

EXHIBIT 10

Nebraska DED Housing Site Review Form

Please complete all the information in Box A, B and C. Please provide one site review form for each address.

Part A. Project Information

NAME OF PROJECT				
CONTRACT # <i>(or other identifier, if applicable)</i>				
APPLICANT		DEVELOPER		
NAME OF PERSON COMPLETING FORM				
EMAIL ADDRESS		PHONE		
FUNDING SOURCE <i>(select all that apply):</i> <input type="checkbox"/> CDBG-DR <input type="checkbox"/> HOME <input type="checkbox"/> HOME-American Rescue Plan (ARP) <input type="checkbox"/> National Housing Trust Funds (HTF) <input type="checkbox"/> NE Affordable Housing Trust Funds (NAHTF) <input type="checkbox"/> QCT Affordable Housing Program <input type="checkbox"/> Rural Workforce Housing Land Development Program <input type="checkbox"/> Pandemic Relief Housing Program				
PROJECT OVERVIEW Project activities include <i>(check all that apply):</i> <input type="checkbox"/> acquisition <input type="checkbox"/> rehabilitation <input type="checkbox"/> new construction <input type="checkbox"/> demolition <input type="checkbox"/> site improvements including infrastructure (i.e., roads, lights, turn lanes, etc.) <input type="checkbox"/> lot development only <input type="checkbox"/> Other: _____ Types of units to be served <i>(check all that apply):</i> <input type="checkbox"/> single family <input type="checkbox"/> rental <input type="checkbox"/> multi-family <input type="checkbox"/> homebuyer	PROPOSED DED REQUEST		\$	
	PROPOSED TOTAL PROJECT COST:		\$	
	NUMBER OF UNITS PROPOSED			
	NUMBER OF BUILDINGS PROPOSED			
	DESCRIPTION OF ALL ACTIVITIES PROPOSED FOR THE PROJECT:			

<input type="checkbox"/> townhouses (e.g., duplex, 3-plex) <input type="checkbox"/> elderly <input type="checkbox"/> special needs / homeless <input type="checkbox"/> secure building only <input type="checkbox"/> Other: _____	
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Part B-1. Proposed Site Information

<p>Property Physical Address and/or Parcel Number of Site proposed for the project: _____</p> <p>Census Tract (QCT AHP, Pandemic Relief Housing Program and CDBG-DR only): _____</p> <p>Condition of lot: <input type="checkbox"/> vacant <input type="checkbox"/> existing structure</p> <p>Shape of Site <input type="checkbox"/> Square <input type="checkbox"/> Rectangular <input type="checkbox"/> Other _____ (long narrow sites should be avoided)</p> <p>Slope of Site <input type="checkbox"/> No Slope <input type="checkbox"/> Slight Slope <input type="checkbox"/> Medium Slope <input type="checkbox"/> Steep Slope</p> <p>Is the site located in a suitable neighborhood or location? (consider noise, traffic, view, air pollution, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Refer to 24 CFR 93.150 for HFT and 24 CFR 983.6(b) for HOME Site & Neighborhoods Standards</i></p> <p>Is the site compatible with surrounding land uses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The adjacent properties include: (Residential, Commercial, vacant?) North _____ South _____ East _____ West _____</p> <p>Is the site located in reasonable proximity to facilities and services that may be utilized by the residents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe the distance to the following locations: Day Care _____miles Grocery Store _____miles Hospital _____miles Parks _____miles Schools _____miles Shopping _____miles Other Health Care Services _____ miles</p> <p>Is the site located within a 100 year floodplain? (also known as a Special Flood Hazard Area [SFHA]) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any mitigating measures needed for the project? <input type="checkbox"/> Yes <input type="checkbox"/> No These measures will include: _____</p>
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Part B-2. Proposed Site & Project Information–Required for CDBG-DR only

Is the site in a location that addresses unmet housing needs outlined in the CDBG-DR Action Plan for DR-4420? ☐ Yes ☐ No

Is the site located within a 100-year floodplain? (i.e., Special Flood Hazard Area [SFHA])

☐ Yes ☐ No

Are there any mitigating measures consistent with HUD CDBG-DR requirements needed for the project?

☐ Yes ☐ No These measures will include: _____

Does developer have site control? ☐ Yes ☐ No

Have there been any choice limiting actions which would impair environmental review approvals? ☐ Yes ☐ No

Part C. Infrastructure

Are there unusual drainage problems?

☐ No ☐ Yes If yes, problems include _____

Is street access appropriate for the scale of the development? ☐ Yes ☐ No

Are the streets paved? ☐ Yes ☐ No

Will the development also include paving? ☐ Yes ☐ No

Are there also sidewalks, curbs, and gutters? ☐ Yes ☐ No

Will the development include sidewalks, curb, and gutters? ☐ Yes ☐ No

Are there any additional street improvements or mitigating measures needed for the project? (i.e. additional street lights, turn lanes, etc.) ☐ No ☐ Yes If yes, these additional improvements/measures will include _____

Are there any mitigating measures needed for the project specifically related to infrastructure?

☐ Yes ☐ No These measures will include: _____

Part D. REQUIRED Attachments to Accompany Form

Exhibit A: Short narrative 100 words or less on the proposed project. This project description should be consistent with that of the public hearing and the initial Environmental Review Determination of Level of Review (DLR) form, if applicable.

Exhibit B: Proposed site plan for the project.

Exhibit C: Aerial maps of the project site and surroundings and clearly identify the site on the map.

Exhibit D: FEMA Flood Insurance Rate Map (FIRM)
_____ [Map #, Panel #]

Exhibit E: Proof of current zoning.

Exhibit F: Legal Description of project site. Include parcel number and/or legal physical address.

To Be Completed by DED Representative

Site review was conducted by _____ on _____ (date).

CONCLUSION: Based on the site review, the Department has determined that the site is:

☐ Approved, because the site is acceptable.

☐ Approved with the following mitigation measures: _____

☐ Not approved because the site is outside of disaster declared counties.

☐ Not approved because the site is unacceptable based on _____

☐ Not approved because the site is subject to re-inspection.

☐ Not approved until the following mitigating measures can be agreed upon _____

Signature

Printed Name

Date