

# OHIO FY 2025 CDBG PROGRAM

DATE RECEIVED: \_\_\_\_\_

## CDBG PROGRAM APPLICATION TO COUNTY FOR CONSIDERATION

1. Total proposed activities must be such that can be completed between September 2025 and August 2027.
2. All non-residential construction and improvements must meet or exceed State Building Code.
3. Cost estimates must be itemized, signed and provided by qualified source (i.e. Engineer, Architect, County Engineer, Vendor (if for equipment only))
4. All cost estimates for construction projects with an estimated cost of \$2,000 or more must include **federal prevailing wages** (not state prevailing wages).
5. Street resurfacing and street repaving have been added as eligible activities. These activities require that a professional engineer certified cost estimate be included attesting to a minimum useful life of the improvement of eight years.
6. Fire Department must provide a complete list of equipment needed to meet specific Safety Requirements of the Industrial Commission of Ohio Relating to Fire Fighting, O.R.C. 4121:1-21, along with their itemized list of equipment request and estimate (s) of cost. **Applications from Fire Depts. will not be accepted without a resolution from the Township/Village/City authorizing submittal of application.**
7. Only the **County** may enter into contracts for your project.
8. If you are committing other funds to the project and/or if other sources of funds are included in this project, copies of letters, resolutions, ordinances, etc., committing these funds must be submitted at the time of this application to the County Commissioners.
9. Attach letter (s) from agency (s) requiring improvements, if applicable.
10. Organizations (other than local governments) must submit a copy of their constitution and by-laws.

\*\*\*\*COMPLETE THE FOLLOWING\*\*\*\*

### 11. APPLICATION INFORMATION:

a. Name of Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

b. Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

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



**Note: Are you a public service group or non-profit entity?**

Check One: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attach a copy of constitution and by-laws. (See item 10 above.)

**12. PROJECT INFORMATION**

- a. Describe Project Activity and measurements **in detail:** (attach additional sheets and photographs if necessary)

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**Note: (1) Fire Departments - - see item (6) above.**

**(2) Describe if project is necessary to meet state or local requirements or mandates -- see item (9) above.**

- b. Will you need to acquire easements or property to complete this project?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

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Is this property occupied? \_\_\_\_\_ Yes \_\_\_\_\_ No

- c. Who provided the Project Cost Estimate?

Name: \_\_\_\_\_

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

Phone No. \_\_\_\_\_



Labor (use federal prevailing wage) \$ \_\_\_\_\_  
and Materials

Engineering \$ \_\_\_\_\_

**Total Cost of Project** \$ \_\_\_\_\_

**Note: Attach a copy of the cost estimate (See items (3) & (4) above)**

d. How much CDBG money is being requested? \$ \_\_\_\_\_

If you are not applying for the total cost of the project, where will the other funds come from?

<u>Source</u>	<u>Amount</u>
1. _____	_____
2. _____	_____
3. _____	_____

(list others if necessary)

**Note: a) Attach commitment letters from the sources listed above. (See item (8) above)**

**b) Proposed project must meet State Building Code. (See item (2) above)**

e. Will Village Township, or County employees perform any work?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, will the employees be paid from the CDBG grant?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Describe the work to be performed by Village, Township, or County employees.

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**13. PROJECT BENEFIT INFORMATION**

- a. Where is the exact location of the project? \_\_\_\_\_  
\_\_\_\_\_

**Note: Provide a map of the boundaries of the service area.**

- c. Who will benefit from this project: \_\_\_\_\_  
\_\_\_\_\_

- d. How many households are in the service area? \_\_\_\_\_

- e. Have you completed an income survey? \_\_\_\_ Yes \_\_\_\_ No

If no, you must certify LMI by using most recent census data. Please list the census numbers of the area below.

\_\_\_\_\_ BNA \_\_\_\_\_ BG \_\_\_\_\_ BNA \_\_\_\_\_ BG

\_\_\_\_\_ BNA \_\_\_\_\_ BG \_\_\_\_\_ BNA \_\_\_\_\_ BG

\_\_\_\_\_ BNA \_\_\_\_\_ BG \_\_\_\_\_ BNA \_\_\_\_\_ BG

**Note: Submit the income surveys with this form.**

What date were the households surveyed? \_\_\_\_\_

1. Number of Persons surveyed? \_\_\_\_\_

2. Number of LMI Persons? \_\_\_\_\_

3. % of LMI Persons? \_\_\_\_\_

4. Number of Households surveyed? \_\_\_\_\_

**13. PROJECT BENEFIT INFORMATION**

- a. Does your project affect any historical property or does your project occur in an historical district?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



b. Is your project located in a floodplain?

\_\_\_\_\_ Yes \_\_\_\_\_ No **Note: You must attach a copy of the floodplain map as proof that the project is or is not in the floodplain. (This can be obtained from the Gallia County Floodplain Administrator (Nick Mills located in the Soil & Water District Office)).**

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note: If yes, you must obtain a floodplain permit from the Gallia County Floodplain Administrator (Nick Mills located in the Soil & Water District Office) and attach with this application.**

c. Will any access fees be charged? (i.e., sewer or water line hook-up, membership fees, entrance fees, etc.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Typed Name

\_\_\_\_\_  
 Title

If you have any questions concerning this application please contact:

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