Exhibits

2019 Community Development Block Grant
APPLICATION GUIDELINES
April 2019, Revised December 2019

NEBRASKA
Good Life. Great Opportunity.
DEPT. OF ECONOMIC DEVELOPMENT

December 2019
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Exhibit A: Notice of Public Hearing

NOTICE OF PUBLIC HEARING ON APPLICATION FOR COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

NOTICE IS HEREBY GIVEN that on [Date] in the [Place] the [Name of the Local Government Unit] will hold a public hearing concerning an application to the Nebraska Department of Economic Development for a Community Development Block Grant. This grant is available to local governments for community/ economic development activities.

The [Name of the Local Government Unit] is requesting [exact amount of funds] for [Detailed project description which must include: all project activities to be undertaken; the requested amount of funds for each activity; the estimate of the total amount of requested CDBG funds which will benefit low- and moderate-income people; the amount and source of local matching funds, if any; and the plans for minimizing displacement of people as a result of CDBG activities and for assisting person actually displaced.]

The grant application will be available for public inspection at [Place]. All interested parties are invited to attend this public hearing at which time you will have an opportunity to be heard regarding the grant application. Written and oral testimony will also be accepted at the public hearing scheduled for [Time], [Date], [Address, Room Number, etc.]. Written comments addressed to [Contact Person] at [Address] will be accepted if received on or before [Date].

Individuals requiring physical or sensory accommodations including interpreter service, Braille, large print, or recorded materials, please contact [Contact Person] at [Address, Phone Number] no later than [Date]. Accommodations will be made for persons with disabilities and non-English speaking individuals provided that [Number] day notice is received by the [Name of the Local Government Unit].

This language must be used for the official public hearings. Either Proof of Publication or Certificate of Posting must be submitted together with a summary of citizens’ comments.

NOTE: At this hearing, specific CDBG program requirements and related project issues should be reviewed. For example, if taxes or user charges will need to be increased as part of financing the project, it is especially important that residents understand the necessity of raising funds. This discussion should specifically be reflected in meeting minutes.
Exhibit B: Authorizing Resolution

RESOLUTION AUTHORIZING CHIEF ELECTED OFFICIAL TO SIGN AN APPLICATION FOR CDBG FUNDS
--Sample Format--

Whereas, the [Name of the Local Government Unit], Nebraska, is an eligible unit of a general local government authorized to file an application under the Housing and Community Development Act of 1974 as amended for Small Cities Community Development Block Grant Program, and,

Whereas, the [Name of the Local Government Unit], Nebraska, has obtained its citizens' comments on community development and housing needs; and has conducted public hearing(s) upon the proposed application and received favorable public comment respecting the application which for an amount of [Specify Amount of Money] for [Description of Project]; and,

NOW, THEREFORE, BE IT RESOLVED BY

[Controlling Government Body] of [Name of the Local Government Unit], that the [Title of Chief Elected Official] be authorized and directed to proceed with the formulation of any and all contracts, documents or other memoranda between [Name of the Local Government Unit] and the Nebraska Department of Economic Development so as to effect acceptance of the grant application.

Signed

Title

Date

Use the language in this sample and provide an original signature or a certified copy of the authorizing resolution.
Exhibit C1: Statement of Assurances and Certifications

APPLICANT’S STATEMENT OF ASSURANCES AND CERTIFICATIONS

The [Name of the Local Government Unit] (Applicant) hereby assures and certifies to the Nebraska Department of Economic Development regarding an application for Community Development Block Grant (CDBG) funds, the following:

THRESHOLD CERTIFICATIONS

1. There are no significant unresolved audit findings relating to any prior grant award from the federal and/or state government that would adversely affect the administration of this grant.

2. No legal actions are underway or being contemplated that would significantly impact the Applicant’s capacity to effectively administer the program, and to fulfill the CDBG program; and

3. No project costs have been incurred that have not been approved in writing by the Department.

FEDERAL COMPLIANCE CERTIFICATIONS

4. It will adopt and follow a residential anti-displacement and relocation assistance plan that will minimize displacement as a result of activities assisted with CDBG funds.

5. It will conduct and administer its programs in conformance with:
   a. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), and the regulations issued pursuant thereto (24 CFR Part 1).
   b. Title VIII of the Civil Rights Act of 1968 (Pub. L. 90-284), as amended, administering all programs and activities relating to housing and community development in a manner to affirmatively further fair housing, and will take action to affirmatively further fair housing in the sale or rental of housing, the financing of housing and the provision of brokerage services.
   c. The Fair Housing Act of 1988 (42 USC 3601-20) and will affirmatively further fair housing.

6. It will not attempt to recover any capital costs of public improvements assisted in whole or part by assessing any amount against properties owned and occupied by persons of low- and moderate-income, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless (1) grant funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than grant funds, or (2) for purposes of assessing any amount against properties owned and occupied by persons of LMI who are not persons of very-low income, the recipient certifies to the state that it lacks sufficient grant funds to comply with the requirements of clause (1).

7. It will comply with all provisions of Title I of the Housing and Community Development Act of 1974, as amended, which have not been cited previously as well as with other applicable laws.

CITIZEN PARTICIPATION PLAN CERTIFICATION

8. It certifies that a detailed citizen participation plan is on file which includes:
   a. Providing and encouraging citizen participation with particular emphasis on participation by lower income persons who are residents of slum and blight areas in which funds are proposed to be used to include target areas as identified in the application.
   b. Providing citizens with reasonable and timely access to local meetings, information, and records relating to the Applicant’s proposed and actual use of CDBG funds.
   c. Furnishing citizens with information, including but not limited to, the amount of CDBG funds expected to be made available for the current fiscal year, including CDBG funds and anticipated program income; the range of activities that may be undertaken with CDBG funds; the estimated amount of CDBG funds to be used for activities that will meet national objective of benefit to low- and moderate-income people, and the proposed CDBG activities likely to result in displacement and the grantee’s anti-displacement and relocation plans.
   d. Providing technical assistance to groups representative of persons of low and moderate income that request such assistance in developing proposals. The level and type of assistance is to be identified within the plan.
   e. Providing for public hearings at different stages of the program, for the purpose of obtaining citizen’s views and responding to proposals and questions. The hearings must cover community development and housing needs, development of proposed activities and review of program performance. The hearing to cover community development needs must be held before submission of an application to the state. The hearing on program performance must be held during the implementation of the CDBG awarded grant. There must be reasonable notice of the hearings and they must be held at times and locations convenient to potential or actual beneficiaries, with accommodations for the handicapped. Public hearings are to be conducted
in a manner to meet the needs of non-English speaking residents where a significant number of non-English speaking residents can be expected to participate.

f. Providing citizens with reasonable advance notice of, and opportunity to comment on, proposed activities in the application to the state and for grants already made, activities that are added to, deleted or substantially changed from the application to the state. Substantially changed is defined in terms of purpose, scope, location or beneficiaries defined by the state established criteria.

g. Providing citizens the address, phone number and acceptable hours for submitting complaints and grievances and providing timely written responses to written complaints and grievances within 15 working days where practicable.

SPECIAL REQUIREMENTS AND ASSURANCES.

9. The Applicant will comply with the administrative requirements of the program, those applicable items in the 1995 Consolidated Plan, Title I of the Housing and Community Development Act of 1974, Public Law 93-383, as amended, and 24 CFR Part 570 (including parts not specifically cited below), and the following laws, regulations and requirements, both federal and state, as the pertain to the design, implementation and administration of the local project, if approved:

CIVIL RIGHTS AND EQUAL OPPORTUNITY PROVISIONS

- Section 109 of the Housing and Community Development Act of 1974, As Amended
- Age-Discrimination Act of 1975, As Amended (42 U.S.C. 6101, et. seq.)
- Section 504 of the Rehabilitation Act of 1973, As Amended (29 U.S.C. 794) and the Americans with Disability Act
- Executive Order 11246, As Amended
- Executive Order 11083, As Amended by Executive Order 12259 (24 CFR Part 107)

ENVIRONMENTAL STANDARDS AND PROVISIONS

- Section 104(f) of the Housing and Community Development Act of 1974, As Amended
- Title IV of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4831) and the Implementing Regulations found at 24 CFR Part 35
- The Clean Air Act, As Amended (42 U.S.C. 7401, et. seq.)
- The Safe Drinking Water Act of 1974 [42 U.S.C. Section 201, 300(f), et. seq., and U.S.C. Section 349 as Amended, particularly Section 1424(e) (42 U.S.C. Section 300H-303(e))]
- The Fish and Wildlife Coordination Act of 1958, As Amended, (16 U.S.C. Section 661, et. seq.)
- EPA List of Violating Facilities
- HUD Environmental Standards (24 CFR, Part 51, Environmental Criteria and Standards and 44 F.R. 40860-40866, July 12, 1979)
- Flood Insurance
- Executive Order 11988, May 24, 1978: Floodplain Management (42 F.R. 26951, et. seq.)
- Executive Order 11990, May 24, 1977: Protection of Wetlands (42 F.R. 26961, et. seq.)
- Environmental Protection Act, NEB. REV. STAT. 81-1501 to 81-1532 (R.R.S. 1943)
- Historic Preservation

LABOR STANDARDS AND PROVISIONS

- Section 110 of the Housing and Community Development Act of 1974, As Amended
- Davis-Bacon Act, As Amended (40 U.S.C. 276-a - 276a-5); and Section 2; of the June 13, 1934 Act., As Amended (48 Stat. 948.40 U.S.C. 276(c), popularly known as The Copeland Act
- Contract Work Hours and Safety Standards Act (40 U.S.C. 327, et. seq.)
- Section 3 of the Housing and Urban Development Act of 1968 [12 U.S.C. 1701(u)]
FAIR HOUSING STANDARDS AND PROVISIONS

- Section 104(a)(2) of the Housing and Community Development Act of 1974, As Amended
- Public Law 90-284, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601, et. seq.). As Amended by the Fair Housing Amendments Act of 1988
- Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, As Amended (42 U.S.C. 4630) and the Implementing Regulations Found at 49 CFR Part 24
- Uniform Procedures for Acquiring Private Property for Public Use, NEB. REV. STAT. 25-2501 to 25-2506 (R.R.S. 1943)
- Nebraska Civil Rights Act of 1969 20-105 to 20-125, 48-1102 and 48-1116
- Uniform Procedures for Acquiring Private Property for Public Use, NEB. REV. STAT. 25-2501 to 25-2506 (R.R.S. 1943)
- Nebraska Civil Rights Act of 1969 20-105 to 20-125, 48-1102 and 48-1116

ADMINISTRATIVE AND FINANCIAL PROVISIONS

- 78 FR 78589 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards “Cost Principles”
- 78 FR 78589 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards “Administrative Requirements”
- 24 CFR 570.503 - Grant Administration Requirements for Use of Escrow Accounts for Property Rehabilitation Loans and Grants
- 24 CFR 570.488 to 570.499a - States Program: State Administration of CDBG Nonentitlement Funds
- Community Development Law, NEB. REV. STAT. 18-2101 to 18-2144 (R.S. Supp. 1982)
- Public Meetings Law, NEB. REV. STAT. 18-1401 to 18-1407 (R.R.S. 1943)
- 24 CFR Subtitle A (4-1-98 Edition) – 85 referenced as 2 CFR Part 200 Administrative requirements for grants and cooperative agreements to State, local and federally recognized Indian tribal governments

MISCELLANEOUS.

- Hatch Act of 1938, As Amended (5 U.S.C. 1501, et. seq.)

Applicant hereby certifies that it will comply with the above stated assurances.

Signed

____________________________________

Subscribed in my presence and sworn to before me.

Title

Date

Notary Public (Not required if on letterhead)

May 2017 Revised
Exhibit C2: Citizen Participation Plan

EXHIBIT C-2
SAMPLE updated January 2014
Citizen Participation Plan
(unit of local government), Nebraska

A. Participation by Citizens
All citizens, including low- and moderate-income citizens, shall be requested and encouraged to participate in the assessment of community issues, problems and needs; the identification of potential solutions; and priority to such issues, problems and needs, as follows:
1. All citizens shall be periodically requested to complete a community needs survey to identify community and neighborhood issues, problems and needs.
2. All citizens shall be notified by publication and posting of all meetings to discuss the identified needs, potential solutions and solution priorities.
3. All citizens, particularly low and moderate-income citizens, shall be afforded the opportunity to serve on various community improvement task forces established by the [Name of the Local Government Unit].

B. Access to Meetings, Information and Records
Notice of public meetings conducted by the [Name of the Local Government Unit] shall be published or posted within a reasonable number of days prior to such meetings.

Agendas of all such meetings shall be available at the [Location] for public inspection.

All meetings where CDBG projects or applications are to be discussed shall be published or posted for [A Reasonable Number of] days prior to such meetings and all information and records concerning such CDBG projects or applications shall be available for public inspection at the [Location].

All meetings will be held at a time and [Location] convenient to potential or actual beneficiaries which will be accessible to all citizens. The building and site will also be accessible to persons with disabilities.

C. Specific CDBG Project Information
All citizens shall be provided with information regarding specific CDBG projects through public meetings and publication of notices which provide all pertinent information regarding any CDBG project including, but not limited to:
1. The amount of CDBG funds expected to be made available to the [Name of the Local Government Unit] for the current fiscal year, including CDBG funds and anticipated program income;
2. The specific range of activities that may be undertaken with CDBG funds;
3. The estimated amount of CDBG funds to be used for activities that will meet the national objective of benefit to low- and moderate-income persons, and;
4. A description of any proposed CDBG funded activities that are likely to result in displacement of persons along with the [Name of the Local Government Unit] anti-displacement and relocation plans.

D. Provisions for Technical Assistance to Citizens
The [Local Representative] shall maintain current information of available resources for community improvement efforts and CDBG programs available and provide such information upon request by any citizen or group representing any citizen or group of citizens and the [Local Representative] shall provide assistance in developing proposals to address issues, problems and needs identified by such citizen or citizens.

E. Public Hearing on CDBG Activities
The [Name of the Local Government Unit] shall enact a minimum of two (2) public meetings or hearings to be conducted with regard to any CDBG application. At least one meeting or hearing shall be conducted prior to the submission of any such application and a second public hearing shall be held near the completion of any CDBG funded activity to obtain citizen input, comments or opinions with regard to such application(s) and to program or project performance.

The [Local Representative] shall act as the contact person for all questions, comments or concerns expressed by any citizen with regard to any CDBG program or project and shall forward any such questions, comments or concerns to the [Name of the Local Government Unit] at the next regular meeting of the [Local Government Name] immediately following expression of such questions, comments or concerns. The [Local Representative] shall also be responsible for transmitting the [Local Government Name] response to any such question, comment or concerns to the citizen or citizens expressing the same.
F. Needs of Non-English Speaking Citizens

The [Name of the Local Government Unit] shall conduct the public hearings in a manner to meet the needs of non-English speaking residents where a significant number of non-English speaking residents can reasonably be expected to participate, the [Local Representative] shall arrange for oral or written translation of information regarding any CDBG program, application or project upon request by such non-English speaking persons or representatives of such persons.

G. Compliance/Grievance Procedures

The [Local Representative] shall post a notice at the [Location] that provides name, telephone number, address, and office hours of the [Name of the Local Government Unit] for citizens who wish to file a complaint or grievance regarding any CDBG program, project or application.

Individuals wishing to submit a complaint or file a grievance concerning activities, of or application for, CDBG funds may submit a written complaint or grievance to the [Local Representative].

The [Local Representative] shall present such complaint or grievance to the [Location] at the next regular meeting of the [Name of the Local Government Unit], where it be reviewed by the Board members. The individual submitting such complaint or grievance shall be notified of such meeting and shall be given the opportunity to make further comments at such meeting. The [Name of the Local Government Unit] shall issue a written response to any complaint or grievance within fifteen (15) days following the meeting at which a response is formulated. Such response shall be mailed to the individual citizen(s) submitting the complaint or grievance by the [Local Representative] to the last known address of said citizen(s).

In the event that the nature of the complaint or grievance is determined to be a matter requiring immediate action, a special meeting of the [Name of the Local Government Unit] shall be called to review the matter within ten (10) days of receipt of such complaint or grievance.

H. Adoption

This Citizen Participation Plan is hereby adopted by action of the [Elected Body Name] of [Local Government Name], Nebraska.

Signed:

________________________________________
Chief Elected Official: [Name, Title]

________________________________________
Attest: [Local Representative Name, Title]

________________________________________
Date
EXHIBIT D: Residential Anti-Displacement & Relocation Assistance Plan

RESIDENTIAL ANTI-DISPLACEMENT AND RELOCATION ASSISTANCE PLAN

The [Name of Local Government] will replace all occupied and vacant occupiable low-moderate-income dwelling units demolished or converted to a use other than as low-moderate-income housing as a direct result of activities assisted with Community Development Block Grant (CDBG) funds provided under the Housing and Community Development Act of 1974, as amended.

All replacement housing will be provided within three (3) years of the commencement of the demolition or rehabilitation relating to conversion. Before obligating or expending funds that will directly result in such demolition or conversion, the [Name of Local Government] will make public and submit to DED the following information in writing:

1. A description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low-moderate-income dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and
6. The basis for concluding that each replacement dwelling unit will remain a low-moderate-income dwelling unit for at least ten (10) years from the date of initial occupancy.

The [Name of Local Government] will provide relocation assistance, according to either the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (49 CFR Part 24) or 24 CFR 570.496a(c) to each low/moderate-income family displaced by the demolition of housing, or the conversion of a low-moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the CDBG program, the [Name of Local Government] will take the following steps to minimize the displacement of persons from their homes:

1. Maintain current data on the occupancy of houses in areas targeted for CDBG assistance.
2. Review all activities prior to implementation to determine the effect, if any, on occupied residential properties.
3. Include consideration of alternate solutions when it appears an assisted project will cause displacement, if implemented.
4. Require private individuals and businesses to consider other alternatives to displacement causing activities, if they are requesting CDBG assistance.

Signed
Title
Date
Subscribed in my presence and sworn to before me.
Notary Public (Not required if on letterhead)
INSTRUCTIONS: If the activities within the application are identified as meeting the National Objective through the Low and Moderate Income (LMI) persons, the following documentation must be submitted depending on the type of LMI being associated with the activity:

- Area Benefit (LMA)
- Limited Clientele (LMC)
- Job Creation/Retention (LMJ)

If the activities meet LMI, at least one of the following must be submitted. In some instances where there are multiple activities, it may be appropriate to submit more than one exhibit (e.g., a downtown revitalization project may include activities meeting a combination of the LMA, LMC, and SB activities). **Applicants must include all relevant exhibits.** Use the correct title when labeling exhibits.

<table>
<thead>
<tr>
<th>EXHIBIT NAME/TITLE</th>
<th>DESCRIPTION/THRESHOLD FOR SUBMISSION &amp; INSTRUCTIONS</th>
</tr>
</thead>
</table>

Print and attach the relevant information, identifying the Applicant on the documentation. Please note, in order for the applicant to be eligible using this method, the “lowmod_pct” must be at least 51%.

| Exhibit E1 – LMI, LMA Census Income Survey | An activity meets LMA through the completion of a Census Income Survey.


| Exhibit E2 – LMI, LMA Random Sample Survey | An activity meets LMA through the completion of a Random Sample Income Survey.

Complete the enclosed form and required attachments. To calculate required sample size, use the calculator available for your use at [https://www.surveymonkey.com/mp/sample-size-calculator/](https://www.surveymonkey.com/mp/sample-size-calculator/).


| Exhibit E3 – LMI, LMC Limited Clientele | An activity meets LMC by providing benefit to limited clientele persons.

Complete the enclosed form and required attachments.

| Exhibit E4 – LMI, LMJ Job Creation/Retention | An activity meets LMJ by providing job creation or retention.

Complete the enclosed form and required attachments.

In all instances for completing the above materials and forms, derive Census data from the DED website, [http://opportunity.nebraska.gov/data](http://opportunity.nebraska.gov/data). Contact the Department for further information.
**Exhibit E1: LMI – Area Basis, Census Income Survey Worksheet**

**NEBRASKA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

_Low-And-Moderate-Income Census Survey Information_

_LMI Area Benefit Activities not using HUD Census data_

**PART I. INFORMATION CONTAINED IN YOUR SURVEY**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Total number of families (including single person families) in the activity service area.</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Total number of families in the service area that were contacted (include those not reachable, refused to answer, incomplete interview/questionnaire)</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Total number of families with completed interviews.</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Margin of error (must be lessor of 10% or the HUD-provided MOE) using this calculator.</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Total number of persons in the families interviewed.</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Total number of persons in the families interviewed who are LMI persons.</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Total number of persons in the service area (use number of persons from census survey)</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Divide line 6 by line 7 and multiply by 100 to determine the LMI percentage</td>
<td></td>
</tr>
</tbody>
</table>

**Tabulated Income Survey Results**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
<th>7 Person</th>
<th>8 Person</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># Above</td>
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<td></td>
<td></td>
<td></td>
<td>families</td>
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<tr>
<td>Income Limit</td>
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<td></td>
<td>people</td>
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<td># Below</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>families</td>
</tr>
</tbody>
</table>

**PART II. SURVEY ANALYSIS AND DOCUMENTATION** (attach separate sheets of paper if necessary)

Date(s) survey conducted: From _____ To _____  Effective date of income limits used: _____

Was the area surveyed:  
- [ ] Target Area
- [ ] Entire Community
- [ ] Community and Surrounding Area

Does the area surveyed include the entire service area of the CDBG activity proposed?  
- [ ] Yes
- [ ] No

Source(s) of information used to develop complete list of families in the service area.

Describe the survey delivery method and follow-up plan. Include any potential sources of bias from the non-respondents and what efforts were made to secure their response.

[CONTINUED ON NEXT PAGE]

List all organizations and individuals conducting and analyzing the survey.

**CHAPTER 9 – EXHIBITS | December 2019**
Provide a reason for current survey. Have there been significant demographic or economic changes to the area since the last survey or decennial census?

Most current U.S. Census data LMI: ___________%

If the difference between the U.S. Census data LMI and the income survey results LMI are 10% or greater, provide an explanation for the difference.

In addition to the Certification of Completion on the following page, see REQUIRED ATTACHMENTS below.

<table>
<thead>
<tr>
<th>ATTACHMENTS REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach the following item(s):</td>
</tr>
<tr>
<td>☐ CERTIFICATION OF COMPLETION</td>
</tr>
<tr>
<td>- Attachment 1</td>
</tr>
<tr>
<td>- Attachment 2</td>
</tr>
<tr>
<td>- Attachment 3</td>
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<td>- Attachment 4</td>
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<td>- Attachment 5</td>
</tr>
<tr>
<td>- Attachment 6</td>
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<tr>
<td>- Attachment 7</td>
</tr>
</tbody>
</table>

CERTIFICATION OF COMPLETION OF AN INCOME SURVEY TO DETERMINE ELIGIBILITY FOR COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS UNDER THE LOW-TO-MODERATE INCOME NATIONAL OBJECTIVE

The [NAME OF LOCAL GOVERNMENT UNIT] (Applicant) hereby assures and certifies to the Nebraska Department of Economic Development (the Department) regarding an application for Community Development Block Grant (CDBG) funds, the following:

1. Applicant understands that eligibility to apply for a CDBG grant is based upon the results of the income survey that was conducted on [DATE] by [ORGANIZATION].

2. The income survey was conducted in accordance with HUD and Nebraska Department of Economic Development survey methodology requirements.

3. This income survey was conducted after January 1, 2012.

4. The completed/returned income surveys, lists used to determine families in the service area, lists of families who received an income survey and those who responded, and copies of all items used to publicize the survey are on file and are available for review by Department staff at any time.

5. The list of families in the service area was based upon the most current and accurate source available. The source used to compile the list of families in the service area was [SOURCE USED BY ORGANIZATION].

6. In the event of an award, Applicant understands that if all required income survey documentation (i.e., all completed income surveys, lists that the families in service area were compiled from, lists indicating which families completed the income survey, what follow-up procedures were in place for non-respondent families and how they were implemented, copies of any documents used to publicize the income survey, etc.) is not available at the time the Department staff conducts a monitoring visit in relation to the CDBG award, the Applicant may be declared ineligible to receive the grant due to a lack of documentation of meeting the National Objective and may be required to pay back all grant funds received from the Department.

7. The income survey results serve as documentation that Applicant meets the CDBG National Objective of benefiting low-to-moderate income persons. The results indicate that the identified service area is 51% or above low-to-moderate income persons.

8. Applicant certifies that all income survey documentation will be kept on file until 10 years after the closeout of the last project for which the income survey was used to document eligibility under the National Objective of benefit to low- and moderate-income persons.

Applicant hereby certifies that it will comply with the above stated assurances.

Signed __________________________________________

Title ____________________________________________ Subscribed in my presence and sworn to before me.

Date ____________________________________________

Notary Public (Not required if on letterhead)
PART I. INFORMATION CONTAINED IN YOUR SURVEY

1. Total number of families (including single person families) in the activity service area.
2. Margin of Error (lesser of 10 percent or the HUD-provided data MOE).
4. Total number of families in the service area that were contacted (include those not reachable, refused to answer, incomplete interview/questionnaire).
5. Total number of families with completed interviews.
6. Total number of persons in the families interviewed.
7. Total number of persons in the families interviewed who are LMI persons.
8. Divide Line 7 by Line 6 and multiply by 100 to determine the LMI percentage.
9. Total number of persons in the service area (MUST USE CENSUS DATA).
10. Total number of LMI persons benefiting (Multiply line 8 by line 9).

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
<th>7 Person</th>
<th>8 Person</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># Above</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Limit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Below</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART II. SURVEY ANALYSIS AND DOCUMENTATION (attach separate sheets of paper if necessary)

Date(s) survey conducted: From ________ to ________ Effective date of income limits used: _______________

Confidence Level: 90% Confidence Interval: ________ Margin of Error (%): ________

Was the area surveyed: [ ] Target Area; [ ] Entire Community; [ ] Community and Surrounding Area

Does the area surveyed include the entire service area of the CDBG activity proposed? [ ] Yes [ ] No

Source(s) of information used to develop complete list of families in survey area

[CONTINUED ON NEXT PAGE]
Explain how a systematic representative sample was selected.

In addition to sampling an adequate portion of the population, the surveyor must ensure that the responses correspond to a geographic cross section of the service area benefiting. Essentially, the northern, eastern, southern, western and central areas of the service area should be represented with completed surveys. Detail how the sample accurately reflects the total population and geographic cross-section of the survey area and, if there was a bias or gap in responses, how was it dealt with. **If the attached map of the service area indicates any gaps by street or block, also include explanation below.**

List all organizations and individuals conducting and analyzing the survey.

Summarize the survey process detailing the method of delivery (mail, door to door, telephone or other) and collection including time(s) of day/week, number of and follow-up efforts, and provisions for replacement of un-reachable and non-respondents. Explain how possible bias was avoided.

Most current U.S. Census data LMI: _____ %

If the difference between the U.S. Census data LMI and the income survey results LMI are 10% or greater, provide an explanation for the difference.

**In addition to the Certification of Completion on the following page, see REQUIRED ATTACHMENTS below.**

<table>
<thead>
<tr>
<th>ATTACHMENTS REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach the following item(s):</td>
</tr>
<tr>
<td>□ CERTIFICATION OF COMPLETION</td>
</tr>
<tr>
<td>□ Attachment 1</td>
</tr>
<tr>
<td>□ Attachment 2</td>
</tr>
<tr>
<td>□ Attachment 3</td>
</tr>
<tr>
<td>□ Attachment 4</td>
</tr>
<tr>
<td>□ Attachment 5</td>
</tr>
<tr>
<td>□ Attachment 6</td>
</tr>
<tr>
<td>□ Attachment 7</td>
</tr>
<tr>
<td>□ Attachment 8</td>
</tr>
</tbody>
</table>

CERTIFICATION OF COMPLETION OF AN INCOME SURVEY TO DETERMINE ELIGIBILITY FOR COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS UNDER THE LOW-TO-MODERATE INCOME NATIONAL OBJECTIVE

The [NAME OF THE LOCAL GOVERNMENT UNIT] (Applicant) hereby assures and certifies to the Nebraska Department of Economic Development (the Department) regarding an application for Community Development Block Grant (CDBG) funds, the following:

1. Applicant understands that eligibility to apply for a CDBG grant is based upon the results of the income survey that was conducted from [DATE] to [DATE] by [ORGANIZATION].

2. The income survey was conducted in accordance with HUD and Nebraska Department of Economic Development survey methodology requirements.

3. This income survey was conducted after January 1, 2012.

4. The income surveys, lists used to determine families in the service area, lists of families who received an income survey and those who responded, and copies of all items used to publicize the survey are on file and are available for review by Department staff at any time.

5. The list of families contacted was based upon the most current and accurate source available. The source used to compile the list of families in the service area was [SOURCE USED BY ORGANIZATION].

6. In the event of an award, Applicant understands that if all required income survey documentation (i.e., all completed income surveys, lists that the families in service area were compiled from, lists indicating which families were selected to complete the income survey, lists indicating which families responded to the income survey, what the follow-up procedures were for non-respondent families and how they were implemented, copies of any documents used to publicize the income survey, etc.) is not available at the time the Department staff conducts a monitoring visit in relation to the CDBG award, the Applicant may be declared ineligible to receive the grant funds due to a lack of documentation of meeting the National Objective and may be required to pay back all grant funds received through the Department.

7. The income survey results serve as documentation that Applicant meets the CDBG National Objective of benefiting low-to-moderate income persons. The results indicate that the identified service area is 51% or above low-to-moderate income persons.

8. Applicant certifies that all income survey documentation will be kept on file until 10 years after the closeout of the last project that the income survey was used to document eligibility under the benefiting low- and moderate-income persons National Objective.

Applicant hereby certifies that it will comply with the above stated assurances.

Signed __________________________________________

Title ____________________________________________ Subscribed in my presence and sworn to before me.

Date ____________________________________________ Notary Public (Not required if on letterhead)
Exhibit E3: LMI - Limited Clientele Worksheet

NEBRASKA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Limited Clientele Worksheet Reporting, For LMC Benefit Activities ONLY

PART I. IDENTIFY THE CLIENTELE TO BENEFIT

To qualify under Limited Clientele criteria, the activity must benefit clientele who are generally presumed by HUD to be principally low- and moderate-income (LMI) persons (24CFR570.483(b)(2)(ii)(A). Please select one of the following groups that are generally presumed by HUD to be principally LMI persons for this project.

- [ ] Abused children
- [ ] Elderly persons (aged 62 and older)
- [ ] Battered spouses
- [ ] Homeless persons
- [ ] Illiterate adults
- [ ] Persons living with AIDS
- [ ] Migrant farm workers
- [ ] Severely disabled adults*
- [ ] Other_____________________________

PART II. DOCUMENTATION. Applicants must attach appropriate supporting documentation. See Instructions.

With respect to Part I, provide the following supplementary information as applicable to the proposed project service area. Included are examples of common project types meeting LMC. This listing is not exclusive and it may be necessary to provide additional information relating to the type of project.

A. Daycare Projects:
   - Please provide information on family size and income so that it is evident that at least 51 percent of the clientele are persons whose family income does not exceed the appropriate LMI limit.
   - Income eligibility requirements that limit the activity exclusively to LMC persons.

B. Removal of Architectural Barriers:
   - If project consists of removal of architectural barriers to the mobility or accessibility of elderly persons or of adults meeting the Bureau of Census Current Population Reports definition of “severely, disabled” (24 CFR 570.483(b)(2)(iii), please describe project in detail.

C. Senior Center:
   - Documentation showing the activity is used by a segment of the population presumed by HUD to be LMC persons, i.e. elderly, illiterate adults.

PROPOSED BENEFICIARIES WITHIN THE SERVICE AREA

<table>
<thead>
<tr>
<th>Total # Beneficiaries</th>
<th>Number of beneficiaries who are LMI</th>
</tr>
</thead>
</table>

CHAPTER 9 – EXHIBITS | December 2019
For projects under the “presumed” group (as listed above):
Documentation that the facility or service will be used exclusively by LMC persons.
___________________________________________________________________________________________
___________________________________________________________________________________________
Documentation describing how the nature and/or the location of the activity establish that it will be used primarily by LMC persons.
___________________________________________________________________________________________

*Severely disabled adults as defined by the Bureau of Census: Under this definition, persons are classified as having a severe disability if they: (a) used a wheelchair or had used another special aid for 6 months or longer; (b) were unable to perform one or more functional activities or needed assistance with an Activity of Daily Living or Instrumental Activity of Daily Living; (c) were prevented from working at a job or doing housework; or (d) had a condition including autism, cerebral palsy, Alzheimer’s disease, senility, or mental retardation. Finally, persons who are under 65 years of age and who are covered by Medicare or receive SSI are considered to have a disability (and a severe disability). Functional activities include seeing, hearing, having one’s speech understood, lifting and carrying, walking up a flight of stairs, and walking. Activities of daily living include getting around inside the house, getting in and out of bed or a chair, bathing, dressing, eating, and toileting. Instrumental Activities of Daily Living include going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.
Instructions for providing documentation are included on the following page.

Limited Clientele Worksheet updated November 2019

ATTACHMENT REQUIRED
Attach the following item(s) for verification:

Census documentation of LMC population specific to:
☐ Item A – Daycare Center
☐ Item B – Removal of Architectural Barriers
☐ Item C – Senior Center
Exhibit E3: LMI - Limited Clientele Worksheet Instructions

General Instructions for Data Documentation

Most projects will use census data to meet LMC; this information is available via data.census.gov. In order to obtain appropriate documentation, please include relevant data extracts associated with the project and any related activities. In most cases, use the most currently available ACS 5-year Estimate and table ID listed for the appropriate summary level for your project’s service area.

If using an alternate data source or method than provided within these instructions, applicants must include reasoning for not using the recommended source and other pertinent explanatory information.

EXAMPLE – SEVERELY DISABLED ADULTS

Table S18110, ACS 5-year Estimate.

Navigate to the subsection of the table entitled “Disability Type by Detailed Age” and calculate the total number of adults meeting the definition. Calculate total by adding the rows representing adults (Age 18 to 34 years, 35 to 64 years, 65 to 74 years, and 75 years and over) under the column for “With a Disability – Estimate”. The sum of these rows is the total used to complete the worksheet where severely disabled is selected as the beneficiary group. Applicants must include the table and calculations as an attachment to the worksheet.

Below is an example table S18110 showing all of the U.S., this geography (e.g., summary level) would only be appropriate where the service area (e.g., area served by the project activities) for your project is the entire country – this is unlikely. In this example table, the yellow highlighted figures are those that are summed to determine the Total # Beneficiaries in Part I of the worksheet. For your project, use the appropriate geography; the appropriate geography for projects meeting LMC is most often Place or County, but will depend on the proposed project activities.

Calculation Example, using the data included within the table S18110 below:

Total # of Beneficiaries = 4,464,853 + 15,811,346 + 6,899,964 + 9,561,360

Total # of Beneficiaries = 36,737,523

Number of beneficiaries who are LMI = Total # of Beneficiaries × 51%

Number of beneficiaries who are LMI = 36,737,523 × 51%

Number of beneficiaries who are LMI = 18,736,137
## United States

<table>
<thead>
<tr>
<th>Subject</th>
<th>Total</th>
<th>With a disability</th>
<th>Percent with a disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
<td>Margin of Error</td>
<td>Estimate</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>556,875 +/-4,889</td>
<td>59,209 +/-1,859</td>
<td>10.6%</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>15,364,254 +/-90,299</td>
<td>1,254,798 +/-9,460</td>
<td>8.2%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>9,916,765 +/-88,367</td>
<td>1,091,254 +/-10,896</td>
<td>11.0%</td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino</td>
<td>194,531,839 +/-11,442</td>
<td>26,973,726 +/-78,265</td>
<td>13.9%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>55,779,365 +/-4,862</td>
<td>4,951,747 +/-18,812</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

### AGE

<table>
<thead>
<tr>
<th>AGE</th>
<th>Total</th>
<th>With a disability</th>
<th>Percent with a disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>19,852,138 +/-3,862</td>
<td>150,682 +/-3,272</td>
<td>0.8%</td>
</tr>
<tr>
<td>5 to 17 years</td>
<td>53,611,721 +/-5,789</td>
<td>2,903,877 +/-14,437</td>
<td>5.4%</td>
</tr>
<tr>
<td>18 to 34 years</td>
<td>73,265,798 +/-14,601</td>
<td>4,464,853 +/-16,470</td>
<td>6.1%</td>
</tr>
<tr>
<td>35 to 64 years</td>
<td>122,873,001 +/-12,029</td>
<td>15,811,346 +/-47,978</td>
<td>12.9%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>27,199,271 +/-5,478</td>
<td>6,899,964 +/-17,078</td>
<td>25.4%</td>
</tr>
<tr>
<td>75 years and over</td>
<td>19,225,712 +/-4,832</td>
<td>9,561,360 +/-17,709</td>
<td>49.7%</td>
</tr>
</tbody>
</table>

### DISABILITY TYPE BY DETAILED AGE

#### With a hearing difficulty

<table>
<thead>
<tr>
<th>Subject</th>
<th>Estimate</th>
<th>Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population under 18 years</td>
<td>73,463,859 +/-7,369</td>
<td>426,967 +/-6,183</td>
</tr>
<tr>
<td>Population under 5 years</td>
<td>19,852,138 +/-3,862</td>
<td>101,389 +/-2,643</td>
</tr>
<tr>
<td>Population 5 to 17 years</td>
<td>53,611,721 +/-5,789</td>
<td>325,578 +/-4,999</td>
</tr>
<tr>
<td>Population 18 to 64 years</td>
<td>196,138,799 +/-9,319</td>
<td>3,985,069 +/-19,320</td>
</tr>
<tr>
<td>Population 18 to 34 years</td>
<td>73,265,798 +/-14,601</td>
<td>629,641 +/-6,912</td>
</tr>
<tr>
<td>Population 35 to 64 years</td>
<td>122,873,001 +/-12,029</td>
<td>3,355,428 +/-16,584</td>
</tr>
<tr>
<td>Population 65 years and over</td>
<td>46,424,983 +/-5,238</td>
<td>6,858,614 +/-18,040</td>
</tr>
<tr>
<td>Population 65 to 74 years</td>
<td>27,199,271 +/-5,478</td>
<td>2,524,888 +/-9,630</td>
</tr>
<tr>
<td>Population 75 years and over</td>
<td>19,225,712 +/-4,832</td>
<td>4,333,726 +/-14,204</td>
</tr>
</tbody>
</table>

#### With a vision difficulty

<table>
<thead>
<tr>
<th>Subject</th>
<th>Estimate</th>
<th>Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population under 18 years</td>
<td>73,463,859 +/-7,369</td>
<td>552,440 +/-5,174</td>
</tr>
<tr>
<td>Population under 5 years</td>
<td>19,852,138 +/-3,862</td>
<td>88,590 +/-2,765</td>
</tr>
<tr>
<td>Population 5 to 17 years</td>
<td>53,611,721 +/-5,789</td>
<td>463,850 +/-4,977</td>
</tr>
<tr>
<td>Population 18 to 64 years</td>
<td>196,138,799 +/-9,319</td>
<td>3,798,366 +/-16,841</td>
</tr>
<tr>
<td>Population 18 to 34 years</td>
<td>73,265,798 +/-14,601</td>
<td>828,194 +/-6,955</td>
</tr>
<tr>
<td>Population 35 to 64 years</td>
<td>122,873,001 +/-12,029</td>
<td>2,970,172 +/-14,935</td>
</tr>
<tr>
<td>Population 65 years and over</td>
<td>46,424,983 +/-5,238</td>
<td>3,039,392 +/-17,346</td>
</tr>
<tr>
<td>Population 65 to 74 years</td>
<td>27,199,271 +/-5,478</td>
<td>1,170,246 +/-8,567</td>
</tr>
<tr>
<td>Population 75 years and over</td>
<td>19,225,712 +/-4,832</td>
<td>1,869,146 +/-12,036</td>
</tr>
</tbody>
</table>

#### With a cognitive difficulty

<table>
<thead>
<tr>
<th>Subject</th>
<th>Estimate</th>
<th>Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population under 18 years</td>
<td>53,611,721 +/-5,789</td>
<td>2,213,127 +/-12,398</td>
</tr>
<tr>
<td>Population 18 to 64 years</td>
<td>196,138,799 +/-9,319</td>
<td>8,605,018 +/-29,511</td>
</tr>
<tr>
<td>Population 18 to 34 years</td>
<td>73,265,798 +/-14,601</td>
<td>2,777,744 +/-13,708</td>
</tr>
<tr>
<td>Population 35 to 64 years</td>
<td>122,873,001 +/-12,029</td>
<td>5,827,274 +/-27,650</td>
</tr>
<tr>
<td>Population 65 years and over</td>
<td>46,424,983 +/-5,238</td>
<td>4,139,579 +/-23,812</td>
</tr>
<tr>
<td>Population 65 to 74 years</td>
<td>27,199,271 +/-5,478</td>
<td>1,456,393 +/-10,127</td>
</tr>
<tr>
<td>Population 75 years and over</td>
<td>19,225,712 +/-4,832</td>
<td>2,683,186 +/-17,642</td>
</tr>
</tbody>
</table>

#### With an ambulatory difficulty

<table>
<thead>
<tr>
<th>Subject</th>
<th>Estimate</th>
<th>Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population under 18 years</td>
<td>53,611,721 +/-5,789</td>
<td>331,228 +/-4,320</td>
</tr>
<tr>
<td>Population 18 to 64 years</td>
<td>196,138,799 +/-9,319</td>
<td>9,951,763 +/-46,585</td>
</tr>
<tr>
<td>Population 18 to 34 years</td>
<td>73,265,798 +/-14,601</td>
<td>1,012,357 +/-9,580</td>
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<tr>
<td>Population 35 to 64 years</td>
<td>122,873,001 +/-12,029</td>
<td>8,939,406 +/-40,697</td>
</tr>
<tr>
<td>Population 65 years and over</td>
<td>46,424,983 +/-5,238</td>
<td>10,493,068 +/-25,296</td>
</tr>
<tr>
<td>Population 65 to 74 years</td>
<td>27,199,271 +/-5,478</td>
<td>4,217,759 +/-14,879</td>
</tr>
<tr>
<td>Population 75 years and over</td>
<td>19,225,712 +/-4,832</td>
<td>6,275,309 +/-16,507</td>
</tr>
</tbody>
</table>

#### With a self-care difficulty

<table>
<thead>
<tr>
<th>Subject</th>
<th>Estimate</th>
<th>Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population under 18 years</td>
<td>53,611,721 +/-5,789</td>
<td>7,889,508 +/-30,697</td>
</tr>
</tbody>
</table>

### United States

22
### Example – Elderly Persons (Aged 62 Years or Older)

Table S0101, ACS 5-year Estimate.

Navigate to the subsection of the table entitled “Selected Age Categories” and identify the total number of adults meeting the definition. Calculate total by following the row representing “62 years and over” under the column for “Total – Estimate”. This number is the total used to complete the worksheet where elderly is selected as the beneficiary group. Applicants must include the table and calculations as an attachment to the worksheet.

Below is an example table S0101 showing all of the U.S., this geography (e.g., summary level) would only be appropriate where the service area (e.g., area served by the project activities) for your project is the entire country – this is unlikely. As noted below in italics, portions of the table to the right of the “Percent” column have been removed for clarity. In this example table, the yellow highlighted figure is the Total # Beneficiaries in Part I of the worksheet. For your project, use the appropriate geography; the appropriate geography for projects meeting LMC is most often Place or County, but will depend on the proposed project activities.

Calculation Example, using the data included within the table S0101 below:

Total # of Beneficiaries = 58,839,324

Number of beneficiaries who are LMI = Total # of Beneficiaries × 51%

---

<table>
<thead>
<tr>
<th>Subject</th>
<th>Total (Estimate)</th>
<th>Margin of Error</th>
<th>With a disability (Estimate)</th>
<th>Margin of Error</th>
<th>Percent with a disability (Estimate)</th>
<th>Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>United States</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population 18 to 64 years</td>
<td>196,138,799</td>
<td>+/- 9,319</td>
<td>3,574,061</td>
<td>+/- 18,604</td>
<td>1.8%</td>
<td>+/- 0.1</td>
</tr>
<tr>
<td>Population 18 to 34 years</td>
<td>73,265,798</td>
<td>+/- 14,601</td>
<td>618,393</td>
<td>+/- 6,896</td>
<td>0.8%</td>
<td>+/- 0.1</td>
</tr>
<tr>
<td>Population 35 to 64 years</td>
<td>122,873,001</td>
<td>+/- 12,029</td>
<td>2,955,668</td>
<td>+/- 16,285</td>
<td>2.4%</td>
<td>+/- 0.1</td>
</tr>
<tr>
<td>Population 65 years and over</td>
<td>46,424,983</td>
<td>+/- 5,238</td>
<td>3,802,100</td>
<td>+/- 18,266</td>
<td>8.2%</td>
<td>+/- 0.1</td>
</tr>
<tr>
<td>Population 65 to 74 years</td>
<td>27,199,271</td>
<td>+/- 4,832</td>
<td>1,186,030</td>
<td>+/- 9,554</td>
<td>4.4%</td>
<td>+/- 0.1</td>
</tr>
<tr>
<td>Population 75 years and over</td>
<td>19,225,712</td>
<td>+/- 8,322</td>
<td>2,616,070</td>
<td>+/- 13,069</td>
<td>13.6%</td>
<td>+/- 0.1</td>
</tr>
</tbody>
</table>

With an independent living difficulty

(X) 14,023,060 (X) 14,023,060

Population 18 to 64 years

196,138,799 +/- 9,319 7,148,046 +/- 22,726 3.6% +/- 0.1

Population 18 to 34 years

73,265,798 +/- 12,029 1,709,248 +/- 10,880 2.3% +/- 0.1

Population 35 to 64 years

122,873,001 +/- 12,029 5,438,798 +/- 24,179 4.4% +/- 0.1

Population 65 years and over

46,424,983 +/- 5,238 6,875,014 +/- 24,561 14.8% +/- 0.1

Total # Beneficiaries

75 years and over

27,199,271 +/- 5,478 2,078,945 +/- 12,665 7.6% +/- 0.1

Population 75 years and over

19,225,712 +/- 4,832 4,796,069 +/- 18,181 24.9% +/- 0.1

---

**EXAMPLE – ELDERLY PERSONS (AGED 62 YEARS OR OLDER)**

Table S0101, ACS 5-year Estimate.

Navigate to the subsection of the table entitled “Selected Age Categories” and identify the total number of adults meeting the definition. Calculate total by following the row representing “62 years and over” under the column for “Total – Estimate”. This number is the total used to complete the worksheet where elderly is selected as the beneficiary group. Applicants must include the table and calculations as an attachment to the worksheet.

Below is an example table S0101 showing all of the U.S., this geography (e.g., summary level) would only be appropriate where the service area (e.g., area served by the project activities) for your project is the entire country – this is unlikely. As noted below in italics, portions of the table to the right of the “Percent” column have been removed for clarity. In this example table, the yellow highlighted figure is the Total # Beneficiaries in Part I of the worksheet. For your project, use the appropriate geography; the appropriate geography for projects meeting LMC is most often Place or County, but will depend on the proposed project activities.

Calculation Example, using the data included within the table S0101 below:

Total # of Beneficiaries = 58,839,324

Number of beneficiaries who are LMI = Total # of Beneficiaries × 51%
<table>
<thead>
<tr>
<th>Age Category</th>
<th>Population</th>
<th>Change</th>
<th>Percent Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 to 44 years</td>
<td>20,267,010</td>
<td>+/ -25,573</td>
<td>6.30% +/-0.1</td>
</tr>
<tr>
<td>45 to 49 years</td>
<td>20,961,596</td>
<td>+/ -5,798</td>
<td>6.50% +/-0.1</td>
</tr>
<tr>
<td>50 to 54 years</td>
<td>22,129,547</td>
<td>+/ -4,961</td>
<td>6.90% +/-0.1</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>21,523,460</td>
<td>+/ -2,2187</td>
<td>6.70% +/-0.1</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>19,224,060</td>
<td>+/ -21,739</td>
<td>6.00% +/-0.1</td>
</tr>
<tr>
<td>65 to 69 years</td>
<td>15,926,903</td>
<td>+/ -17,846</td>
<td>5.00% +/-0.1</td>
</tr>
<tr>
<td>70 to 74 years</td>
<td>11,576,486</td>
<td>+/ -17,881</td>
<td>3.60% +/-0.1</td>
</tr>
<tr>
<td>75 to 79 years</td>
<td>8,215,566</td>
<td>+/ 14,351</td>
<td>2.60% +/-0.1</td>
</tr>
<tr>
<td>80 to 84 years</td>
<td>5,871,911</td>
<td>+/ 12,367</td>
<td>1.80% +/-0.1</td>
</tr>
<tr>
<td>85 years and over</td>
<td>6,141,523</td>
<td>+/ 15,229</td>
<td>1.90% +/-0.1</td>
</tr>
</tbody>
</table>

**SELECTED AGE CATEGORIES**

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Population</th>
<th>Change</th>
<th>Percent Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 14 years</td>
<td>41,158,233</td>
<td>+/ -6,291</td>
<td>12.80% +/-0.1</td>
</tr>
<tr>
<td>15 to 17 years</td>
<td>12,589,531</td>
<td>+/ -3,512</td>
<td>3.90% +/-0.1</td>
</tr>
<tr>
<td>Under 18 years</td>
<td>73,601,279</td>
<td>+/ -6,961</td>
<td>22.90% +/-0.1</td>
</tr>
<tr>
<td>18 to 24 years</td>
<td>31,131,484</td>
<td>+/ -9,757</td>
<td>9.70% +/-0.1</td>
</tr>
<tr>
<td>15 to 44 years</td>
<td>128,421,607</td>
<td>+/ 8,275</td>
<td>40.00% +/-0.1</td>
</tr>
<tr>
<td>16 years and over</td>
<td>255,797,692</td>
<td>+/ 17,051</td>
<td>79.70% +/-0.1</td>
</tr>
<tr>
<td>18 years and over</td>
<td>247,403,128</td>
<td>+/ -6,913</td>
<td>77.10% +/-0.1</td>
</tr>
<tr>
<td>21 years and over</td>
<td>234,116,784</td>
<td>+/ 26,431</td>
<td>72.90% +/-0.1</td>
</tr>
<tr>
<td>60 years and over</td>
<td>66,956,449</td>
<td>+/ 19,800</td>
<td>20.90% +/-0.1</td>
</tr>
<tr>
<td>62 years and over</td>
<td>58,839,324</td>
<td>+/ 19,800</td>
<td>18.30% +/-0.1</td>
</tr>
<tr>
<td>65 years and over</td>
<td>47,732,389</td>
<td>+/ 4,845</td>
<td>14.90% +/-0.1</td>
</tr>
<tr>
<td>75 years and over</td>
<td>20,229,000</td>
<td>+/ 3,677</td>
<td>6.30% +/-0.1</td>
</tr>
</tbody>
</table>

**SUMMARY INDICATORS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Change</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age (years)</td>
<td>37.8</td>
<td>+/- .1</td>
<td>(X)</td>
</tr>
<tr>
<td>Sex ratio (males per 100 females)</td>
<td>97</td>
<td>+/- .1</td>
<td>(X)</td>
</tr>
<tr>
<td>Age dependency ratio</td>
<td>60.8</td>
<td>+/- .1</td>
<td>(X)</td>
</tr>
<tr>
<td>Old-age dependency ratio</td>
<td>23.9</td>
<td>+/- .1</td>
<td>(X)</td>
</tr>
<tr>
<td>Child dependency ratio</td>
<td>36.9</td>
<td>+/- .1</td>
<td>(X)</td>
</tr>
</tbody>
</table>

**PERCENT ALLOCATED**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>(X)</td>
<td>0.10%</td>
</tr>
<tr>
<td>Age</td>
<td>(X)</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

Limited Clientele Worksheet Instructions updated December 2019.
## Exhibit E4: LMI - Job Creation/Retention Worksheet

### JOB CREATION / RETENTION INFORMATION

1. Total full-time equivalent positions as of (date) ____________
2. Total new full-time equivalent positions being created from the project that will be filled for one year or longer.
3. The total number of retained FTEs that will result from the project for which notification of layoff or termination has occurred, or is apt to occur (provide explanation) if the project is not carried out. Classify retained FTEs as follows:
   a. Total jobs known to be currently held by lower-income people. For each employee, submit the Employee Certification Form or acceptable record.
   b. Total number of jobs that can reasonably be expected to become available through turnover for lower-income persons within a two year period from an award of CDBG funds. The number of jobs should be based upon the historical turnover rate for each of the past two years converted to FTE positions.
4. (For seasonal hiring only). Total new full-time equivalent positions being created from the project that will be filled for 3 months or longer.
5. Provide a job description for each new position. Complete all information for each job title and identify the number of positions to be created. (Use the attached list for job titles).
6. Describe training and recruitment opportunities that would make the retained jobs available to low- and moderate-income persons. All CDBG-funded projects may use Nebraska Department of Labor for their recruiting of new employees to assist in the documentation of first consideration being given to low- and moderate-income persons. The distance from residence and availability of transportation to the employment site should also be considered in determining whether a particular low- and moderate-income person can seriously be considered an applicant for the job.
7. Complete the projected hiring schedule for positions expected to become available through turnover.

### JOB DESCRIPTIONS

<table>
<thead>
<tr>
<th>No. of FTE Positions to be Created/Retained</th>
<th>Job Title</th>
<th>Skills (Describe)</th>
<th>Education (indicate HS education, specialized training, 4-yr degree, other)</th>
<th>Experience (# of years)</th>
<th>Wage/Salary</th>
<th>Benefit Package</th>
</tr>
</thead>
</table>
| Created | Retained

---

Signature            Date

Typed Name                Job Title
TITLES FOR JOB CREATION/RETENTION

For each job retained or created, the following general titles are to be used. If additional titles are to be used for clarification, place in parentheses under these general titles.

1. **Officials and Managers** – Occupants requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm’s operations. This includes: Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.

2. **Professionals** – Occupants requiring either college graduation or experience of such kind and amount as to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers, and kindred workers.

3. **Technicians** – Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aids, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.

4. **Sales** – Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; and sales clerks, grocery clerks, and cashiers; and kindred workers.

5. **Office or Clerical** – Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering of transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.

6. **Crafts Workers (skilled)** – Manual workers of relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgement and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.

7. **Operatives (semi-skilled)** – Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dress makers and sewers (except factory), dry cleaner's workers, etchers (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drivers, weavers (textile), welders and flame metals workers, and kindred workers.

8. **Laborers (unskilled)** – Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgement. This includes: garage laborers, car washers and greasers; gardeners (except farm) and ground keepers; stenographers; wood choppers; laborers performing lifting, digging, mixing loading, and pulling operations; and kindred workers.

9. **Service Workers** – Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional, and personal service, including nurse's aides and orderlies), barbers, chair workers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred workers.
Exhibit F1: Slum and Blight Area Basis Documentation

CDBG Slums and Blight National Objective Area Checklist

Use this checklist for meeting the slum and blight national objective through the subcategory of aiding in the prevention or elimination of slums or blight on an area basis. As an applicant under the Community Development Block Grant (CDBG) Program, submit a completed checklist and appropriate documentation/materials as described under Items I-IV below. Submitted as a part of the CDBG Application, documentation associated with this Exhibit should immediately follow the checklist, do not submit as a separate Attachment.

Definitions:

- “Slums” has the same meaning as substandard areas as defined in Section 18-2103(10) Neb. R.R.S. “Blight” has the same meaning as blighted areas as defined in Section 18-2103(11) Neb. R.R.S.
- Redesignation describes a condition that the Area was designated at a previous date by official action of the local government as substandard or blighted in accordance with the applicable state statute.
- At least 25% of the properties throughout the area experience one or more of the following conditions:
  - Physical deterioration of buildings or improvements; abandonment of properties; chronic high occupancy turnover rates or chronic high vacancy rates in commercial or industrial buildings; significant declines in property values or abnormally low property values relative to other areas in the community; or known or suspected environmental contamination.
  - Public improvements throughout the area are in a general state of deterioration.

I. By official action, Area is designated by the local government as substandard or blighted in accordance with the applicable state statute.

To be eligible, the local government must officially designate the Area as Slum or Blighted within the last 10 years of the current program year. The local government must reassess the area as slum or blighted at least every 10 years for continued qualification and documentation provided as such. Select the appropriate option below and attach all listed items to this form.

Option 1. ☐ Yes, designation/redesignation* is complete. Submit:
   a) Copy official action taken by local government, such as adoption resolution;
   b) Description of the area designated in accordance with NE Community Development law;
   c) Where applicable, a copy of official action for “redesignation” of the Area. If it has been greater than 10 years since the original official action designating the area, submit an official record documenting the redesignation of the area and the date. Document any improvements undertaken in the designated area prior to the most recent designation.

*If redesignation is underway, also provide a timeline for official action to undertaken by local government for redesignation.

Option 2. ☐ No, designation is underway. *Submit:
   a) Description of how the not yet designated area meets the definitions as listed in the NE Community Development law.
   b) Provide a timeline for official action to undertaken by local government for designation.

*Use Option 2 only where the Area has never been designated. When redesignation is underway, complete Option 1.

II. Applicant maintains documentation on the boundaries of the area and the conditions, which qualified the area at the time of its designation.

Designation summary, including the designation year, number and percentage of properties meeting qualifying conditions listed under Item 3 below:

Slum/Blight area designation year: CLICK TO INSERT YEAR

### or ###.### % of properties meet one of more of the conditions listed.

Attach all items listed below to this form.
1. Local government map, such as a municipal plat or block map with street names, outlining the boundaries of the designated blight/substandard area.

2. Boundary description of the designated area.

3. Conditions for designation. Identify those specific conditions used to qualify the area at the date of designation and in accordance with the Community Development Law.
   a) Submit a list of properties located in the designated blighted/substandard area, which meet one or more of the following conditions and identify the conditions met for each property. Applicant must state the definitions used to determine what is deteriorated or deteriorating.

   Physical deterioration of buildings or improvements; abandoned properties; commercial or industrial buildings with either chronic high occupancy turnover rates or high vacancy rates; property with significant declines in property values or abnormally low property values in comparison to other areas of the community; properties with known or suspected environmental contamination located in the blighted/substandard designated area.

   b) Submit a listing of all public improvements located in the designated blighted/substandard area. Provide the state of deterioration for each listed public improvement and the standard/determination for identifying the public improvement as deteriorating.

III. The assisted activity explicitly addresses one or more of the conditions, which contributed to the deterioration of the area.

Describe how the activity for CDBG assistance meets the prevention/elimination of the identified deteriorating conditions of the blighted/substandard area:

CLICK TO INSERT NARRATIVE

IV. Proposed activities must be limited to those that address one or more of the identified conditions that contributed to the deterioration of the area.

State how the activity addresses condition(s) that contribute to the deterioration of the blight/substandard area:

CLICK TO INSERT NARRATIVE

Describe how the activity improves identified deteriorated conditions (NOTE: The CDBG assisted improvements undertaken must match the conditions that contribute to the stated deterioration or decline of the substandard/blighted area.):

CLICK TO INSERT NARRATIVE

All applicants under the slum and blight national objective through the subcategory of slum and blight on an area basis must submit this completed form and attach the appropriate documentation/materials as described above.

Slums/Blight Area Checklist updated December 2019
EXHIBIT F2: Slum and Blight Spot Basis Documentation

CDBG Slums and Blight National Objective Spot Checklist
Use this checklist for meeting the slum and blight national objective through the subcategory of aiding in the prevention or elimination of slums or blight on a spot basis. As an applicant under the Community Development Block Grant (CDBG) Program, submit a completed checklist and appropriate documentation/materials as described under Items I-III below. Submitted as a part of the CDBG Application, documentation associated with this Exhibit should immediately follow the checklist, do not submit as a separate Attachment.

Definitions:
- “Slums” has the same meaning as substandard areas as defined in Section 18-2103(10) Neb. R.R.S. “Blight” has the same meaning as blighted areas as defined in Section 18-2103(11) Neb. R.R.S.
  - Public improvements cannot qualify under this standard except in such cases of:
    - Rehabilitation of public buildings and
    - Historic preservation of public property that is blighted.
- Redesignation describes a condition that the Area was designated at a previous date by official action of the local government as substandard or blighted in accordance with the applicable state statute.
- Property must experience one or more of the following conditions:
  - Physical deterioration of building or improvements; abandonment of property; chronic high occupancy turnover rate or chronic high vacancy rate in the identified commercial or industrial building; significant decline in property value or abnormally low property value relative to other properties in the community; or known or suspected environmental contamination.

I. The assisted activity explicitly eliminates identified conditions of blight or physical decay not located in a designated slum or blighted area.

Submit a local government map, such as a municipal plat or block map with street names, which delineates the location of the building or other improvement activity.

II. The project is limited to one of the following activities: acquisition, clearance, relocation, historic preservation, or rehabilitation of buildings.

List the activity the project is undertaking, describe the substandard conditions, and provide a description of the improvements:

CLICK TO INSERT NARRATIVE

III. The project activity can only eliminate specific conditions detrimental to public health and safety.

Describe each proposed activity improvement, including all budgeted items, and identify and document how it eliminates public health and safety conditions.

CLICK TO INSERT NARRATIVE

All applicants under the slum and blight national objective through the subcategory of slum and blight on a spot basis must submit this completed form and attach the appropriate documentation/materials as described above.

Slums/ Blight Area Checklist updated December 2019.

ATTACHMENT REQUIRED
Attach the following item(s) for verification:

- Item I – Location materials
- Item III – Budget materials
Exhibit G: Urgent Need Certification and Documentation

To comply with the national objective of meeting community development needs having a particular urgency, an activity must be designed to alleviate existing conditions which the local government certifies the following items:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>The condition/situation poses a serious and immediate threat to the health or welfare of the community</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>- Attachment 1: Provide a description of the nature and degree of seriousness of the conditions requiring assistance.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>*NOTE: This relates to Part IV of the Emergent Threat Category Application Guidelines.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>The condition/situation is of recent origin or recently became urgent. A condition will generally be considered to be of recent origin if it developed or became critical within 18 months preceding the date of this certification (24 CFR 570.483(d)), and certified by the State.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>- Attachment 2: Provide information on the timing of the development of the serious conditions. (i.e., newspaper articles, FEMA/NEMA reports, etc.)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>The local unit of government is unable to finance the activity on its own.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>- Attachment 3: Provide evidence confirming that the local unit of government or other financial resources to alleviate the need are not available. Provide a list of all resources consulted and the results of the consultation.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>*NOTE: Must comply with FEMA/SBA Duplication of Benefits test (44 CFR 206.191)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>The CDBG Activity funding requested is designed to address the urgent need.</td>
</tr>
</tbody>
</table>

*NOTE: Activities designated solely to prevent a serious health or welfare threat from developing in the future will not qualify under this criterion.

Chief Elected Official Signature

Title

Date
Exhibit K1a: Waiver of Procurement Process & Narrative

WAIVER OF PROCUREMENT PROCESS DUE TO OFFICIALS OF THE GRANTEE ACTING IN THEIR OFFICIAL CAPACITY

The [NAME OF THE LOCAL GOVERNMENT UNIT] (Applicant) hereby assures and certifies to the Nebraska Department of Economic Development (the Department) regarding an application for Community Development Block Grant (CDBG) funds, the following:

1. Applicant has reviewed 2 CFR Part 200 Subpart D which sets forth the standards that are applicable to procurement for Federal grants and cooperative agreements and sub-awards to the State, local and Indian tribal governments.

2. In each of the last three consecutive years, Applicant, has appointed [APPOINTEE] to act in the official capacity of [POSITION].

3. Applicant can document three consecutive years of annual appointment with minutes of annual reorganization meeting. Attach documentation identified below.

4. The project activity directly relates to the official capacity of the appointee as described below and attach any related supplementary documentation to capacity:

Applicant hereby certifies that it will comply with the above stated assurances.

Chief Elected Official
Title

Date

ATTACHMENT REQUIRED
Attach the following item(s) for verification:

☐ Copy of municipal meeting minutes showing the designation for this and the two previous years.
Exhibit K1b: Waiver of Procurement Process & Narrative  
(Development District)

WAIVER OF PROCUREMENT PROCESS DUE TO OFFICIALS OF THE GRANTEE ACTING IN THEIR OFFICIAL CAPACITY

The [NAME OF THE LOCAL GOVERNMENT UNIT] (Applicant) hereby assures and certifies to the Nebraska Department of Economic Development (the Department) regarding an application for Community Development Block Grant (CDBG) funds, the following:

1. Applicant has reviewed 2 CFR Part 200 Subpart D which sets forth the standards that are applicable to procurement for Federal grants and cooperative agreements and sub-awards to the State, local and Indian tribal governments.

2. Applicant has reviewed the Nebraska Statute 13-1904. Development District, duties which is defined as: “A development district shall, as directed by its policy board, serve as a regional resource center and provide planning, community, and economic development, and technical assistance to local governments which are members of the district and may provide assistance to industrial development organizations, tourism promotion organizations, community development groups, and similar organizations upon request.”

3. [APPLICANT] is a member of [DEVELOPMENT DISTRICT]. Attach documentation identified below.

4. The project activity directly relates to the official capacity of the appointee as described in brief below. Where services are beyond general administrative services, attach any related supplementary documentation to capacity (e.g. statement of capacity to complete planning services, construction management, etc.):

   ![Blank space for documentation]

Applicant hereby certifies that it will comply with the above stated assurances.

Chief Elected Official __________________________ Title __________________________

____________________________

Date

ATTACHMENT REQUIRED
Select and attach one of the following items for verification:

☐ Letter from Development District
☐ Copy of paid membership dues
Exhibit K2: Procurement Process Completed Prior to Application

PROCUREMENT PROCESS COMPLETED PRIOR TO APPLICATION

All procurement transactions must be conducted in a manner that provides full and open competition. Procurement procedures should avoid any provisions that would restrict or eliminate competition.

Except for approved eligible administrative and personnel costs, the Grantee’s designees, agents, members, officers, employees, consultants or members of its governing body in which the project is situated, and no other public official of the community of such locality or localities who exercises or who has exercised any functions or responsibilities with respect to the project during his or her tenure, or who is in a position to participate in a decision-making process or gain inside information with regard to the project, has or shall have any interest, direct or indirect, in any contract or subcontract or the proceeds thereof for work performed in connection with the project or in any activity, or benefit therefrom, which is part of the project at any time during or after such person’s tenure unless all procedures for an exception have been documented and submitted in writing to DED and the agency has approved such exception.

The [NAME OF THE LOCAL GOVERNMENT UNIT] (Applicant) hereby assures and certifies to the Nebraska Department of Economic Development (the Department) regarding an application for Community Development Block Grant (CDBG) funds, the following:

1. Applicant has reviewed 2 CFR Part 200 Subpart D which sets forth the standards that are applicable to procurement for Federal grants and cooperative agreements and sub-awards to the State, local and Indian tribal governments.

2. Applicant can document procurement process was carried out in accordance with 2 CFR Part 200 Subpart D and all applicable federal and state requirements. Provide attachment identifying the method(s) of procurement, narrative to the process(es) undertaken, and include the appropriate documentation.

Applicant hereby certifies that it will comply with the above stated assurances.

__________________________  __________________________
Chief Elected Official  Title

____________________________
Date

ATTACHMENT REQUIRED
Select the appropriate method and attach documentation:

☐ Direct negotiation
☐ Competitive negotiation
☐ Non-Competitive negotiation
☐ Small Purchase
☐ Micro Purchase
The Federal Funding Accountability and Transparency Act (FFATA) seeks to provide the public with greater access to Federal spending information. Due to FFATA requirements, units of general local government are required to provide the following information, which may be used by the Department of Economic Development (“Department”) to comply with federal reporting requirements. Please fill out the following form accurately and completely, have it signed by an authorized official, and submit to the Department along with your application for funding.

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Congressional District:</th>
<th>Applicant DUNS number:</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Principal Place of Performance of Proposed Project:</th>
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</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Congressional District:</th>
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</thead>
</table>

<table>
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<tr>
<th>Brief Project Description:</th>
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</table>

If certain conditions are met, Applicant must provide names and total compensation of Applicant’s top five highly compensated Executives to the Department. Please answer question number 1, and follow the instructions. If directed to answer question 2, please answer question 2 and follow instructions.

1. In Applicant’s previous fiscal year, did Applicant receive (a) 80 percent or more of Applicant’s annual gross revenues in U.S. federal contracts and subcontracts and other federal financial assistance subject to the Transparency Act, as defined in 2 C.F.R. 170.320; AND (b) $25,000,000 or more in annual gross revenues from contracts and subcontracts and other federal financial assistance subject to the Transparency Act, as defined in 2 C.F.R. 170.320?
   - Yes [ ]
   - No [ ]

   If yes, answer question 2 below.

2. Does the public have access to information about the compensation of Applicant’s senior executives through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (15 U.S.C. 78(m)(a), 78o(d)), or section 6104 of the Internal Revenue Code of 1986?
   - Yes [ ]
   - No [ ]

   If yes, stop, you are not required to report names and compensation. Please sign and submit form to the Department.

   If no, you are required to report names and compensation. Please fill out the remainder of this form.

Please provide the names and Total Compensation of the top five most highly compensated Executives in the space below.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Total Compensation:</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Total Compensation:</td>
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<td>Name:</td>
<td>Total Compensation:</td>
</tr>
<tr>
<td>Name:</td>
<td>Total Compensation:</td>
</tr>
</tbody>
</table>

The Applicant certifies that the information contained on this form is true and accurate.

Signed: __________________________________________

Title: __________________________________________

Date: __________________________________________
Exhibit M: Map of Proposed Project Area

Instructions for Exhibit M: Map of Proposed Project Area

In order to obtain additional site specific information for your project, please include relevant maps associated with the project and any related activities. Include relevant aerial maps of the site and surroundings and, if applicable, include additional maps and information that relate to the specific application proposal (i.e. waste water facility, a drainage plan, etc.). For example, if an application includes the development of a drainage plan include an aerial map of the community requesting the plan and then include relevant floodplain maps and topographic maps in order to provide a graphic representation of the data.

Include clear and legible site and vicinity maps of the project area in order to drive to the project area and note its project boundaries, including the starting and ending points for all work. A narrative description of each map must be included to assist in locating the project area as well as the scope of work proposed.

Below is a list of examples of potential data sources that may be used. This list should not be considered exhaustive; as applicants are encouraged to utilize data that best reflects the purpose of their proposed project. Most services noted below may be used free of charge.*

American FactFinder
http://factfinder2.census.gov (format: .csv and .xls)

Bureau of Labor Statistics (BLS)
http://www.bls.gov/data/ (.txt, PDF, and html)
An independent statistical agency measuring labor market activity, working conditions, and price changes in the economy.

Census Bureau 2010 Interactive Population Map (added March 2015)
http://www.census.gov/2010census/popmap/ (.html, PDF)
Interactive maps with 2010 Census Demographic Profiles detailing race and Hispanic groups, age, sex, and housing status. Search and compare at the following summary levels: County, County Subdivision, Place, Census Tract, Block Group, and Block.

Census Bureau TIGER Products
http://www.census.gov/geo/maps-data/data/tiger.html (.shp, .dbf, .kml, and html)
Topologically Integrated Geographic Encoding and Referencing (TIGER) products are spatial extracts from a census bureau database and contain features such as roads, railroads, rivers, as well as legal and statistical geographic areas.

Data.gov
http://www.data.gov (.xls, .csv, and html)
Clearinghouse for the federal government’s open data.

ESRI
http://www.esri.com/data/find-data (.shp and .dbf)
Some data and/or maps are available for free; others may require a paid subscription or pay-per-download.

Federal Geographic Data Committee (FGDC)
http://www.fgdc.gov/dataandservices (.shp, .dbf, and html)
The FGDC coordinates the sharing of geographic data, maps, and online services through an online portal, GeoPlatform.gov, that searches metadata held within the National Spatial Data Infrastructure (NSDI) Clearinghouse Network.
FEMA Map Service Center (Floodplain)
https://msc.fema.gov/portal (PDF)
https://hazards.fema.gov/femaportal/NFHL/ (.shp)
Searching by address or place, Map Service Center allows users to generate PDF FIRMettes from FIRM panels or download GIS data from the National Flood Hazard Layer (NFHL) Database.

Google Earth
http://www.google.com/earth/ (.kml and .html)
A limited version of Google Earth Pro, Google Earth is a virtual 3D globe, map, and geographical information system (GIS) program utilizing satellite imagery, aerial photography, and GIS data.

Google Maps
https://maps.google.com/ (html)
A free web mapping service application providing street maps and a route planner for traveling by foot, car, bicycle, or via public transportation where available, including locator services for businesses.

HUD Community Planning and Development, CPD Systems
Census data as extracted by HUD, including most current LMI Income Estimates Summary Data, Disability by Gender and Age, Disability by Race and Ethnicity, and selected Summary File 1 data, as well as HUD GIS Formula Boundary Files to graphically represent the demographic data.

Map Your Community (added February 2014)
http://www.kc.frb.org/community/regional-profiles.cfm (html)
A service hosted by the Federal Reserve Bank of Kansas City, Map Your Community is a web-based mapping tool that allows users to create and print maps with limited economic and demographic data.

NebraskaMAP
http://www.nebraskamap.gov/ (.shp and .dbf)
Metadata clearinghouse for Nebraska GIS data.

Nebraska Dept. of Natural Resources, Spatial/GIS Databases
http://dnr.nebraska.gov/nebraska-township-range-points-state-plane (.xls, .shp, and html)
Web mapping application for interactive mapping (Benchmark), Decennial Census data, Elevation Lines, Dams Inventory, Digital Imagery, Land Use Data, Soils Data, and other GIS data, as well as links to external sources.

US FWS Information, Planning, and Conservation System (iPaC)
http://ecos.fws.gov/ipac/ (html)
iPaC is an interactive mapping and conservation planning tool for streamlining the environmental review process by helping to locate, thus minimize conflicts with natural resources during the project siting phase.

*Some file format types may require special software: Microsoft Excel files (.xls) may be read by downloading a free viewer (available at: http://www.microsoft.com/en-us/download/details.aspx?id=10); however, shapefiles (.shp), database files (.dbf), and Keyhole Markup Language files (.kml) require geospatial processing software such as Esri ArcMap or Google Earth Pro. Portable Document format (PDF) files can be read by downloading a free viewer (available at: http://get.adobe.com/reader/), those resources listed as Hypertext Markup Language (html) can be displayed in a most web browsers and are interactive mapping services.

January 2014 addition; revised February 2016.
(Example)
Map of Proposed Project Area
Example Title: 2013 HUD LMI Estimates (represented by HUD Log Record) and 100-year floodplain
(Name of Community), Nebraska
Source: HUD Community Planning & Development, CPD Systems and FEMA Map Service Center.

**Note: please identify any areas of interest as they relate to the proposed project (e.g. context, floodplain, census tracts, HUD log record, parcels, building footprints, etc.) on the map, provide explanatory narrative, and indicate source.**
EXHIBIT N: System for Award Management Documentation

Instructions for Exhibit N: SAM database record and clearance

Each applicant must obtain a Duns and Bradstreet (DUNS) number and also register within the SAM system.

The Federal Funding Accountability and Transparency Act (FFATA) of 2006 mandated specific reporting requirements for recipients of federal funds. In order to report in this system, each State award recipient must have a DUNS and a CAGE code, assigned as a result of registration in the federal SAM.

For more information on obtaining a DUNS number and registering in the System for Award Management (SAM), please review the following information at: https://www.sam.gov/portal/SAM/

Once registered, each applicant must access SAM, determine that the applicant is eligible within SAM, and provide a printout of the information from SAM. Each applicant must also provide documentation that they are registered in the SAM using the DUNS number entry (refer to the check your registration status in SAM) the last illustration.

Applicant must run a query at the System for Award Management website (www.sam.gov) at the time of application and include a copy of the search record showing the DUNS Number and/or search terms and date. This information must be provided within the application and labeled as “Exhibit N”.

1. Using your internet browser, navigate to www.sam.gov

2. Select “Search Records”, enter the DUNS number, and click “Search”.

---

**CHARTH 9 – EXHIBITS | December 2019**
3. Review the search results and click “Print” to print the results. *Your printed copy should include a date stamp at the bottom of the page.*

4. If you need to register in the SAM, click Create User Account. The applicant must Check Status and submit a printout of Status, which must be an active status as the last screen indicates.

5. Check your registration status in the SAM by entering applicant nine digit DUNS number. If result is not active, create a user account. If result is inactive, reactive user account.
6. Submit a screen print out of the SAM status tracker that indicates active status for the applicant. The applicant must be in an active status as determined by DUNS number entry.

The final Exhibit N that the applicant must submit with their application must contain:

1) Proof that the applicant is eligible in SAM (See Item 3 above)
2) Proof of SAM Registration (See Item 6 above)
EXAMPLES

**Entity Overview**

**Entity Registration Summary**

- **Name:** ECONOMIC DEVELOPMENT, NEBRASKA DEPARTMENT OF
- **Business Type:** US State Government
- **Expitation Date:** 07/25/2019
- **Purpose of Registration:** Federal Assistance Awards Only

**Exclusion Summary**

- **Active Exclusion Records:** No

**Use the SAM Status Tracker Now**

Check registration status by typing in a DUNS Number.

- **DUNS Number:** 808820138
- **Plus 4 (Optional):**

Or, check registration status by typing in a CAGE Code.

- **CAGE Code:**

**Status: Active**

Your registration was activated on Jul 25, 2018. It expires on Jul 25, 2019 which is one year after you submitted it for processing.

- **Core Data:** Completed
- **Assertions:** Not Required
- **Reps & Certs:** Not Required
- **POCs:** Completed
- **Submit:** Completed
- **Processing:** Completed
- **Active:** Completed
Exhibit O1: Four Factor Analysis Assessment Guidance

INSTRUCTIONS: Applicant completes a Four Factor Analysis based on project activities proposed within Part II and detailed throughout the Application. Using the template that follows, ensure the recommendations listed below are included within the completed Exhibit O1.

Four Factor Analysis Assessment Guidance supplies recommendations to increase the likelihood that a recipient of Federal funding will be considered in compliance with taking reasonable steps to provide LEP individuals meaningful access to their programs, activities, information and/or services. Recommendations/suggestions under each Factor are taken from federal guidance.

Factor 1: The number or proportion of LEP individuals served or encountered in the eligible service population.
Recommend:
   a) Describe prior experiences with LEP encounters and determine the breadth and scope of language services that were needed.
   b) Cite actual numbers or percentages of LEP persons.
   c) Cited data should be up-to-date and from the most recent source of data.
   d) The source of data should be explicitly stated.

Factor 2: The frequency with which LEP individuals come in contact with your program, activity, or service.
Recommend:
   a) Describe the frequency with which LEP individuals come in contact with your program, activity, or service as related to this specific CDBG-funded project.
   b) Include that the city will track inquiries for future documentation.

Factor 3: The nature and importance of the program, activity, or service.
Recommend:
   a) Provides the name of activity/project and describe the specific activity, information, service, or program (HO, DTR, CD, etc.),
   b) State the importance of the project to an LEP person’s life.
   c) Determine and describe whether denial or delay of access to services or information could have serious or even life-threatening implications for the LEP individual.

Factor 4: Available resources and cost.
Recommend:
   a) Describe current resources that your agency can provide to assist an LEP individual if there is a communication need and discuss cost of resources.
   b) If there is a lack of resources and/or cost burden then provide explanation, possible solutions, such as collaborating with local school, hospital, LEP grassroots organization, using telephone voicemail menu, hotline translation service, providing notice on non-English radio and TV stations, utilizing Google Translate, and/or ‘I Speak’ cards.
   c) Local LEP contact staff and title is identified
   d) Is there an LEP encounter tracking sheet created?
   e) Are there any written or unwritten processes/procedures that an employee can utilize when encountering an LEP individual?

IMPORTANT NOTE: No safe harbor for oral translation, recipient must be able to assist with oral translation when needed, by utilizing available resources, including any of the recommended resources above.
Exhibit O1: Four Factor Analysis Assessing Limited English Proficiency

FOUR FACTOR ANALYSIS

ASSESSING

LIMITED ENGLISH PROFICIENCY

AND

LANGUAGE ASSISTANCE PLAN

PREPARED BY

[NAME OF THE LOCAL GOVERNMENT UNIT]

FOR

THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Project Name: [PROJECT NAME]
A. POLICY STATEMENT

It is the policy of the [NAME OF THE LOCAL GOVERNMENT UNIT] to take reasonable steps to provide meaningful access to its programs and activities for persons with Limited English Proficiency (LEP). The [NAME OF THE LOCAL GOVERNMENT UNIT]’s policy is to ensure that staff will communicate effectively with LEP individuals, and LEP individuals will have access to important programs and information. [NAME OF THE LOCAL GOVERNMENT UNIT] is committed to complying with federal requirements in providing free meaningful access to its programs and activities for LEP persons.

B. HISTORY

Title VI of the Civil Rights Act of 1964 is the federal law which protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive federal financial assistance. In certain situations, failure to ensure that persons who have Limited English Proficiency can effectively participate in, or benefit from, federally assisted programs may violate Title VI’s prohibition against national origin discrimination.

Persons who, as a result of national origin, do not speak English as their primary language and who have limited ability to speak, read, write, or understand English may be entitled to language assistance under Title VI in order to receive a particular service, benefit, or encounter.

On August 11, 2000, Executive Order 13166, titled, “Improving Access to Services by Persons with Limited English Proficiency,” was issued. Executive Order 13166 requires federal agencies to assess and address the needs of otherwise eligible persons seeking access to federally conducted programs and activities who, due to LEP cannot fully and equally participate in or benefit from those programs and activities. Section 2 of the Executive Order 13166 directs each federal department or agency "to prepare a plan to improve access to...federally conducted programs and activities by eligible LEP persons...."

C. DEFINITIONS

Beneficiary: The ultimate consumer of HUD programs and receives benefits from a HUD Recipient or Sub-recipient.

Limited English Proficient Person (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English because of national origin.

Language Assistance Plan (LAP): A written implementation plan that addresses identified needs of the LEP persons served.

Recipient: Any political subdivision of the State of Nebraska, or an eligible nonprofit organization, to whom Federal financial assistance is extended for any program or activity, or who otherwise participates in carrying out such program or activity, including any successor, assign or transferee thereof, but such term does not include any Beneficiary under any such program.

Sub-recipient: Any public or private agency, institution, organization, or other entity to whom Federal financial assistance is extended, through another Recipient, for any program or activity, or who otherwise participates in carrying out such program or activity but such term does not include any Beneficiary under any such program.

Vital Document: Any document that is critical for ensuring meaningful access to the Recipient’s major activities and programs by Beneficiaries generally and LEP persons specifically.
D. FRAMEWORK & METHODOLOGY

This Four Factor Analysis is the first step in providing meaningful access to federally funded programs for LEP persons. The Four Factor Analysis completed by [NAME OF THE LOCAL GOVERNMENT UNIT] addresses the following:

1. The number or proportion of LEP persons eligible to be serviced or likely to be encountered by [NAME OF THE LOCAL GOVERNMENT UNIT];
2. The frequency with which LEP persons using a particular language come in contact with [NAME OF THE LOCAL GOVERNMENT UNIT];
3. The nature and importance of the [NAME OF THE LOCAL GOVERNMENT UNIT] program or activity provided to the individual’s life; and
4. The resources available to [NAME OF THE LOCAL GOVERNMENT UNIT] and costs associated with providing LEP services.

The program or activity covered within this analysis generally involves [CLICK TO INSERT USE SUMMARY].

E. FOUR FACTOR ANALYSIS BY [NAME OF THE LOCAL GOVERNMENT UNIT] for the described program or activity:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered.

[CLICK TO INSERT ANALYSIS]

2. The frequency with which LEP persons using a particular language come in contact.

[CLICK TO INSERT ANALYSIS]

3. The nature and importance of the above described program or activity provided to the individual’s life.

[CLICK TO INSERT ANALYSIS]

4. The resources available to [NAME OF THE LOCAL GOVERNMENT UNIT], and costs associated providing LEP services.

[CLICK TO INSERT ANALYSIS]

As a result of the Four Factor Analysis, [NAME OF THE LOCAL GOVERNMENT UNIT] has determined a Language Assistance Plan is needed: ☐ YES ☐ NO
Exhibit O2: Language Assistance Plan

As a result of the preceding Four Factor Analysis, [NAME OF THE LOCAL GOVERNMENT UNIT] has developed a Language Assistance Plan. The Language Assistance Plan addresses the identified needs of the LEP persons [NAME OF THE LOCAL GOVERNMENT UNIT] serves, the process by which [NAME OF THE LOCAL GOVERNMENT UNIT] will monitor and update the LAP.

[NAME OF THE LOCAL GOVERNMENT UNIT] understands that the actions [NAME OF THE LOCAL GOVERNMENT UNIT] is expected to take to meet its LEP obligations depend upon the results of the Four Factor Analysis including the services [NAME OF THE LOCAL GOVERNMENT UNIT] offers, [NAME OF THE LOCAL GOVERNMENT UNIT]’s service area, the resources [NAME OF THE LOCAL GOVERNMENT UNIT] possesses, and the costs of various language service options. However, [NAME OF THE LOCAL GOVERNMENT UNIT] is to take reasonable steps to ensure meaningful access to LEP persons. The meaningful access is based upon a reasonableness standard that is both flexible and fact-dependent.

1. **The procedures [NAME OF THE LOCAL GOVERNMENT UNIT] will use to identify LEP persons with whom [NAME OF THE LOCAL GOVERNMENT UNIT] has contact, the size of LEP populations, and the languages of LEP populations.**

   [CLICK TO INSERT RESPONSE]

2. **Points and types of contact [NAME OF THE LOCAL GOVERNMENT UNIT] may have with LEP persons.**

   [CLICK TO INSERT RESPONSE]

3. **Ways in which language assistance will be provided by [NAME OF THE LOCAL GOVERNMENT UNIT], and the plan for outreach to LEP populations.**

   [CLICK TO INSERT RESPONSE]

4. **[NAME OF THE LOCAL GOVERNMENT UNIT]’s plan for training staff members on LEP guidance and the LAP, including specific provisions for training staff that are responsible for monitoring Recipients of HUD funding.**

   [CLICK TO INSERT RESPONSE]

5. **A list of Vital Documents to be translated, the languages into which they will be translated and the timetable for translations.**

   [CLICK TO INSERT RESPONSE]

6. **[NAME OF THE LOCAL GOVERNMENT UNIT]’s plan for translating informational materials that detail services and activities provided to Beneficiaries and [NAME OF THE LOCAL GOVERNMENT UNIT]’s plan for providing appropriately translated notices to LEP persons.**

   [CLICK TO INSERT RESPONSE]
7. [NAME OF THE LOCAL GOVERNMENT UNIT]'s plan for providing interpreters for large, medium, small and one-on-one meetings.

[CLICK TO INSERT RESPONSE]

8. [NAME OF THE LOCAL GOVERNMENT UNIT]'s plan for developing community resources, partnerships, and other relationships to help with the provision of language services.

[CLICK TO INSERT RESPONSE]

9. [NAME OF THE LOCAL GOVERNMENT UNIT]'s plan for monitoring and updating the LAP.

[CLICK TO INSERT RESPONSE]

AVAILABLE LEP RESOURCES

HUD Frequently Asked Questions on the Final LEP Guidance:

HUD’s LEP Website:
http://www.hud.gov/offices/fheo/lep.xml

Federal LEP Website:
http://www.lep.gov/

LEP and Title VI Videos:

“I Speak” Card:

COMPLAINTS

If you believe that you have been denied the benefits of this Language Assistance Plan, you may file a written complaint by mail to:

[NAME, ADDRESS, AND OTHER CONTACT INFORMATION FOR OF THE LOCAL GOVERNMENT]

Any person that feels that the Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d) and Executive Order 13166 regulations were not complied with may file a complaint directly to the Assistant Secretary for Fair Housing and Equal Opportunity at the following address (or as otherwise directed by HUD):

Betty J. Bottiger
Director, Region VII Office of Fair Housing and Equal Opportunity
U. S. Department of Housing and Urban Development
400 State Avenue
Kansas City, Kansas 66101-2406
Betty.Bottiger@hud.gov
Exhibit P: Owner Occupied Rehabilitation Program Guidelines and Reuse Plan Checklist

Instructions: Please submit a copy of Owner Occupied Rehabilitation Program Guidelines and Reuse Plan along with the completed checklist as the cover page. Program Guidelines and Reuse Plan should include all items in the following form. Please indicate on the checklist where in the program guidelines by section and page number.

<table>
<thead>
<tr>
<th>The following requirements are met:</th>
<th>Section</th>
<th>NA</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly defined Application process that includes:</td>
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</tr>
<tr>
<td>a) Applicant eligibility, including income eligibility. Persons assisted with CDBG homebuyer funds must have incomes at ≤80% AMI</td>
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<td>b) Anticipated Gross Annual income (See 24 CFR 5.609 income determination)</td>
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<tr>
<td>c) Formal notification of selection and non-selection policy</td>
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<tr>
<td>d) Application review process</td>
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<tr>
<td>e) Priority Ranking System, if applicable, for selection that does not contain discriminatory criteria</td>
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<tr>
<td>f) Conflict of Interest Clause</td>
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<tr>
<td>g) Grievance Procedures, See Policy Statement regarding grievances</td>
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<tr>
<td>h) Process for Amending Program Guidelines including DED approval of amendments</td>
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<tr>
<td>i) Types and terms of assistance provided (i.e. loan, deferred conditional grant)</td>
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<tr>
<td>j) Amounts of assistance allowed, including CDBG funds and other sources (include maximum amount)</td>
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<tr>
<td>k) Geographic Boundaries where the properties within communities must be located</td>
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<tr>
<td>l) Policy for compliance with HUD’s lead based paint (LBP) regulations</td>
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<tr>
<td>m) Policy for compliance with DED standards or DED Rehab standards</td>
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<tr>
<td>n) Method to ensure the homeowner must occupy property as a principal residence for at least 5 years from the date that CDBG funds are invested in the property. Regardless if resale or recapture provisions are utilized, the Affordability Period for the project must be a minimum of 5 years</td>
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<tr>
<td>o) Methods of ensuring affordability period and principal residence that include 1) program-wide recapture or resale provisions, and 2) legal instruments to be used. Deed restrictions or other enforcement mechanisms must reflect this occupancy requirement</td>
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<tr>
<td>p) If recapture provisions are utilized, the Project and program income is received, then the amount recaptured cannot exceed the net proceeds. Net proceeds are the sales price minus superior loan repayment (other than CDBG funds) and any closing costs.</td>
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<tr>
<td>q) Relocation policy for voluntary and involuntary acquisitions as per 49.CFR 24.101. Policy must include the statement, “In cases where either voluntary or involuntary acquisition is anticipated, DED will be contacted prior to any action.”</td>
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<tr>
<td>r) Policy to ensure all units assisted with CDBG funds will meet DED rehabilitation standards, when applicable.</td>
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<tr>
<td>s) Policy to ensure newly constructed housing will meet or exceed the 2009 (or most current) International Energy Conservation Code</td>
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<tr>
<td>t) Policy to ensure new construction consisting of five or more units will meet or exceed current Uniform Federal Accessibility Standards (UFAS), and 2010 (or most current) ADA Standards for Accessible Design</td>
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</table>
u) Policy to ensure compliance with the Fair Housing Act, including a narrative with specific reference to all areas of the Fair Housing Act applicable to the project.

v) Affirmative marketing procedures including, but not limited to, marketing to local or regional residents & tenants of public housing and manufactured housing, other families assisted by public housing agencies, and households identified to be potentially eligible but least likely to apply.

w) Policy for collecting photographs of the project, including before, after, indoor, outdoor and grounds photos. The policy must include a method for obtaining a voluntary release and authorization for publication of these photos from the owner or beneficiary.

The Applicant may retain program income from the project and utilize the funds for other CDBG eligible activities, if the following items are met:

a) The Applicant wishes to retain program income funds and reuse those funds for additional housing related activities.

b) The Applicant creates a Program Income Reuse Plan that clearly notes:

1. The Grantee will use program income directly generated from the use of CDBG funds to further affordable housing programs eligible under the CDBG Program.

2. Program Income funds are those funds returned to the Grantee during the Affordability Period when the property is sold or is no longer the initial and subsequent homebuyer’s principle residence.

3. Program Income funds must be utilized for the current Project if the current Project has not been completed. This program income received must be applied to the current Project prior to requesting additional CDBG funds.

4. The Grantee understands that if program income is utilized for another housing related activity, other than for the same activity form the Project which generated the program income, then the Grantee will be responsible for developing and utilizing new Program Guidelines for the new eligible activity.

5. Up to 10% of program income may be utilized for General Administration expenses.

6. If resale provisions are utilized for the project, and program income is received, then the subsequent purchasers of each unit will be eligible homebuyers and the original homebuyer will receive a fair return on investment.

7. If recapture provisions are utilized, the Project and program income is received, then the amount recaptured cannot exceed the net proceeds. Net proceed are the sales price minus superior loan repayment (other than CDBG funds) and any closing costs.

8. All program income will be returned to DED for reuse unless DED offers the option to the Grantee to retain the program income or DED approves the Grantee’s Program Income Reuse Plan prior to receiving Release of Funds.
Exhibit Q: Local Cost-Share Documentation

INSTRUCTIONS: Provide written documentation of commitment of source matching funds as identified in Part I. and II. of the application. The documentation must include a specific amount and identify the use of the funds.

For example, documentation of local cost-share may include:
- Letter from the local unit of government committing a specific amount from the fiscal year budget.
- Letter from organization awarding a grant for the specific project.
- Commitment from financial institution.
- Letter from the organization/local unit of government committing in-kind materials/labor to the project.

Note: If the applicant has local CDBG program income, provide the following:
- Letter from the local unit of government identifying the current balance of the CDBG program income as of the date of grant submission and identify the understanding from the local unit of government that all CDBG program income will be expended on the project activities prior to drawing down additional CDBG funds under the grant.