

# 2021 Municipal CDBG Grant Program

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## *Dutchess County*

### *Eligibility Questions*

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#### **Activity Title\***

Please consider the following when selecting an activity title:

- 1) Do not include the community's name
- 2) Make sure the title gives a general idea of what the activity is about

*Character Limit: 100*

#### **Federal Eligible Activity Type\***

Check the eligible activity type:

##### **Choices**

- Acquisition of Real Property
- Clearance, Rehabilitation and Reconstruction of Housing
- Economic Development Assistance (must document low/mod job creation)
- Public Facilities and Improvements
- Removal of existing architecture barriers (does not include new construction)

#### **Consolidated Plan Priority\***

To be competitive, activities must also meet a Consolidated Plan priority. Please review the full list for more detailed descriptions. The priorities listed below are summaries which do not always convey the full scope of the priority.

Check the priority the activity will address:

##### **Choices**

- Economic development
- Repair or construction of sidewalks and crosswalks
- Improvements to facilities, municipal parks and recreation areas, particularly handicapped access
- Development of central water and wastewater systems
- Maintenance of central water and wastewater systems
- Alternative wastewater systems
- Creation of rental housing
- Permanent or transitional housing for the homeless

#### **Brief Activity Description\***

Provide a very brief description of the activity.

*Character Limit: 250*

### Site specific activities\*

For site specific activities, provide the real property tax parcel number which can be found on Dutchess County Parcel Access. For larger areas, describe the boundaries of the project area.

*Character Limit: 250*

### Primary Beneficiary\*

Please describe the primary beneficiary of the activity. An activity may benefit an entire community, a neighborhood, a street, or specific populations such as the elderly or disabled adults.

*Character Limit: 250*

### Low and Moderate Income Resident Benefit\*

HUD provides 3 methods for an activity to demonstrate that it primarily benefits low and moderate income families. They are census defined, presumed benefit and income survey which are detailed below.

1. Census defined low and moderate income areas are identified on these maps.
2. HUD presumes the following households are primarily low and moderate income:
  - abused children                      - victims of domestic violence
  - elderly                                      - severely disabled adults
  - homeless                                      - illiterate adults
  - migrant farm workers      - persons living with AIDS
3. Income surveys must show that 51% of the families that will be benefit from a project make less than 80% of the county median family income. Income surveys must meet HUD standards.

Select below how your activity will demonstrate that it primarily benefits low and moderate income persons. (select only one)

#### Choices

1. Project primarily benefits a census defined low and moderate income area.
2. Project primarily benefits residents HUD presumes are low and moderate income.
3. An income survey has documented that the area is low and moderate income.

# 2021 Municipal CDBG Grant Program

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## *Dutchess County*

### *Applicant Information*

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#### **Contact Person\***

*Character Limit: 100*

#### **Contact Title\***

*Character Limit: 50*

#### **Contact Email\***

*Character Limit: 100*

#### **Contact Phone (XXX-XXX-XXXX xXXX)\***

*Character Limit: 250*

#### **DUNS Number\***

Enter your organizations DUNS number:

*Character Limit: 25*

### *Co-Applicants*

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#### **Co-Applicants\***

How many co-applicants are involved with this activity?

##### **Choices**

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

### *Co-Applicant # 1*

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#### **Co-Applicant # 1 - Organization\***

*Character Limit: 100*

**Co-Applicant # 1 - Contact Person\***

*Character Limit: 100*

**Co-Applicant # 1 - Contact Person Title\***

*Character Limit: 250*

**Co-Applicant # 1 - Contact Person E-mail\***

*Character Limit: 254*

*Co-Applicant # 2*

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**Co-Applicant #2 - Organization\***

*Character Limit: 100*

**Co-Applicant #2 - Contact Person\***

*Character Limit: 100*

**Co-Applicant #2 - Contact Person Title\***

*Character Limit: 100*

**Co-Applicant #2 - Contact Person E-mail\***

*Character Limit: 254*

*Co-Applicant # 3*

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**Co-Applicant #3 - Organization\***

*Character Limit: 100*

**Co-Applicant #3 - Contact Person\***

*Character Limit: 100*

**Co-Applicant #3 - Contact Person Title\***

*Character Limit: 100*

**Co-Applicant #3 - Contact Person E-mail\***

*Character Limit: 254*

*Co-Applicant # 4*

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**Co-Applicant #4 - Organization\***

*Character Limit: 100*

**Co-Applicant #4 - Contact Person\***

*Character Limit: 100*

**Co-Applicant #4 - Contact Person Title\***

*Character Limit: 100*

**Co-Applicant #4 - Contact Person E-mail\***

*Character Limit: 254*

*Co-Applicant # 5*

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**Co-Applicant #5 - Organization\***

*Character Limit: 100*

**Co-Applicant #5 - Contact Person\***

*Character Limit: 100*

**Co-Applicant #5 - Contact Person Title\***

*Character Limit: 100*

**Co-Applicant #5 - Contact Person E-mail\***

*Character Limit: 254*

*Co-Applicant # 6*

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**Co-Applicant #6 - Organization\***

*Character Limit: 100*

**Co-Applicant #6 - Contact Person\***

*Character Limit: 100*

**Co-Applicant #6 - Contact Person Title\***

*Character Limit: 100*

**Co-Applicant #6 - Contact Person E-mail\***

*Character Limit: 254*

*Activity Information*

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**Activity Overview\***

Provide an overview of the activity including the following:

1. Describe the existing conditions
2. Detail the scope of the project
3. If the activity is part of a larger project, describe the larger project including a general timeline.

*Character Limit: 1500*

## *Community Planning*

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### **Community Planning Initiative\***

Was this activity developed to address needs identified by a larger community planning process? The process may be a plan, such as recreation or pedestrian plan, or a capital plan developed by the community.

#### **Choices**

Yes

No

## *Activity Information - Community Planning*

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### **Community Planning Narrative\***

Describe the community planning process or upload the relevant community planning document which recommends this activity.

*Character Limit: 1500 | File Size Limit: 5 MB*

## *Location*

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### **Location\***

Please identify whether the activity is site specific or covers a larger area with involves multiple properties (e.g. a sidewalk or water line).

#### **Choices**

Site specific (a single parcel)

Non-site specific (covers a larger area)

## *Location - Tax Parcel*

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### **Real Property Tax Parcel Number\***

Provide the full tax number of the parcel where the activity is located. Tax numbers can be found at Dutchess County Parcel Access.

*Character Limit: 25*

## *Location - Map*

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### **Non-Site Specific Location Map\***

Attach a map that clearly shows the activity's location.

*File Size Limit: 2 MB*

## *Recreation or Water and Wastewater*

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### **Recreation or Water Wastewater Activity\***

Is this activity on of the following types?

#### **Choices**

Recreation

Water or wastewater

Not applicable

## *Recreation Fund*

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### **Recreation Fund\***

List the balance in your community's recreation fund.

*Character Limit: 20*

## *Water and Wastewater*

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### **Rate Increases\***

What year was the last rate increase?

*Character Limit: 4*

### **Number of customers\***

How many customers use the system?

*Character Limit: 6*

### **Water and Wastewater Rates\***

Upload a copy of the system's rate sheet

*File Size Limit: 2 MB*

## Approvals

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### Approvals\*

Will the project require approvals from any regulatory bodies?

These include federal, state and county agencies as well as local bodies such as the local planning board.

#### Choices

Yes

No

## Approvals Information

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### Approval Agencies\*

Does the activity require approvals from any of the following? (check all applicable)

#### Choices

Army Corp of Engineers

DC Dept. of Health

DC Dept. of Public Works

Local Planning Board

Metropolitan Transit Authority (MTA)

NYS Dept. of Environmental Conservation (DEC)

NYS Dept. of Transportation (DOT)

NYS Office of Historic Preservation (SHPO)

Other

### Contact with Approval Agencies\*

Describe any contact you have already had with these agencies. If you've had no contact, please state this.

*Character Limit: 1500*

## SEQRA

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### SEQRA Action Type\*

Identify the type of action this activity is under SEQRA.

#### Choices

Type 1

Type II

Unlisted

### SEQRA Lead Agency\*

Identify the lead agency for SEQRA.

*Character Limit: 250*

### **SEQRA Compliance\***

Identify the staff person or consultant responsible for compliance with SEQRA.

*Character Limit: 250*

## *Public Participation*

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### **Public Hearing Notice\***

A public hearing must be held prior to submission of the application to solicit public input for potential CDBG applications. Attached a copy of the public hearing notice which shows the date of publication. Applications submitted without a public hearing prior to submission will be rejected.

*File Size Limit: 5 MB*

### **Submission Authorization\***

Attached a copy of the resolution (or minutes) authorizing submission of the application. A sample resolution is available.

*File Size Limit: 5 MB*

## *Budget Information*

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### **Activity Budget\***

Please download this CDBG Activity Budget Template, complete the spreadsheet, save to your computer and upload below.

If you have the budget in a comparable format, you may submit that as an attachment rather than use the County template.

*File Size Limit: 5 MB*

### **Total Activity Cost\***

What is the total activity cost?

*Character Limit: 20*

### **Organization Contribution\***

How much of the total activity cost is your organization contributing?

*Character Limit: 20*

### **Funding Request\***

How much funding are you requesting through this grant?

*Character Limit: 20*

**Partial Funding\***

Could your activity move forward with partial funding?

**Choices**

Yes

No

**Match\***

Will this funding be used as a required match to another funding source?

**Choices**

Yes

No

## *Budget - Match Source Information*

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**Match Source\***

List the agency and program name that requires the match.

*Character Limit: 250*

**Match Requirement\***

What is the minimum match requirement?

*Character Limit: 20*

## *Timeline Information*

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**Activity Timeline\***

Please download this CDBG Timeline Template, complete the spreadsheet, save to your computer and upload below.

If you have the budget in a comparable format, you may submit that as an attachment rather than use the County template.

*File Size Limit: 1 MB*

## *Submission Certification*

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**Certification\***

By typing your name in the box below, you are certifying that:

1. The information in this application is true and accurate;
2. I have read and understand the program policies and procedures; and

3. I am authorized to submit this application on behalf of the organization.

Type your name here.

*Character Limit: 100*

## *Support Documentation Uploads*

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### **Support Documents - 1**

Use the upload a file option below to attach Memorandums of Understanding (MOU), Intermunicipal Agreements (IMA), or support letters from co-applicants. Upload all documents as a single file (.pdf files only).

*File Size Limit: 25 MB*

## *Miscellaneous Uploads*

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### **Miscellaneous Uploads**

**Optional** - In this section you may upload any critical document you feel will help reviewers understand your activity but did not fit with the other application questions (.pdf files only).

*File Size Limit: 25 MB*