

2022 Initial Review Form Citizen Participation

NB. To Locate project info click **mailing/find recipient**, type **Project# eg.SC2006901**

Name of City/Town: XXX

Project#: SC0000000

Amount:

Project Name:

Reviewer/Project Manager:

Date of Review: M/D/YYYY

Does the Applicant have a Citizen Participation Plan? Yes No

In the Citizen Participation Plan, are specific actions described to encourage participation by minorities, non-English speaking persons, and persons with disabilities; e.g., interpreters or handicap accessibility?

Yes No

Did the town follow its own Citizen Participation Plan? Yes No

If no, describe events

Was the public hearing held with two notices, the first appearing at least 14 days in advance of the public hearing and the second at least 3 days prior to the hearing? Yes No

Date of the Public Hearing: M/D/YYYY Time of Day Hearing Held:

Date of First Notice: M/D/YYYY Date of Second Notice: M/D/YYYY

Published in the Following Newspaper(s):

Was the required Public Hearing Notice in the Application Handbook used? Yes No

Were the notices published in a daily newspaper of general circulation in the municipality? Yes No

Was the public hearing held on a weekday during the evening or night? Yes No

Did the Town include the Approved and Certified minutes from the public hearing? Yes No

During the public hearing, did the town seek the input of residents on the proposed use for the grant funds? Yes No

Does the minutes reflect open and clear communication between the town and residents of available funds and allowed time for discussion on the best use for the funds for the community? Yes No

If the answer to any of the questions above is No, the application is not eligible.

Does the notices include a reference to program income to be earned from the grant (if activity will generate PI; e.g., res rehab, ED)? Yes No NA

Does the Applicant have a locally approved Program Income Plan for this grant? Yes No NA

This application has been reviewed and determined to be:
(Check One) **ELIGIBLE** **NOT ELIGIBLE**

If determined to be ineligible, state the reason here:

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2022 ELIGIBILITY REVIEW

Municipality: XXX

Project Name: _____

Amount: _____

Reviewer Name: _____

Date: M/D/YYYY

Eligible Category:

- Community Facility
 Economic Development

- Public Service
 Housing

Eligible Activities:

- Acquisition 570.201(a)
- Disposition 570.201(b)
- Public Facilities and Improvements 570.201(c)
- Clearance activities 570.201 (d)
- Public Services 570.201 (e)
- Interim assistance 570.201 (f)
- Payment of non-federal share 570.201(g)
- Urban renewal completion 570.201(h)
- Relocation 570.201(i)
- Loss of rental income 570.201 (j)
- Housing services 570.201 (k)
- Privately owned utilities 570.201 (l)
- Construction of housing 570.201(m)
- Homeownership assistance 570.201 (n)
- Economic development 570.201 (o)
- Technical assistance 570.201(p)
- Assistance to institutions of higher education 570.201(q)
- Rehab of privately owned residential buildings 570.202(a) 1
- Rehab of low-income public housing 570.202(a) 2
- Rehab of manufactured housing 570.202(a) 5
- Code enforcement 570.202(c)
- Historic preservation 570.202(d)
- Renovation of closed buildings 570.202(e)
- Lead-based paint hazard evaluation and reduction 570.202(f)

This application has been reviewed and determined to be:

- ELIGIBLE NOT ELIGIBLE

If determined to be ineligible, state exact reason here:

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2022 SMALL CITIES ELIGIBILITY REVIEW – NATIONAL OBJECTIVES

Municipality: XXX

Grant Amount Requested: _____

Reviewer Name:

Date: M/D/YYYY

Proposed Activity:

Activity is Eligible under 24 CFR 570.

Project Eligible Yes No

National Objectives

A. Low/moderate income benefit

How will the benefit be claimed: (check one)

Direct Benefit 100%% served are LMI
(Activity targeted specifically to eligible income group)

Area Wide Benefit 51%% served are LMI
(Activity linked to specific census tract, need to verify income from Census information;
activity supported by surveys)

COMPLETE QUESTIONS 1, 2, and 3 IF A SURVEY WAS USED TO DETERMINE AREA-WIDE BENEFIT. IN ADDITION TO THIS SECTION, ALSO COMPLETE "INCOME SURVEY METHODOLOGY REVIEW CHECKLIST" AND ATTACH.

1. Did the applicant identify the data sources and detail the methodologies?
Yes No , **proposal ineligible**
2. Does this information support benefit claims?
Yes No , **proposal ineligible**
3. Is the benefit chart (1.5 in Application) complete and accurate?
Yes No

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ELIGIBILITY REVIEW - NATIONAL OBJECTIVES

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Limited Clientele 51% % are LMI

(Automatic eligibility if serving: abused children, battered spouses, elderly persons, adults meeting the Bureau of the Census' Current Populations' reports definition of "severely disabled", homeless persons, illiterate adults, persons living with AIDS and migrant farm workers. ADA improvements are also **automatically** eligible).

ANSWER THE FOLLOWING FOR ALL APPLICATIONS:

1. Do at least 51% of the funds benefit the LMI?

Yes No , **proposal ineligible**

2. Does this activity meet the National Objectives of benefiting the LMI?

Yes No , **proposal ineligible**

B. Slum and Blight: CFR 570.208(b)

Complete review form "The Prevention or Elimination of Slum and Blight" and attach.

C. Activity Meeting a Particular Urgency: 24 CFR 570.483(d)

This application has been reviewed and determined to be:

(Please check one) **ELIGIBLE** **NOT ELIGIBLE**

If determined to be ineligible, state exact reason here:

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Comments:

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ADDITIONAL APPLICATION REVIEW INFO

Town/Applicant Name: XXX **Amount:**

Reviewer:

Date of Review: M/D/YYYY

List existing open grants:

<u>Grant #</u>	<u>Percentage Drawn (as of April 29, 2022)</u>
	(2021, 10%; 2020, 50%; 2019 and older, 100% w/ Pre-Closeout Cert.)
(Waiver for 2021 and 2020)	

- 1.
- 2.
- 3.
- 4.

TOTAL PROGRAM INCOME ON HAND: 0.00 \$0.00

Fair Housing Action Plan (Exhibit 6.1) Enclosed? Yes No

Complete the above and attach to initial review sheets for **every** grant application you review.

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ENVIRONMENTAL REVIEW

Town/Applicant Name: XXX

Amount:

Reviewer:

Date of Review: M/D/YYYY

Project Category:

REVIEWER PLEASE CHECK THE APPROPRIATE BOX

- Exempt 58.34 & 50.19
- Categorically Excluded not Subject to 58.5
Pursuant to 24 CFR Part 58.34(a) and 58.35(b) (CENST)
- Categorically Excluded Subject to Section 58.5(CEST)/Tier 1 (Broad-level)
Pursuant to 24 CFR Part 58.35(a)
- Environmental Assessment – EA (58.36)
- Environmental Impact Statement - EIS (58.37 &50.41)

Was ERR received with application? Yes No

Was ERR received electronically? Yes No

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Type of Environmental Review Submitted:

Exempt 58.34 & 50.19 Yes No

Exempt/CENST (58.34) Yes No
Exempt and Categorically Excluded not subject to 58.5

Tier 1 (Broadview)/CEST Yes No
Categorically Excluded subject to Section 58.5

Ph. I ESA Included? Yes No

Ph. II ESA Included, if applicable? Yes No

Hazardous Building Materials Survey Yes No

EA Yes No

EIS Yes No

RROF Yes No

Comments:

This ERR has been reviewed and determined to be:

ELIGIBLE **NOT ELIGIBLE**

If determined to be ineligible, state exact reason here:

ERR Approved: _____ Date: M/D/YYYY
Signature (Manager/Designee)