Evidence of existing Zoning and eligible uses or applicable zoning regulations and ordinances. Attach as 4.4Z (New Construction/addition)

**\*FEMA FIRM** (Flood Insurance Rate Map) The map must be at a scale to clearly identify the project area and surrounding neighborhood(s). Attach as 4.4FEMA

***A Town with a project located in a flood area***, as indicated by the most recent FEMA Flood Insurance Rate Maps, should **contact Maya Loewenberg at 860-500-2455** for further assistance. Contact should be made prior to submitting an application to determine which course of action should be taken for Flood Management Certification pursuant to Connecticut General Statute 25-68b.

If your project is in a flood plain/way, has the evaluation/certification process begun? \_\_Y \_\_N

**Exhibit 4.4 SITE & BUILDING REPORT** Version 2019

Small Cities CDBG ADA, Housing Rehab, & Construction Projects

**II. Unusual Site Conditions:**

Does the municipality require underground utilities? \_\_\_Yes \_\_\_No

Will the project expand existing public utilities? \_\_\_Yes \_\_\_No

(e.g. Main sewer line or Main water line?)

Will road(s) need to be provided for the project? \_\_\_Yes \_\_\_No

If “Yes, will it be a public or private road? \_\_\_Public \_\_\_Private

Ledge or rock outcroppings? \_\_\_ Yes \_\_\_ No

**III. Environmental Site Conditions**:

Endangered species \_\_\_Yes \_\_\_No

Above/below ground storage tanks \_\_\_Yes \_\_\_ No

Soil Contamination \_\_\_Yes \_\_\_ No

Toxic Chemicals \_\_\_Yes \_\_\_ No

Sediment/Soil erosion \_\_\_Yes \_\_\_ No

Water Contamination \_\_\_Yes \_\_\_ No

**Phase I Environmental Site Assessment**

It is HUD policy that all properties be free of hazardous materials, contamination, toxic chemicals and gases, and radioactive substances, where a hazard could affect the health and safety of occupants or conflict with the intended utilization of the property. In order to satisfy HUD Environmental Standards, a current Environmental Site Assessment must be submitted.

 A current Phase I Environmental Site Assessments is not more than one year old.

If an Environmental Assessment is 1 – 3 years old, an Environmental Site Assessment Update should be submitted with the 1-3 year old Environmental Site Assessment. A new Phase 1 Environmental Site Assessment may be required (depending on the property status/type) if the most current one is greater than 3 years old.

If the Phase I Assessment recommends a Phase II Assessment, it must be submitted if completed. Attach copies of each as Exhibit 4.4ESA

All Phase I Environmental Site Assessment must be in accordance with the American Society for Testing and Materials (ASTM) Designation E 1527-05 “Standard Practice for Environment Site Assessments: Phase I Environmental Site Assessment Process.” **Exhibit 4.4 SITE & BUILDING REPORT** Version 2019

Small Cities CDBG ADA, Housing Rehab, & Construction Projects

**IV. Environmental Building Conditions**, check all that exist **IN or ON** the buildings.

\_\_\_Asbestos \_\_\_PCP’s/PCB’s \_\_\_Lead Paint \_\_\_Radon

\_\_\_Mold \_\_\_Storage Tanks \_\_\_Toxic Chemicals (Boilers) \_\_\_Other

**Hazardous Materials Reports:** (if applicable)

Surveys, inspections, clearance, closure reports, remediation action plans if available must be submitted if completed, especially if they were recommended by the Environmental Site Assessment. Attach as 4.4 HAZREPORT.

**Hazardous Materials Notifications & Requirements**

If your buildings are occupied and hazardous materials exist, residents must be notified. Submit all notification materials and documents that will be issued to residents. Attach as 4.4HAZNOT.

**SECTION 4 - BUILDING INFORMATION**

Total number of existing buildings on site: \_\_\_\_ Age of building(s) on site: \_\_\_\_\_\_\_\_\_

Building Types (check all that apply):

\_\_Single Family \_\_\_ Duplex \_\_\_Townhouse \_\_Multi 3-4 units \_\_\_Multi >4 units

\_\_\_Office \_\_\_Retail \_\_\_Municipal \_\_\_Community

If Other, Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of stories: \_\_\_\_ Elevator: \_\_\_Yes \_\_\_No Type of Const\_\_\_\_\_\_\_\_\_\_\_\_

**Total square footage of the buildings**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_t.s.f.

Residential: \_\_\_\_\_\_\_\_\_\_\_ s.f. Commercial: \_\_\_\_\_\_\_\_\_ s.f. Other: \_\_\_\_\_\_\_\_\_\_\_ s.f.

**Are buildings currently occupied?** \_\_\_Yes \_\_\_ No

If NO, how long has it been vacant?Months/Years:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Historic Requirements** SHPO must be contacted for work proposed for any building that is greater than 50 years old or located in an historic district.

Are any structures 50 years or older? \_\_\_Yes \_\_\_No

Has the federal, state, or local Historical Commission determined that the building has historical significance? \_\_\_Yes \_\_\_No

If building is >50 yrs old has SHPO been notified of impending rehab? \_\_\_Yes \_\_No

If yes, **submit SHPO notification letter** as Exhibit 4.4SHPO-NOTICE

**Submit SHPO response letter** as Exhibit 4.4SHPO-RESP

**Exhibit 4.4 SITE & BUILDING REPORT** Version 2019

Small Cities CDBG ADA, Housing Rehab, & Construction Projects

**SECTION 5 - BUILDING(S) ASSESSMENT**

*Provide age and check one to describe bldg component condition. Provide a chart for each building.*

**I. Existing Conditions Age Good Fair Poor**

Roof \_\_\_ \_\_\_ \_\_\_ \_\_\_

Exterior \_\_\_ \_\_\_ \_\_\_ \_\_\_

Interior \_\_\_ \_\_\_ \_\_\_ \_\_\_

Windows \_\_\_ \_\_\_ \_\_\_ \_\_\_

Mechanical Systems \_\_\_ \_\_\_ \_\_\_ \_\_\_

Insulation \_\_\_ \_\_\_ \_\_\_ \_\_\_

Electrical Systems \_\_\_ \_\_\_ \_\_\_ \_\_\_

Floor \_\_\_ \_\_\_ \_\_\_ \_\_\_

Structural Systems \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Interior & Exterior Site and Building Photographs**. Submit a minimum of six for both interior and exterior. Attach as 4.4INPICS and 4.4XPICS

A **Capital Needs Assessment** (CNA) is required for all Housing Authority Projects.

Attach as Exhibit 4.4CNA**Exhibit 4.4.A**

**Infrastructure Projects: Roads, Streets, Utilities, Walks, Parks, Landscaping**

Fill out and attach if your project is civil engineering, non-building/structure related, or not applicable for a Site & Building Report.

1. Is any environmental remediation needed? \_\_Y \_\_N

**2.** How old is the road, street, walk, etc.? \_\_\_<5yrs \_\_5-10yrs \_\_>10 \_\_N/A

**3.** When were the last repairs, improvements, or replacement work for the proposed site completed? \_\_<5yrs \_\_5-10yrs \_\_>10yrs \_\_N/A

**4.** Unusual Site Conditions**:** Check all that apply. **Submit supporting data** (map, etc.) for each item checked. Attach as 4.4EM

**\_\_\_**Sediment/Soil Erosion \_\_Easements \_\_\_Wetlands \_\_Rock

**5.** **Submit a FEMA Flood Insurance Rate Map**. All maps must be at a scale to clearly identify the project area and surrounding neighborhood(s). Attach as 4.4 FEMA.

Is any of the proposed work in a flood plain? \_\_\_100 Year \_\_\_500 Year \_\_\_Flood Way \_\_\_N

If yes, have you started the Flood Plain Evaluation/Certification process? \_\_Yes \_\_\_No

If yes, what is the status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** **Submit Photographs.** A minimum of six (6) existing conditions (if applicable). Attach as 4.4XPICS.

**7.** Will the project expand existing public utilities? \_\_\_Yes \_\_\_No (e.g. Main sewer line or Main water line?)

**Exhibit 4.4B**

**4.4B I. Coordination/Approvals/Clearances**: (All projects)

Please identify any local, state or federal permits or approvals that are required by the appropriate authority having jurisdiction in order to complete the proposed project or activity. If permits and approvals have been obtained include copies with this application. If they have not been obtained submit documentation indicating any potential problems in obtaining them and the anticipated time frame to secure the permits or approvals from the regulating authority.

Check (√) each required approval or permit that will be needed for your activity.

 Historic \_\_\_\_\_

Zoning \_\_\_\_\_

Planning \_\_\_\_\_

Wetlands \_\_\_\_\_

CHFA / LHA housing \_\_\_\_\_

Easement \_\_\_\_\_

Right of Ways (Utilities) \_\_\_\_\_

Coastal Management \_\_\_\_\_

Dept. of Environmental Protection \_\_\_\_\_

Dept. of Public Health \_\_\_\_\_

Dept. of Transportation \_\_\_\_\_

HUD \_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**II. Supporting Documentation:**

If approvals or clearances are needed, please provide supporting documentation on letterhead from the authorities who will be issuing the approval or clearance. The documentation should indicate date of anticipated approval. Attach as **Exhibit 4.4 BII.**

**Exhibit 4.5**

**Construction Documents** (All Projects)

This section is intended to indicate an activity’s “Readiness to Proceed”. Please indicate the status of project design, anticipated time to complete design and bid, status and duration of local approval processes, estimated construction cost, and procurement process. Check all that apply and submit all supporting information indicated.

**A. Drawings Completion Level**

None \_\_\_\_ Schematic\_\_\_\_ Design Development\_\_\_\_\_ Construction/Final\_\_\_\_\_

**B.** **Specifications Completion Level**

None \_\_\_\_ Schematic\_\_\_\_ Design Development\_\_\_\_\_ Construction/Final\_\_\_\_\_

**C. Electronic Drawings & Specifications Submission**

\_\_\_Yes \_\_\_No

**D. Length of Construction Period:**

< 6 mos.\_\_ 6–9 mos.\_\_\_ 9–12 mos. \_\_\_ 12–15 mos. \_\_\_ >15 mos.\_\_\_

Multifamily Design Requirements, use CHFA (Current Year) Multifamily Design, Construction and Sustainability Standards at chfa.org. Under Rental Housing, click “for Developers & Sponsors”, then click “Developer Document Library”

Non-Residential Design Requirements Current State of CT Building Code

Drawing & Specifications Submission Requirements (All Projects)

See CDBG Drawing & Specifications Submission Requirements, DOH/CDBG website

**EXHIBIT 4.5H**

**CDBG CONSTRUCTION DRAWINGS AND SPECIFICATIONS**

**COMPLIANCE CERTIFICATION**

GRANTEE/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to the best of my knowledge, as the primary responsible grantee official do hereby certify that the construction documents (Drawings & Specifications) will be completed by a qualified professional for the above project as described below:

1. The Drawings and or Specifications for the above Project will cover the following scope of work, as indicated by the CDBG Grant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The proposed design and construction, will be completed with the Construction Documents, Drawings and Specifications, prepared by a qualified professional for the above project according to the scope of work as:
2. Permissible under the applicable zoning, building, housing, and other codes, ordinances or regulations, as modified by any waivers obtained from appropriate officials as listed in the attachment,
3. Complies with federal design and construction requirements and other applicable federal standards, guidelines, criteria and regulations,
4. Complies with the design and construction requirements of the Fair Housing Amendments Act of 1988, the Americans with Disabilities Act and if applicable, the Minimum Property Standards and/or Housing Quality Standards,

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments, Waivers, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXHIBIT 4.7G**

**CDBG/Small Cities**

**Residential Rehabilitation Program**

**75% Replacement Value Threshold**

**&**

 **Walk-AWAY POLICY**

**COMPLIANCE CERTIFICATION**

REHAB PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANTEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The 75% Rule**

The 75% Rule states that the maximum federal dollars for housing rehabilitation cannot exceed 75% of the replacement cost. The 75% Rule for rehabilitation applies to rehabilitation cost only. Therefore, if the replacement cost of a home is $100,000, the maximum CDBG funds cannot exceed $75,000. Replacement is determined by identifying the cost of constructing a new housing unit of comparable size (i.e. square footage).

**Demolition, Replacements, Expansions, and Additions**

Reimbursement will not be given for additions, structures partially or completely demolished and replaced expanded or repaired without DOH prior knowledge and approval.

**Walk-Away Policy**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residential Rehabilitation Program will not engage in the rehabilitation

(Town Name)

 of a residence if the initial inspection reveals that the overall work required exceeds allotted costs and or completion of some of the required work without the completion of the overall work required is not feasible and or exacerbates physical, health and safety hazards, and or code issues. We will include the Walk-Away Policy Statement in a document which requires the participants’ signature at the Initial Inspection.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the responsible grantee do hereby certify that the

 (Print Name)

work performed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Residential Rehabilitation Program participants

 (Town Name)

will not exceed 75% replacement value of the participant’s residence or violate the Walk-Away Policy.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXHIBIT 4.7H**

**RESIDENTIAL REHABILITATION STANDARDS/ASBESTOS/LEAD**

**COMPLIANCE CERTIFICATION**

GRANTEE/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to the best of my knowledge, as the primary responsible grantee official do hereby certify that the Rehabilitation Program Projects will be completed in accordance to CDBG Rehabilitation Standards and all governing applicable codes, regulations and requirements.

The Projects will cover the scope of work, as indicated by the CDBG Grant:

The proposed construction will be completed with the Specifications, required qualified professionals and documents according to the scope of work as:

1. Permissible under the applicable zoning, building, housing, and other codes, ordinances or regulations, as modified by any waivers obtained from appropriate officials as listed in the attachment,
2. Complies with federal design and construction requirements and other applicable federal standards, guidelines, criteria and regulations,
3. Complies with the design and construction requirements of the Fair Housing Amendments Act of 1988, the Americans with Disabilities Act and if applicable, the Minimum Property Standards and/or Housing Quality Standards,

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments, Waivers, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_