Citizen Participation

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

**Name of City/Town:** «Town» **Project#:** «Grant\_» **Amount**: «Requested\_Amount»

**Project Name:** «Project\_Name»

**Reviewer/Project Manager:** «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)? YesNoNA

Does the Applicant have a locally approved Program Income Plan for this grant?

YesNoNA

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

**If determined to be ineligible, state the reason here:**

2023 ELIGIBILITY REVIEW

**Municipality: \_\_**«Town»\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Name:** «Project\_Name» **Amount**: «Requested\_Amount»

**Reviewer Name:** «Project\_Manager» **Date:**      M/D/YYYY

**Eligible Category:**  **Community Facility**  **Public Service**

**Economic Development**  **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:**

2023 SMALL CITIES ELIGIBILITY REVIEW –

NATIONAL OBJECTIVES

**Municipality:** \_«Town»\_\_\_\_\_\_\_\_\_

**Grant Amount Requested:** «Grant\_Amount»\_\_\_\_\_\_\_\_

**Reviewer Name:** «Project\_Manager»

**Date:**      M/D/YYYY

Proposed Activity:«Project\_Category»

Activity is Eligible under 24 CFR 570.\_\_\_\_

Activity Eligible? Yes No

##### National Objectives

1. 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**

1. Does this information support benefit claims?

Yes No **, proposal ineligible**

1. Is the benefit chart (1.5 in Application) complete and accurate?

Yes No

ELIGIBILITY REVIEW - NATIONAL OBJECTIVES

Page 2

**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**

1. 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:

**Comments:**

**ADDITIONAL APPLICATION REVIEW INFO**

**Town/Applicant Name:** «Town» **Amount**: «Requested\_Amount»

**Reviewer:** «Project\_Manager»

**Date of Review:**       M/D/YYYY

**List existing open grants:**

**Grant # Percentage Drawn (as of April 30, 2023)**

**(2021, 10%; 2020, 50%; 2019 and older, 100% w/ Pre-Closeout Cert.)**

**(Waiver for 2021 and 2020)**



2.

3.

4.

5.       Express Closeout Completed by April 30, 2023 (if no, application is disqualified)

6.       Express Closeout Completed by April 30, 2023 (if no, application is disqualified)

**TOTAL PROGRAM INCOME ON HAND**: 0.00 $0.00

**Fair Housing Action Plan (Exhibit 00.2) Enclosed?** Yes  No

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

**ENVIRONMENTAL REVIEW**

**Town/Applicant Name:** «Town» **Amount**: «Requested\_Amount»

**Reviewer:** «Project\_Manager»

**Date of Review:**       M/D/YYYY

**Project Category:** «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)

Phase I ESA

Phase II ESA

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

**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:**

Insert Links to the ERR here

**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)*