

**CITY OF NORTHAMPTON**

**Community Development Block Grant Funding Application  
For Construction, Public Infrastructure, Public Facilities and Demolition  
Projects**

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

**I. APPLICANT** Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Federal Tax ID \_\_\_\_\_ DUNS # \_\_\_\_\_

Registered in [www.sam.gov](http://www.sam.gov)? Yes No

*This project is federally funded, a DUNS No and registration in the System for Award Management (SAM) is required. Documentation of registration is required. Register at [www.sam.gov](http://www.sam.gov)*

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Development Consultant \_\_\_\_\_

**II. REQUEST FOR CDBG FUNDS**

Type and Amount:

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**III. PROJECT**

Address \_\_\_\_\_

Description (rehab vs. new construction, # of units, rental vs. ownership, unit sizes)

Describe site (relevant environmental concerns, proximity to public transportation, neighborhood amenities, etc.)

Describe nature and extent of rehab or new construction

#### **IV. NEED**

Describe public benefit to be derived from the project:

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Intended Beneficiaries:

Describe how the project will impact the City's prioritized community development needs:

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**V. UNIT COMPOSITION AND RENTS**

<u>Bedroom Mix</u>	<u># Units Market Rate</u>	<u>Below Market Rate</u>	<u>Proposed Rent with Subsidy</u>	<u>Without</u>
#1 bdrm.				
#2 bdrm.				
#3 bdrm.				
#4 bdrm.				

<u># of units available to:</u>	<u>% of total units</u>
Households with $\leq$ 30% of median income: _____	_____
$\leq$ 60% of median income: _____	_____
$\leq$ 80% of median income: _____	_____

**VI. FINANCIAL INFORMATION:**

Total project costs \_\_\_\_\_

Total cost per unit \_\_\_\_\_

**Project Cost Breakdown:**

Pre-Development \_\_\_\_\_

Acquisition \_\_\_\_\_

Rehab/New Construction \_\_\_\_\_

Site Improvements \_\_\_\_\_

**ENCLOSE:** Letters of commitment from secured funding sources.  
Financial pro forma for a 10 year operating period.

List Funding Sources Secured or Sought

Source	Type	Amount	Use of Funds	Status
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**VII. USE OF CDBG FUNDS:** Describe the purpose of the CDBG funds:

What % of the total project cost will be covered by the CDBG funding?

Describe why this amount of CDBG funding and the terms outlined are necessary for the success of the project?

**VII. AFFORDABILITY:**

Describe the affordability mechanism to be used and duration:

Describe how the rents or sales prices will be restricted and for how long:

**VIII. PROJECT IMPLEMENTATION:**

Will lead paint abatement be occurring?	Yes	No
Will asbestos abatement be occurring?	Yes	No
Does the project involve changes in land use from non-residential to residential or from one type of residential zoning to another?	Yes	No
Does the project involve a zone change or other zoning permits?	Yes	No
Will the project involve any temporary or permanent relocation of residents?	Yes	No

If relocation will occur, please describe:

Describe time line proposed and project phases:

Describe state and/or local permits required:

Describe the contractor selection process and plans for construction supervision:

Describe the efforts to comply with Section 3 hiring practices:

**IX. DEVELOPER QUALIFICATIONS:**

List members of the development team and describe their qualifications:

Describe selection method if not yet selected:

Describe past experiences/projects:

Describe qualifications of property manager (if rental project)

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**ENCLOSE THE FOLLOWING:** for the Project Owner and Project Sponsor

- Most recent 12 month financial statement, including at a minimum a balance sheet and revenue and expense statement; (audited if available)
- Interim financial statement (if more than 12 months has lapsed since date of annual financial statements), and;
- Current year's organizational budget
- Evidence of [www.sam.gov](http://www.sam.gov) registration

**X. SUPPLEMENTAL INFORMATION:** (Please include if the documents exist)

Evidence of Site Control (if not included, please explain status of site control)

Purchase and Sale Agreement

Property/Building Appraisal

21 E Report

Site Plan

Rehab/Construction Specifications

Construction Cost Breakdown

Evidence that Rents/Sales Prices can be supported by the market



Sources and Uses of Funds Statement/ Spreadsheet

Rental Project/ provide 5 year operating budget

Ownership Project/ demonstrate sales price affordability to target population

**Equal Opportunity Statement**

\_\_\_\_\_ (company name) will not discriminate against any employee or applicant for employment because of race, color, sex, age, religion, handicap or national origin and takes affirmative action to ensure applicants are employed and employees are treated equally during their employment without regard to race, color, sexual orientation, gender identity, veteran or disability status.

**Note:** Any questions about this application and the submission materials required can be referred to the Housing Planner at 587-1288 Mon. - Friday 9:00 a.m. to 5:00 p.m. Office of the Mayor, City Hall, 210 Main Street, Northampton, MA, or at [pkeller@northamptonma.gov](mailto:pkeller@northamptonma.gov)

**APPLICATION PREPARED BY:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

e-mail Address \_\_\_\_\_

(For office use only)

Date Received: