

# LOCAL RECOVERY AND RESILIENCE **COMPETITION PROGRAM**



**Project  
Application**

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## Instructions

Please complete all applicable fields below. Each field will include the necessary instructions to adequately complete the field. If a question requires supplemental instructions or clarifications, those will be found in the Appendices. Once submitted, this application (and applicable attachments) will be reviewed for completeness and eligibility. Only applications that pass those levels of review will be evaluated, ranked, and considered for an LRRCP award.

Applicants are encouraged to contact Tammy Perdew ([tammy.perdew@adeca.alabama.gov](mailto:tammy.perdew@adeca.alabama.gov)) for technical assistance if any clarifications are needed to complete this application.

|                                         |    |
|-----------------------------------------|----|
| <b>Proposed Project Name:</b>           |    |
| <b>LRRCP Grant Amount Applying For:</b> | \$ |

## 1. Applicant Information

|                                                                                                                                                                                                                       |  |          |  |                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1a. Primary Applicant Information</b>                                                                                                                                                                              |  |          |  |                                                                                                                              |  |
| Applicant Entity Name:                                                                                                                                                                                                |  |          |  |                                                                                                                              |  |
| Applicant Address:                                                                                                                                                                                                    |  |          |  |                                                                                                                              |  |
| City/Zip:                                                                                                                                                                                                             |  |          |  | County:                                                                                                                      |  |
| Phone:                                                                                                                                                                                                                |  | E-Mail:  |  |                                                                                                                              |  |
| Applicant EIN #                                                                                                                                                                                                       |  | SAM ID#: |  | STAARS VSS Acct#                                                                                                             |  |
| Chief Elected Officer:                                                                                                                                                                                                |  |          |  |                                                                                                                              |  |
| Alternate Contact (if different than above):                                                                                                                                                                          |  |          |  |                                                                                                                              |  |
| Phone:                                                                                                                                                                                                                |  | E-Mail:  |  |                                                                                                                              |  |
|                                                                                                                                                                                                                       |  |          |  |                                                                                                                              |  |
| <b>1b. Co-Applicant Information (if applicable)</b>                                                                                                                                                                   |  |          |  | <input type="checkbox"/> <b>Yes-</b> Complete the section below<br><input type="checkbox"/> <b>No-</b> Proceed to section 1c |  |
| Is the applicant collaborating with another entity (i.e., county or municipality) to implement the proposed project?                                                                                                  |  |          |  |                                                                                                                              |  |
| Co-Applicant Entity Name:                                                                                                                                                                                             |  |          |  |                                                                                                                              |  |
| Co-Applicant Address:                                                                                                                                                                                                 |  |          |  |                                                                                                                              |  |
| City/Zip:                                                                                                                                                                                                             |  |          |  | County:                                                                                                                      |  |
| Phone:                                                                                                                                                                                                                |  | E-Mail:  |  |                                                                                                                              |  |
| Co-App EIN #                                                                                                                                                                                                          |  | SAM ID#: |  | STAARS VSS Acct#                                                                                                             |  |
| Chief Elected Officer:                                                                                                                                                                                                |  |          |  |                                                                                                                              |  |
| Alternate Contact (if different than above):                                                                                                                                                                          |  |          |  |                                                                                                                              |  |
| Phone:                                                                                                                                                                                                                |  | E-Mail:  |  |                                                                                                                              |  |
| <input type="checkbox"/> Applications involving multiple jurisdictions <b>must</b> include a draft of an Interlocal Agreement, Memorandum of Understanding, or similar agreement that defines each entity's roles and |  |          |  |                                                                                                                              |  |

responsibilities regarding the project, including for such items as ongoing maintenance, transfer of property that needs to be acquired, etc.

### 1c. Supplemental Information

Identify the name, telephone, and district # of the State Senator(s) representing your jurisdiction.

Identify the name, telephone, and district # of the State Representative(s) representing your jurisdiction.

Identify the U.S. Congressman representing your jurisdiction and congressional district number.

## 2. Project Aspects

This section will be used by ADECA to determine the basic eligibility of the proposed project and how well it aligns with program and grant requirements, goals, and objectives. Applicants should provide enough details to allow ADECA to properly evaluate the responses.

### 2a. Project Summary

Provide an overview of the proposed infrastructure, economic development, or mitigation project for which funding is being requested. Provide a narrative that describes the following about your project:

- A detailed project scope
- The project's goals
- How it aligns with LRRCP requirements
- A description of the existing conditions that are to be addressed/alleviated
- The proposed solutions to address/alleviate those conditions
- And any other information that is needed to clearly present the project to ADECA.

***Prior to completing this field, applicants are advised to review the remaining questions in this section of the application to avoid redundancy when answering the different fields.***

Is this project proposing a: ☐ Public Facility Improvement ☐ Infrastructure Improvement  
☐ Commercial Facility Improvement ☐ Other (describe below)

[Enter project summary text]

## 2b. For Economic Development Projects

CDBG funding can be used to fund economic development activities in the following ways:

- Acquiring, constructing, reconstructing, rehabilitating, or installing commercial or industrial buildings, structures, and other real property equipment and improvements by public and non-profit entities;
- Directly assisting private, for-profit businesses;
- Economic development carried out by a community-based development organization;
- Providing technical assistance and training directly to businesses;
- Fostering the development, support, and expansion of microenterprise businesses (five or fewer employees, one or more of whom owns the business);
- Rehabilitating commercial structures up to code or improving their facades;
- Public works projects such as off-site water, sewer, roads, drainage, and other types of public facilities or improvements that support economic development endeavors; or
- Job training services

Does the proposed project meet one of the activity examples above?

**See Appendix A for additional guidance and regulatory references for Economic Development activities.**

☐ **Yes**, the project is an Economic Development project. *(Make sure the response for question 2a above provides details about the economic development aspects of the project.)*

☐ **No**, the project is not like the examples above and is not an Economic Development project *(Enter N/A below)*

Creating economic opportunities and jobs are among the key goals of CDBG-funded economic development projects. If the project is an economic development project, provide a projection of how many new, permanent jobs the project will create and the estimated annual payroll amounts for each.

Format your response in the following manner: **Quantity / Position Title / Hours per Week / Annual Pay**

**See Appendix A for clarification on how to count job creation.**

[Enter text]

## 2c. Recovery or Mitigation Project (or Both?)

The project must either be a disaster recovery project, a mitigation project, or meet the definition of both recovery and mitigation:

- 1) A **recovery** activity is one that demonstrates a clear, justifiable direct or indirect tie back to the disaster, and addresses a disaster recovery need described in the impact and unmet needs assessment in the ADECA Public Action Plan.
- 2) Unlike disaster recovery activities, **mitigation** activities do not require a direct tie back to the disaster. Rather, a mitigation project will be required to demonstrate how it will increase resilience to disasters and reduce or eliminate the long-term risk of loss of life, injury, damage to and loss of property, and suffering and hardship, by lessening the impact of future disasters. Mitigation projects must also demonstrate how they will address current and future risks as identified in ADECA's mitigation needs assessment.

Depending on the type of project it is, provide a narrative below that addresses the applicable criteria above. In the event the project exhibits properties of both recovery and mitigation projects, provide an explanation that satisfies both.

This project:

☐ Is a Recovery Project

☐ Is a Mitigation Project

☐ Meets definition of both Recovery and Mitigation

For mitigation activities specifically, also indicate which of the top six hazards (identified on pages 50-51 in the ADECA Public Action Plan) that pose the greatest threat to lives and property in the disaster-impacted counties will be addressed through the proposed activity, as well as a description of how the project will increase resilience to this type of hazard(s).

***Please see Appendix B for instructions on where to find information from the Unmet Needs Assessment and Mitigation Needs Assessment to help inform this response.***

[Enter text]

In addition to the narrative above, applicants **must attach the following** to the application:

**For Projects that Meet a Recovery Need:**

☐ Documentation of loss from the hurricane(s), including damage or rebuilding estimates, insurance loss reports, images, or similar information that documents damage caused by the disaster. Sufficient documentation for non-physical disaster-related impacts must clearly show how the activity addresses the disaster impact. For example, documentation for economic revitalization activities may include data about job loss or business closings after the disaster, or data showing how pre-disaster economic stressors were aggravated by the disaster.

☐ N/A- The project meets the definition of a mitigation project and is explained above.

## 2d. Alignment with the Local Recovery Plan and other Plans and Efforts

A prerequisite of the LRRCP is the completion of a local recovery plan via ADECA's Local Recovery Planning Program, which will detail recovery and mitigation strategies and priorities of each eligible county.

Describe how your project aligns with a recovery or mitigation strategy(ies) identified in your county's ADECA-approved **Local Recovery Plan**. In your narrative below, refer to the specific page(s) in the Plan that describes the strategy this project will address, in addition to explaining what priority level the proposed project is (i.e., the project addresses the highest stated priority or need from the Plan, a secondary priority or need, and so on).

*[Enter text]*

Other than the **Local Recovery Plan**, does this project align with other planned federal, state, local or tribal development efforts or mitigation plans? If yes, please identify the specific plan(s) or effort this project aligns with and provide a summary of how the project addresses it.

*[Enter text]*

- ☐ If your project aligns with other development efforts and plans as identified above, you **must attach** the pertinent document (or excerpt from the document if it is too large) or other evidence that supports your claim.
- ☐ N/A- The proposed project does not align with any known development efforts or plans outside of the Local Recovery Plan.

## 2e. Incorporation of Design Strategies and Elements

If your project is an infrastructure activity, describe how your project incorporates the following design aspects:

- How will mitigation measures and strategies to reduce natural hazard risks be incorporated into project design? (*Note this is a grant requirement for all infrastructure activities, not just those that meet HUD's definition of a mitigation activity.*)
- How will federal elevation and accessibility standards be incorporated into the design of building projects? (Note in the absence of locally adopted and enforced building codes, the requirements of the Alabama State Building Code will apply.)
- How will adaptable and reliable technologies be employed to prevent premature obsolescence?
- What, if any, are the expected long-term risks to the project the applicant may encounter?

**See Appendix C for clarifications on infrastructure activities, elevation standards, and accessibility standards.** If your proposed project is not an infrastructure activity, enter N/A below.

[Enter text]

Will the project address the construction or rehabilitation of a disaster-related system or other community-based mitigation system? If yes, please explain below. If not, enter N/A.

**See Appendix C for clarification on disaster-related systems and community-based mitigation systems.**

[Enter text]

## 2f. Economically Distressed Areas

To the extent possible, describe how this project benefits those communities that have been impacted by the disaster and that were economically distressed before the disaster (i.e., a Promise Zone, Opportunity Zone, a Neighborhood Revitalization Strategy, a tribal area, or those areas that meet at least one distress criteria established for the designation of an investment area of Community Development Financial Institution at 12 CFR 1805.201(b)(3)(ii)(D)). Refer to the applicant's ADECA-approved Local Recovery Plan for details related to the impact of the proposed project on economically distressed areas.

[Enter text]

|  |
|--|
|  |
|--|

## 2g. Acquisition and Relocation Considerations

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How many parcels of land or pieces of property will be needed for the implementation of this project, if any?                                                                                                                                                     | #                                                                                                                                                                                                                                                                                                            |
| What is the site control status of the proposed project site(s)?                                                                                                                                                                                                  | <input type="checkbox"/> Site(s) are already owned/controlled by the applicant<br><input type="checkbox"/> Site(s) are not owned/controlled by the applicant, but are currently under contract<br><input type="checkbox"/> Site(s) will need to complete an acquisition process as part of the project scope |
| Will this project require, or result in, the displacement and/or relocation of residential or commercial occupants?                                                                                                                                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> If you indicated that you already have site control or have the project site under contract, you <b>must attach</b> the pertinent document (or excerpt from the document if it is too large) or other evidence that supports your claim. |                                                                                                                                                                                                                                                                                                              |

## 2h. Studies or Analyses to Support the Project

|                                                                                                                                                                                                                                                                 |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Is the project supported by a feasibility study, market analysis, relevant technical or economic study, or similar third-party analysis/study/document?<br><br>If so, please provide below a summary of each and explain how the proposed project is supported. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <i>[Enter text]</i>                                                                                                                                                                                                                                             |                                                             |
| <input type="checkbox"/> <b>Attach</b> the feasibility study, market study, or other relevant technical or economic study referenced above that provides support for the viability of the project.                                                              |                                                             |

## 2i. Status of Existing Project Development

How would you best categorize the current stage of project development for this proposed project?

Provide a description of the current status below.

☐ Projects that are ready, or nearly ready to implement. For construction-type projects, this means that the project is “Shovel Ready” and that A&E and project design, environmental review, and all other work needed to begin the project is substantially completed. For projects servicing the public, this can mean that the necessary partnerships are in place to provide said service.

☐ Applicable planning, A&E, plans, designs, and needed reviews have already commenced but have yet to be completed.

☐ Project is in early planning stages and still needs substantial A&E, design work, and other applicable planning work.

[Enter text]

## 2j. Actions Already Performed

Have any of the following actions occurred prior to, or are still occurring on, the date of this application submission?

- Acquisition of the land/properties needed for the project;
- Execution of a contract with a contractor;
- Demolition, land breaking, or moving on the project site;
- Rehabilitation, conversion, repair, or construction work at the project site;
- Transfer, removal, or lease of any property necessary for the project;
- Entering a contract that obligates the applicant to any of the above activities, or;
- Making announcements or commitments that give the impression that the project will definitely go forward in a certain way before the environmental review is completed can influence the outcome of that review.

☐ Yes

☐ No

If so, please describe those actions in detail below, including the date(s) which they occurred, the extent of work performed, current status, etc.

[Enter text]

## 2k. Ongoing Operations and Maintenance

Describe how the ongoing operations and maintenance of this project will be managed. Who will be responsible, and how will the ongoing O&M be funded? Will the O&M for this project be funded by existing funding streams, or is O&M funding dependent on budgetary adjustments, special approvals, program income, etc.?

Provide an explanation below.

☐ O&M to be funded by existing funding streams.

☐ O&M funding not yet identified, requires budget adjustments, special approvals, relies on program income, etc.

[Enter text]

## 3. National Objective

This section will be used by ADECA to determine whether the proposed activity will meet a national objective of the CDBG-DR program. The LRRCP allows for use of each of the three national objectives – benefit low- to moderate-income persons (LMI), aid in the prevention or elimination of slums or blight (Slum and Blight) and address an Urgent Need (Urgent Need).

Indicate which HUD National Objective you are proposing to satisfy with this project and provide a narrative to explain how the project will do so. Please refer to the LRRCP Guidelines, the ADECA Subrecipient Manual, and 24 CFR 570.208 for information about the national objectives.

**\*\*\*Please Note: The final determination of which national objective will be applied to a project is solely the discretion of ADECA.\*\*\***

Select only ONE option below:

**The project will benefit Low to Moderate Income (LMI) Persons:**

|                          |                                                                                                                                                                                                                                                                       |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>LMI Area Benefit:</b><br>An activity, the benefits of which are available to all the residents in a particular area, where at least 51 percent of the residents are low- and moderate-income persons. The area must be primarily residential in character as well. |
| <input type="checkbox"/> | <b>LMI Limited Clientele:</b><br>An activity which benefits a limited clientele, at least 51 percent of whom are low- or moderate-income persons, especially those who are generally presumed to be principally low- and moderate-income persons.                     |
| <input type="checkbox"/> | <b>LMI Job Creation (for economic development projects only):</b><br>An activity designed to create permanent jobs where at least 51 percent of the jobs, computed on a full-time equivalent basis, involve the employment of low- and moderate-income persons.       |

| The project will aid in prevention or elimination of Slums or Blight (SB):                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                | <b>SB Area Basis:</b> The project will address slums or blight on an <b>area basis</b> where the area meets a definition of a slum, blighted, deteriorated, or deteriorating area under State or local law and also meets additional conditions stated in the HUD regulations.                                                                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                | <b>SB Spot Basis:</b><br>The project will address slums or blight on a <b>spot basis</b> to eliminate specific conditions of blight, physical decay, or environmental contamination that are not located in a slum or blighted area                                                                                                                                |
| The project will address an Urgent Need (UN):                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                | <b>Urgent Need:</b><br>Projects that achieve the UN national objective must be able to link to a stated urgent need in the impact and unmet needs assessment in ADECA's Public Action Plan (see pages 47-50 of the HUD-approved Action Plan on the ADECA public website for details related to the state's unmet infrastructure and economic revitalization need). |
| <p>Provide a narrative to expand on how the project will achieve the selected national objective.</p> <p>For projects proposing the use of Urgent Need, include details on how the activity responds to the urgency, type, scale, and location of the disaster-related impact as described in ADECA's impact and unmet needs assessment.</p> <p><i>[Enter text]</i></p> |                                                                                                                                                                                                                                                                                                                                                                    |

## 4. Project Location and Service Area

This section will be used to identify the service area of the project and the number of persons that will benefit from the project.

| 4a. Project Location                                                                                                                                                                                                                                             |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Provide street address(es) and zip code(s) for your project. For projects that cover a large, or multiple, areas, provide as many streets, intersections, addresses, zip codes, boundaries, GPS coordinates, etc., as needed to define your project's footprint. |                     |
| <i>[Enter text]</i>                                                                                                                                                                                                                                              |                     |
| Latitude and Longitude coordinates at or near geographical center:                                                                                                                                                                                               | <i>[Enter text]</i> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <p>Is the project located in, or will it impact the state-recognized tribal reservation areas of either the MOWA Choctaw or Poarch Creek tribes?</p> <p>Resources:</p> <ul style="list-style-type: none"> <li>Alabama Indian Affairs Commission (<a href="https://aiac.alabama.gov/">https://aiac.alabama.gov/</a>)</li> <li>MOWA Choctaw (<a href="https://mowachoctawindians.com/">https://mowachoctawindians.com/</a>)</li> <li>Poarch Creek (<a href="https://pci-nsn.gov/">https://pci-nsn.gov/</a>)</li> </ul> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>Provide any additional comments to clearly describe the project's location and footprint:</p>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |
| <p><i>[Enter text]</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |
| <p><b>Attach the following documents:</b></p> <p><input type="checkbox"/> A map printout of your project location (using Google Maps or comparable tool) with markings to delineate the project's physical location and footprint.</p> <p><input type="checkbox"/> Pictures of the project site(s), existing conditions, and proposed work</p>                                                                                                                                                                       |                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>4b. Project Service Area</b></p>                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>In the space below, explain your project's service area and how you've determined said service area. Provide your justification on why this project merits the service area. Describe the geographic area that will benefit from this project. Include specific boundaries such as streets, census tracts, or block groups. Be as detailed as possible and explain why this area was chosen as the service area for your project.</p> |
| <p><b>See Appendix E for service area considerations.</b></p>                                                                                                                                                                                                                                                                                                                                                                            |
| <p><i>[Enter text]</i></p>                                                                                                                                                                                                                                                                                                                                                                                                               |

Per the instructions in **Appendix D**, use HUD's interactive LMI Area data mapping tool to identify the selected service area for this project.

Indicate the census tract(s) and block group number(s) that make up the project's service area:

[Enter text]

☐ Per the instructions in **Appendix D**, obtain map image(s) for the selected service area. **Attach** the Service Area map image(s) to the application.

What is the total population of your selected service area? **See Appendix E for instructions on calculating this number)**

What is the LMI percentage of your selected service area? **See Appendix E for instructions on calculating this number)**

%

## 5. Project Beneficiaries

This section will be used to inform ADECA the extent to which the project will help achieve the overall CDBG program goal of benefitting low- and moderate-income persons, while also identifying whether the activity will provide a direct or area-wide benefit to the persons in the service area. The Project Beneficiary Table included on page 49 must be completed as part of this section.

### 5a. Benefit Type

Indicate the type of benefit – **Direct** or **Area** – this project will provide to disaster-impacted persons in the MID area(s).

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>Direct Benefit:</b> Direct benefit activities are distinguished by their benefit to individual households (e.g., a small business owner awarded a recovery loan). Examples of activities that provide <b>direct</b> benefits to disaster-impacted persons would be an economic revitalization project that awards loans directly to small businesses, or a public works project that impacts specific persons directly.                                                                                                               |
| <input type="checkbox"/> | <b>Area Benefit:</b> Area benefit projects do not provide (direct) benefits to specific persons or households and instead benefit most or all persons in the service area, often <i>indirectly</i> . An example of an activity that would provide an <b>area</b> benefit would be a county-wide drainage improvements project that improves drainage for most or all the residents in a town or county, or economic assistance to a grocery, pharmacy, or other type of business that provides a service that the entire community uses. |

### 5b. Beneficiary Income Summary

For **Direct Benefit** projects, please complete the table below using a **projection** of the total number of beneficiaries the activity is expected to benefit, as well as the projected income status of those projected beneficiaries (i.e., low-income, moderate-income, and non-LMI). ***See Appendix E for instructions on how to determine the applicable income limits for your projections.***

For **Area Benefit** projects, please complete the table below using the income data that was obtained while completing **Question 4b** above.

***For instructions regarding how to calculate the number and percentage of low-, moderate-, and non-LMI project beneficiaries, see Appendix E.***

**Select the appropriate beneficiary type for your project (choose one):**

For economic development activities, select either businesses (to be assisted), or jobs (to be created)—whichever one is most appropriate for the goals of your proposed project).

Other types of activities, such as infrastructure or public facility improvements, public services, or other non-economic development projects, should select “persons”.

☐ Jobs

☐ Businesses

☐ Persons

**Enter Total # of Project Beneficiaries:**

|                                                                 | Amount | Percent |
|-----------------------------------------------------------------|--------|---------|
| Total Number Less than or equal to 50% Area Median Income (Low) |        |         |
| Total Number Between 51% and 80% Area Median Income (Mod)       |        |         |
| Total Number Over 80% Area Median Income (non LMI)              |        |         |

### 5c. LMI Area Data Sources

**ONLY for projects proposing to meet an LMI Area national objective**, please indicate the data source(s) used to complete the tables above (e.g., U.S. Census data, survey data). Enter N/A otherwise.

[Enter text]

## 6. Project Schedule

This section will be used to determine whether the proposed project can likely be completed by the end of the term of ADECA's agreement with HUD and to assist the applicant with keeping the project on a schedule that will allow for timely completion.

| 6a. Estimated Project Timeframe                                                 |                                           |
|---------------------------------------------------------------------------------|-------------------------------------------|
| Indicate the estimated start and completion dates of this project (Month/Year): | <b>Construction Start:</b>                |
|                                                                                 | <b>Project Completed and Operational:</b> |

| 6b. Projected Milestone Schedule                                                                                                                                                                                                                                                                 |    |    |    |    |    |    |    |    |    |     |     |     |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|----|----|----|----|----|-----|-----|-----|------|
| Complete the table below with projected completion dates for various project milestones ( <b>as applicable</b> ). Enter an "X" in the applicable boxes to provide a projection of your project's implementation schedule by quarter, with Q1 representing when the project is approved by ADECA. |    |    |    |    |    |    |    |    |    |     |     |     |      |
| For projects that might have unique activities, please enter those activities in the "Other" rows below.                                                                                                                                                                                         |    |    |    |    |    |    |    |    |    |     |     |     |      |
| Activity/Milestone                                                                                                                                                                                                                                                                               | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 | Q13+ |
| Planning and Studies                                                                                                                                                                                                                                                                             |    |    |    |    |    |    |    |    |    |     |     |     |      |
| Environmental Review                                                                                                                                                                                                                                                                             |    |    |    |    |    |    |    |    |    |     |     |     |      |
| Acquisition/ Relocation                                                                                                                                                                                                                                                                          |    |    |    |    |    |    |    |    |    |     |     |     |      |
| Project Design (plans, AE)                                                                                                                                                                                                                                                                       |    |    |    |    |    |    |    |    |    |     |     |     |      |
| Obtain Permits                                                                                                                                                                                                                                                                                   |    |    |    |    |    |    |    |    |    |     |     |     |      |
| Construction Activities                                                                                                                                                                                                                                                                          |    |    |    |    |    |    |    |    |    |     |     |     |      |
| Provision of Economic Development or Public Service Assistance                                                                                                                                                                                                                                   |    |    |    |    |    |    |    |    |    |     |     |     |      |
| Project Closeout                                                                                                                                                                                                                                                                                 |    |    |    |    |    |    |    |    |    |     |     |     |      |
| (Other, please enter)                                                                                                                                                                                                                                                                            |    |    |    |    |    |    |    |    |    |     |     |     |      |
| (Other, please enter)                                                                                                                                                                                                                                                                            |    |    |    |    |    |    |    |    |    |     |     |     |      |
| (Other, please enter)                                                                                                                                                                                                                                                                            |    |    |    |    |    |    |    |    |    |     |     |     |      |

This project is not anticipated to include a provision of economic development or public service assistance. This box automatically populates in the .pdf formatting. Applicant is unable to make this correction. Please disregard this notation.

## 7. Financial Aspects

This section will be used to determine the extent to which the applicant has been able to leverage other funding sources to cover the project's estimated costs, and whether the applicant has financially accounted for the entire scope of the project.

### 7a. Project Budget

Provide a breakdown of the proposed project budget, including the requested LRRCP grant amount and any other sources of funding that are needed to implement the project.

| Funding Source                    | Amount    | Funding Committed?       |
|-----------------------------------|-----------|--------------------------|
| The requested LRRCP grant amount: | \$        | n/a                      |
|                                   | \$        | <input type="checkbox"/> |
|                                   | \$        | <input type="checkbox"/> |
|                                   | \$        | <input type="checkbox"/> |
|                                   | \$        | <input type="checkbox"/> |
|                                   | \$        | <input type="checkbox"/> |
| <b>TOTAL PROJECT AMOUNT:</b>      | <b>\$</b> |                          |

☐ **Attach** proof of commitment of funds from each non-CDBG-DR funding source that has awarded funding for the project. Support may come in the form of an official letter from the awarding entity (e.g., for private, or other funds), an adopted resolution from a local governing body (e.g., for local funds), or another format acceptable to ADECA.

☐ Check this box if the LRRCP award is intended to fund the **non-federal match** portion of another federal recovery program (FEMA, Economic Development Administration, etc.)

### 7b. Source and Uses, Cost Estimate

Indicate how the project funding is proposed to be divided by use and indicate the source(s) for each of those uses. Please note that program administration costs (PACs) are not eligible LRRCP costs; an estimate of PACs does not need to be added to the table below. Please leave fields blank for non-applicable line items.

| Applicable Funding Use                 | \$ Amount | Funding Source(s) (from 7a above) – if more than one source will fund an activity, identify each source and the amount |
|----------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------|
| Design, Architectural, and Engineering | \$        |                                                                                                                        |
| Acquisition Costs                      | \$        |                                                                                                                        |
| Construction Costs                     | \$        |                                                                                                                        |
| Equipment Costs                        | \$        |                                                                                                                        |

|                                                                                                                                             |           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| Other Activity Delivery Costs (e.g., environmental review not performed by engineer, activity specific staff and contracted services, etc.) | \$        |  |
| Non-Construction Economic Development Provision                                                                                             | \$        |  |
| Provision of Public Services                                                                                                                | \$        |  |
| (Other - Describe)                                                                                                                          | \$        |  |
| (Other - Describe)                                                                                                                          | \$        |  |
| (Other - Describe)                                                                                                                          | \$        |  |
| (Other - Describe)                                                                                                                          | \$        |  |
| <b>TOTAL PROJECT AMOUNT:</b>                                                                                                                | <b>\$</b> |  |

☐ All proposed LRRCP project applications that involve construction-related work **must attach** a detailed cost estimate prepared by, or reviewed by, an architect, engineer, or another reputable source from the State of Alabama. The cost estimate shall contain the estimated cost of construction, architectural/engineering fees, and related costs, and break down the total project cost by activity—and funding source, if other funds will cover a portion of the project's costs.

☐ Projects that do not involve construction, like certain public service or economic development activities, do not need an A/E-certified cost estimate, but should still attach a proposed project budget that details all pertinent (estimated) costs to plan, design, implement, and close out the project.

***See Appendix F for further instructions and an example of a cost estimate document that must be attached to your application.***

### 7c. Ineligible Uses of Funds

Do you intend to use the LRRCP award to fund any of these purposes?

|                                                                                                                                                                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Buildings or portions thereof used for the general conduct of government as defined in HCDA Section 102(a)(21)                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Expenses required to carry out the regular responsibilities of the unit of general local government                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Political activities                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| If the project involves enlargement of a dam or levee beyond the original footprint of the structure that existed before the disaster, has pre-approval from HUD and any other Federal agencies HUD deemed necessary been obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| Assisting a for-profit business in any activities that will result in relocation or significant loss of jobs from one labor market to another                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Assisting a privately-owned utility for any purpose.                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| If eminent domain will be employed, will property be for public use? (See allowed uses of eminent domain in Section 9.2 of the LRRCP guidelines)                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A |

#### 7d. Duplicative Funding

ADECA is required by HUD to conduct an individualized DOB review to ensure that any LRRCP award is not duplicative of other funding.

A duplication of benefits (DOB) occurs when a beneficiary receives or is awarded assistance from multiple sources for a cumulative amount that exceeds the total need for a particular recovery purpose, and the total assistance received for that purpose is more than the total need for the project in question.

☐ Applicants must complete the **Duplication of Benefits addendum** provided at the end of this document and submit it with their project application. Failure to do so will deem this application incomplete.

#### 7e. Income Generation

Do you anticipate that this project will generate **program income**? (See Section 9.6 of the LRRCP guidelines for the definition of and examples of program income.) If so, please provide details on those income generation aspects and any projections you may have at this time.

☐ Yes  
☐ No

*[Enter text]*

#### 7f. Ability to Pivot with Lesser Funding

In the event that there are programmatic budget limitations that would only allow for a lesser LRRCP award than requested, can this project be modified and still be able to be implemented in some fashion? If so, please explain how this project might be scaled down due to lesser funding, while still meeting programmatic requirements and goals.

☐ Yes  
☐ No

*[Enter text]*

## 8. Applicant Capacity

This section will be used by ADECA to determine the applicant's capacity to implement the proposed project in accordance with program and contractual requirements and to assess the compliance risk associated with the project.

**\*\*\*IF THIS PROJECT INCLUDES A CO-APPLICANT(S), THE RESPONSES BELOW SHOULD ADDRESS BOTH APPLICANTS\*\*\***

| 8a. Prior Experience                                                                                                                                                                                                               |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Does your entity possess experience implementing similar types of projects as the one proposed? If yes, please list all similar projects the applicant has implemented within the last 10 years.                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| [Enter text]                                                                                                                                                                                                                       |                                                             |
| Does your entity possess experience implementing CDBG or other federally funded projects? If yes, please list all federally funded projects the applicant has implemented within the last 10 years, as well as the funding source. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| [Enter text]                                                                                                                                                                                                                       |                                                             |

| 8b. Outstanding Monitoring or Audit Results                                                                                                                                                                                                                                                                                                  |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Does your entity have any open concerns or findings related to program or project administration, fiscal administration, or grant administration, as a result of a HUD (or federal agency) monitoring review? If yes, please identify the substance of the concern(s) or finding(s) issued, the status, and the entity's efforts to resolve. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| [Enter text]                                                                                                                                                                                                                                                                                                                                 |                                                             |

## 9. Certifications and Assurances

Please review the following certifications and assurances in support of this application for the LRRCP grant. By signing and submitting this application, the primary applicant certifies that all of the following are true and correct.

### Certifications

1. A resolution passed by the City Council/County Commission on \_\_\_\_ (date) has authorized the filing of this application by the Chief Local Elected Officer.
2. The public was informed about the local community development program including the proposed filing of this application in a public hearing held on \_\_\_\_ (date) at \_\_\_\_ (location).
3. The information presented in this application is true and correct to the best of my knowledge.
4. I certify that:
  - a. The City/County will minimize displacement of persons as a result of activities with CDBG funds and will assist persons actually displaced as a result of such activities.
  - b. The City's/County's program will be conducted and administered in conformance with Public Law 88-352 and Public Law 90-284, and the City/County will affirmatively further fair housing.
  - c. The City/County has conducted a Four-Factor Analysis to identify any limited English proficiency persons and if required is conducting all citizen participation activities in compliance with a locally adopted Language Access Plan.
  - d. The City/County has held a public participation hearing to obtain the views of citizens on community development and housing needs.
  - e. The City/County has furnished citizens information concerning the amount of funds available for proposed community development and housing activities that may be undertaken including the estimated amount of funds proposed to be used for activities benefiting low- and moderate-income persons.
  - f. The City/County has made available to the public a summary of the proposed project to afford affected citizens an opportunity to comment.
  - g. The City/County is providing citizens with reasonable access to records on past use of CDBG funds.
  - h. The City/County will provide citizens with reasonable notice of, and opportunity to comment on, any substantial change proposed to be made in the use of CDBG funds.
  - i. The City/County will not attempt to recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing any amount against properties owned and occupied by persons of very low, low- and moderate-income. If a fee or assessment is required, the City/County will use CDBG funds 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 CDBG funds. The City/County through proper certification to the State may assess any amounts against properties owned and occupied by persons of moderate income who are not persons of very low or low income if the City/County lacks sufficient funds received under the CDBG program to pay those costs.
  - j. The City/County is ☐ is not ☐ (please check one) delinquent on any State/Federal debt (If answered "is", attach explanation).
5. I further certify that the City/County is following a detailed Citizen Participation Plan which:

- a. Provides for and encourages citizen participation, with particular emphasis on participation by persons of low- and moderate-income who are residents of slum and blight areas and of areas in which Section 106 funds are proposed to be used, and in the case of a grantee described in Section 106(a), provides for participation of residents in low- and moderate-income neighborhoods as defined by the local jurisdiction;
- b. Provides citizens with reasonable and timely access to local meetings, information, and records relating to the grantee's proposed use of funds, as required by regulations of the Secretary, and relating to the actual use of funds under this title;
- c. Provides for technical assistance to groups representative of persons of low- and moderate-income that request such assistance in developing proposals with the level and type of assistance to be determined by the grantee;
- d. Provides for public hearings to obtain citizen views and to respond to proposals and questions at all stages of the community development program, including at least the development of needs, the review of proposed activities and review of program performance, which hearings shall be held after adequate notice, at times and locations convenient to potential or actual beneficiaries, and with accommodation for the handicapped;
- e. Provides for a timely written answer to written complaints and grievances, within 15 working days where practicable;
- f. Provides citizens with reasonable advance notice of, and opportunity to comment on, proposed activities not previously described in the community development application, and for activities which are proposed to be deleted or substantially changed in terms of purpose, scope, location, or beneficiaries.

## Assurances

As the duly authorized representative of the applicant entity, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review, and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and

will furnish progress reports and such other information as may be required by the assistance awarding agency or State.

6. Will initiate and complete the work within the applicable time frame after receipt of approval by the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating the prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead-based paint in the construction or rehabilitation of residential structures.
10. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Section 109 of the Housing and Community Development Act of 1974 (HCDA), as amended, 42 U.S.C. § 5309, which prohibits discrimination on the basis of race, color, national origin, sex, and religion in any program or activity funded in whole or in part under Title I of the Community Development Act of 1974, which includes Community Development Block Grants; (b) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin, religion, or sex; (c) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (d) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) which prohibits discrimination on the basis of disability; (e) the Americans with Disabilities Act of 1990 (ADA), as amended, 42 U.S.C. § 12101 et seq. Title II of the ADA, which prohibits discrimination based on disability in programs and activities provided or made available by public entities; (f) the Architectural Barriers Act of 1968, 42 U.S.C. § 4151 et seq., which requires that buildings and facilities designed, constructed, altered, or leased with certain federal funds after September 1969 to be accessible to and useable by persons with disabilities; (g) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107) which prohibits discrimination on the basis of age; (h) the Drug Abuse Office and Treatment Act of 1972 (P.L. 93-255), as amended, relating to nondiscrimination on the basis of drug abuse; (i) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (j) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (k) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (l) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (m) the requirements of any other nondiscrimination Statute(s) which may apply to the application.
11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), as amended (P.L. 100-17) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally assisted programs. These

requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

12. Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the potential activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a-7), The Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), Section 3 provisions from the HUD Act of 1968 (12 U.S.C. 1701u), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333) regarding labor and employment standards for federally assisted construction contracts.
14. Will comply with the flood insurance purchase requirements of Section 102 (a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (c) notification of violating facilities pursuant to EO 11738; (d) protection of wetlands pursuant to EO 11990; (e) evaluation of flood hazards in flood plains in accordance with EO 11988; (f) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (g) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended, (42 U.S.C. 7401 et seq.); (h) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (i) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.)
18. Will cause to be performed the required financial and compliance audits in accordance with Single Audit Act of 1984, as amended, and OMB Circular A-128.
19. Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program.

### Special State Assurances

The applicant further assures and certifies that:

1. The proposed program benefits principally persons of low to moderate incomes, the latter being defined as persons in households having incomes at or below applicable income limits. Specifically, the following percentages of low- and moderate-income beneficiaries serve as a minimum threshold depending on the type of project: 51% for public facilities activities and

100% for housing activities. Programs should be designed so as to give maximum feasible priority to activities which will benefit low- and moderate-income families or aid in the prevention of slums and blight. However, a proposed program may include activities which the grantee certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious threat to the health or welfare of the community where other financial resources are not available to meet such needs.

2. If it has a previous Community Development Block Grant Program which has not been closed out, it will, if requested by the State, present the State with documentation to adequately demonstrate that it can expeditiously close out the previous program and manage a future program.
3. The local governing body accepts the responsibility for citizen comments and concerns related to the proposed program.

### Anti-Displacement Assurance

As the duly authorized representative of the applicant, I certify that the applicant will comply with:

1. Section 104(d) of Title I of the Housing and Community Development Act of 1974, as amended. This provision, authorized by Section 509(a) of the Housing and Community Development Act of 1987, contains requirements for a residential anti-displacement and relocation assistance plan. Each State recipient must adopt, make public, and certify to the State that it is following "a "residential anti-displacement and relocation assistance plan."
2. Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended through 1987, (Public Law 100-17, 101 Stat. 246-256). This provision extends Uniform Relocation Assistance coverage to any person (family individual, business, nonprofit organization, or farms) displaced as a direct result of rehabilitation, demolition, or privately undertaken acquisition carried out for a federally assisted project or program.

### Certification For Contracts, Grants, Loans, And Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LL", "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

### Certification Regarding Survey

If a survey to determine project beneficiaries was undertaken for the proposed project, such survey was conducted with full regard to obtaining accurate information. The City/County agrees that any evidence to the contrary could result in adverse consequences, including the repayment of grant funds.

### Certification Regarding Excessive Force

In accordance with Section 519 of Public Law 101-140, (the 1990 HUD Appropriations Act), the applicant entity certifies that it has adopted and is enforcing a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations.

*(END OF CERTIFICATIONS AND ASSURANCES)*

## 10. Application Acknowledgement and Signature

Applications will be evaluated as received after the submission deadline, so the completeness of this package is paramount. Applications are unable to be modified after the submission deadline.

Prior to the submission of this application, please take time to ensure the following are addressed:

☒ All applicable checkboxes and fields have a response, even if that response is N/A.

☒ All required attachments are submitted with this application document, such as:

- Project footprint map
- Photos
- Service area map
- Project cost estimate
- Duplication of Benefits Addendum and applicable support
- Any additional pages needed to support a response

☒ Any other applicable attachments, such as:

- Interlocal Agreement/ Memorandum of Understanding
- Documentation of disaster impacts and losses
- Feasibility, market, or other technical or economic study
- Proof of commitment of non-CDBG funds

### Signature of Chief Elected Officer

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title or imprisoned not more than five years, or both.

|                   |                                                                                     |              |         |
|-------------------|-------------------------------------------------------------------------------------|--------------|---------|
| <b>Signature:</b> |  |              |         |
| <b>Printed:</b>   | William Albritton                                                                   | <b>Date:</b> | 7/28/25 |

# APPENDICES: Supplemental Instructions and Clarifications

The following subsections provide additional instructions and/or clarifications to specific questions identified in the main application form. The information in the following subsections should be used to properly complete the specific related fields in the application.

## APPENDIX A: Economic Development Projects (2b)

### Guidance and Regulatory References for Economic Development Activities

The following resources provide additional details and clarity on economic development activities that can be implemented under the LRRCP:

- 1) HUD Guidance and Manuals:
  - Basically CDBG: Economic Development- Manual
  - Basically CDBG: Economic Development- HUD Video
- 2) The following sections of the Housing and Community Development Act of 1974 (HCDA), Eligible Activities for States Guide, are the most likely to be utilized for economic projects eligible for the LRRCP:
  - 105(a)(14 and 15)- Activities Carried Out through Nonprofit Development Organizations
  - 105(a)(17)- Economic Development Assistance to For-Profit Business
  - 105(a)(22)- Microenterprise Assistance
- 3) Related regulatory language can be found sections 24 CFR 570.201(c), 570.201(o), 570.202, 570.203 (a), (b) and (c), 570.204 in the Code of Federal Regulations.

### Job Creation for Economic Activities

For a CDBG-DR funded activity to meet the Low-to-Moderate Income Jobs national objective, it must directly create new, **permanent, full-time equivalent** jobs, of which 51% or more are filled by LMI persons. These are HUD's main considerations for job creation:

- Full-Time Equivalent= 40 work hours/week. Multiple jobs can count as one full-time equivalent job (ex: two 20 hour/week jobs count as one full-time equivalent)
- A permanent job is a job that is not temporary by nature or contractual. Seasonal jobs may be considered as permanent only if the season is long enough for the job to be considered the employee's principal occupation.
- Jobs that are relocated or transferred to the new project site from an existing site are not considered to be "new" and do not count towards the project's job count.

- Many economic development projects involve commercial tenants. New, permanent, FTE jobs of those tenants may be counted, as long as the tenants agree to provide the required reporting data to submit to ADECA.
- Only jobs **directly created** by the completed CDBG-DR project can be included in the jobs count. Indirect or trickle-down jobs do not count towards the project's job creation count.
- Jobs related to the construction or renovation of the project are considered "Indirect" and do not count towards the LMI Job count.
- Per a HUD waiver, the LMI status of a newly created job will be calculated based on the annual income of that job, using HUD's determination of a one-person income that is 80% of area median income. See the Direct Benefit part of Appendix F for how to find that income amount for your county. For example, HUD considers annual income amounts below \$36,550 to be LMI for Washington County. New jobs with an annual payroll amount at or below that will be counted as LMI, and jobs above that will be counted as non-LMI.

Your response to this field should provide an estimate of how many new jobs your project will create and the potential annual payroll amounts for each. For example:

- 1 Manager, 40 hours, \$75,000
- 2 Team Leads, 40 hours, \$50,000
- 4 Cashiers, 40 hours, \$35,000
- 4 Stockers, 40 hours, \$28,000
- 4 Custodial, 20 hours, \$15,000

Based on the example above, there will be 13 new FTE jobs created, of which 10 would be considered LMI (77%).

For additional guidance on job creation, please refer to section 3.2.4 of Chapter 3: National Objectives from the Basically CDBG for States manual.

## APPENDIX B: Recovery or Mitigation Project- Unmet Needs and Mitigation Needs Assessments (2c)

To adequately respond to this field, the applicant must refer to ADECA's unmet needs assessment or mitigation needs assessment—depending on if the proposed project is recovery or mitigative in nature.

A summary of the Unmet Needs Assessment is contained on pages 47 - 50 of the ADECA Public Action Plan that is uploaded to the 2020 Hurricanes Sally and Zeta landing page on the ADECA public website. The Assessment describes the state's unmet housing, infrastructure, and economic revitalization need in detail.

A summary of the Mitigation Needs Assessment ADECA conducted is contained on pages 50 - 51 of the Public Action Plan and describes the six hazards that were found to pose the greatest threat to lives and property in the impacted areas. Applicants who would like to access the entire Mitigation Needs Assessment should contact Trent Williams at [trent.williams@adeca.alabama.gov](mailto:trent.williams@adeca.alabama.gov) to request a copy.

## APPENDIX C: Incorporation of Design Strategies and Elements (2e)

### Definition of Infrastructure Activity

HUD requires that all newly constructed infrastructure that is assisted with CDBG-DR funds be designed and constructed to withstand extreme weather events and the impacts of climate change.

An **infrastructure activity** includes any activity or group of activities (including acquisition or site or other improvements), whether carried out on public or private land, that assists the development of the physical assets that are designed to provide or support services to the general public in the following sectors: surface transportation, including roadways, bridges, railroads, and transit; aviation; ports, including navigational channels; water resources projects; energy production and generation, including from renewable, nuclear, and hydro sources; electricity transmission; broadband; pipelines; stormwater and sewer infrastructure; drinking water infrastructure; schools, hospitals, and housing shelters; and other sectors as may be determined by the Federal Permitting Improvement Steering Council.

For the purposes of this requirement, an activity that falls within this definition is an infrastructure activity regardless of whether it is carried out under sections 105(a)(2), 105(a)(4), 105(a)(14), another section of the HCDA, or a waiver or alternative requirement established by HUD.

### Definition of Elevation Standards

Applicants undertaking infrastructure activities must **elevate or floodproof** all structures in accordance with FEMA floodproofing standards at 44 CFR 60.3(c)(3)(ii) or successor standard, up to at least two feet above the 100-year floodplain.

All critical actions within the 500-year floodplain must be elevated or floodproofed to the higher of the 500-year floodplain elevation or three feet above the 100-year floodplain elevation. If the 500-year floodplain or elevation is unavailable, and the Critical Action is in the 100-year floodplain, then the structure must be elevated or floodproofed at least three feet above the 100-year floodplain elevation.

See Section 9.7 of the LRRCP guidelines for additional information related to elevation requirements.

### Definition of Accessibility Standards for Buildings

All LRRCP construction activities must meet federal accessibility mandates, which require that **reasonable accommodations** for persons with disabilities be implemented. HUD defines a reasonable accommodation as a change, adaptation, or modification to a policy, program, service, or workplace which will allow a qualified person with a disability to participate fully in a program, take advantage of a service, or perform a job.

All projects must comply with federal laws related to accessibility, such as the Americans with Disabilities Act (ADA) and Section 504 of the Fair Housing Act.

### Definition of Disaster-related System and Community-based Mitigation System

Disaster-related systems refer to systems such as storm water management systems, wastewater treatment systems, electrical systems, gray infrastructure, and other types of systems that serve and benefit the public during and after a disaster.

Disaster-related community-based mitigation systems refer to systems that address or impact FEMA's Community Lifelines. These community lifelines are the most fundamental services in the community that, when stabilized, enable all other aspects of society. Stabilization occurs when basic lifeline services

or capabilities are provided to survivors. FEMA has identified community lifelines in the following seven sectors: safety and security; food, water, shelter; health and medical; energy (power and fuel); communications; transportation; and hazardous materials.

Examples of type of projects that would address a community-based mitigation system include the following:

- Safety and Security – Search and rescue operations; government services
- Food, Water, and Shelter – Sheltering of displaced persons; agriculture
- Health and Medical – Injured patient movement; fatality management
- Energy – Power (grid); Fuel
- Communications – Alerts, warnings, and messages; 911 and dispatch; responder communications
- Transportation – Mass transit; railway; aviation
- Hazardous Materials – Facilities repair; HAZMAT

For additional information related to community lifelines visit the FEMA.gov webpage here.

## APPENDIX D: Project Service Area (4b)

### How to Define a Service Area

Defining a project's service area will play a significant role in the evaluation of project applications. A project's service area is the area in which the project's benefits can be realized by residents. Service areas can range from very small (for a local street repair or community playground) to large multi-jurisdictional areas (for large critical infrastructure projects). You are required to provide a common-sense justification for the area you believe your project will serve and provide benefits. Activity service areas should be reasonably delineated based on the intended beneficiaries of the project.

The following considerations must be made when making a determination of your project's service area:

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Nature of the Activity</b>   | The size and the equipment associated with the activity should be taken into consideration. For example: A small park with a limited number of slides and benches would not be expected to serve a large neighborhood. In the same way, a larger park that can accommodate a considerable number of people would not be expected to serve just the immediately adjacent properties. The same applies to improvements or assistance to an alleyway versus a small two-lane street versus an arterial four-lane street within the same neighborhood. The service area for each of these infrastructure projects will be different in size and population. |
| <b>2. Location of the Activity</b> | The immediate area surrounding a facility or improvement is expected to be included in the service area. Additionally, when a facility is located near the boundary of a particular block group, its service area could likely include portions of the adjacent block groups as well as the one in which it is located. If the activity's service area overlaps into multiple block groups, the entirety of the data for all block groups may be used.                                                                                                                                                                                                  |
| <b>3. Accessibility</b>            | Geographic barriers can separate and preclude persons residing in a nearby area from taking advantage of a facility or improvement. Other limits to accessibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|                                                         |                                                                                                                                                                                                                                |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                         | can include access fees, language barriers, time, or duration that an activity is available, access to transportation and parking, etc.                                                                                        |
| <b>4. Availability of Comparable Activities</b>         | Comparable activities within the service area should be taken into account so that the service area does not overlap with the service area of another comparable activity.                                                     |
| <b>5. Boundaries for Facilities and Public Services</b> | The service area for some public facilities and services are determined based on specified and established boundaries or districts. Examples of such services and facilities are police precincts, fire stations, and schools. |

Using the considerations above, you should identify the census tracts and block groups that your project will serve and benefit area residents. Accurately defining your project’s service area is a very important aspect of this program. ADECA encourages applicants to request technical assistance while performing this exercise.

## Using the HUD Interactive Mapping Tool to Identify Service Area, Census Tract and Block Groups, Population and LMI Percentage

HUD recommends an online interactive mapping tool that applicants can use to select their project’s service area and calculate the total population of that service area and the percentage of persons in that service area that are low to moderate income. This map tool also allows for printing and saving as a PDF for ease of attaching to your LRRCP application.

- Follow the below path on HUD’s webpage:
  - HUD’s CDBG Disaster Recovery Funds page on HUD Exchange (<https://www.hudexchange.info/programs/cdbg-dr/>), then
  - “CDBG Low- and Moderate-Income Data” link, then
  - “ACS 5-Year 2016-2020 Low and Moderate Income Summary Data Main” link, then
  - “Data Sets- Map Application” link, then
  - Click on the View button on the righthand corner.

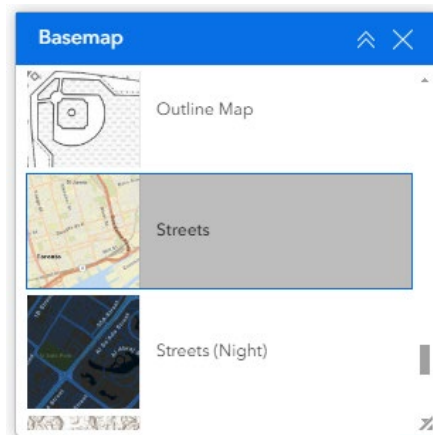
(Or, follow this direct link to the map application:

<https://hud.maps.arcgis.com/home/item.html?id=279eca0222754f8a954bbf8cf995a1a3#overview>) and click the View button.

- An interactive GIS map tool will appear in a new browser tab.
- First, you must select the appropriate layer for your map. Click on the “Map Layers” icon at the top left corner that looks like layered papers. For this LRRCP program, select **only** the “**LMISD by Block Group**” box. **Make sure that the other checkboxes are not selected. Having more than one box selected will skew the way the data is calculated.**



4. For ease of viewing and printing, we recommend changing the map style. Click on the “Basemap” icon and select “Navigation” or “Streets”:

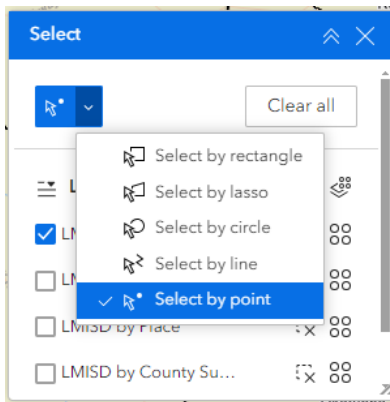
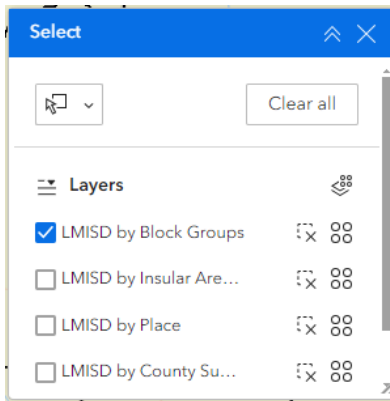


5. With the map settings updated, you can now Zoom the map until you see the black outlines of the block groups. (TIP: The block groups will not show up until you zoom in close enough. Try zooming out and in until you see the black lines for the first time). Zoom in to the level that best illustrates your service area. For example:

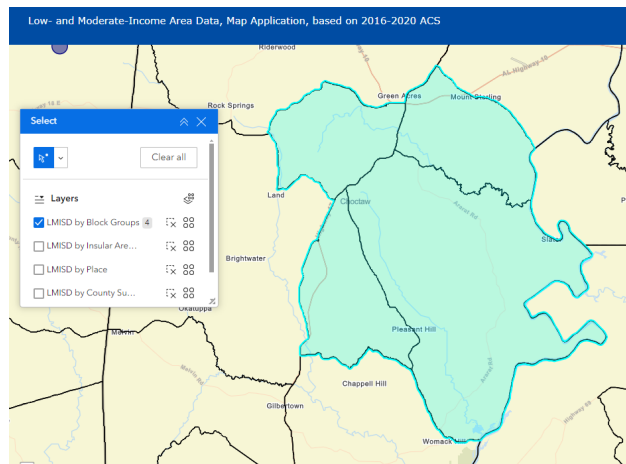


Recall the block groups that you defined as your project’s service area and use the following steps to select them, extract population and LMI data, and print the map.

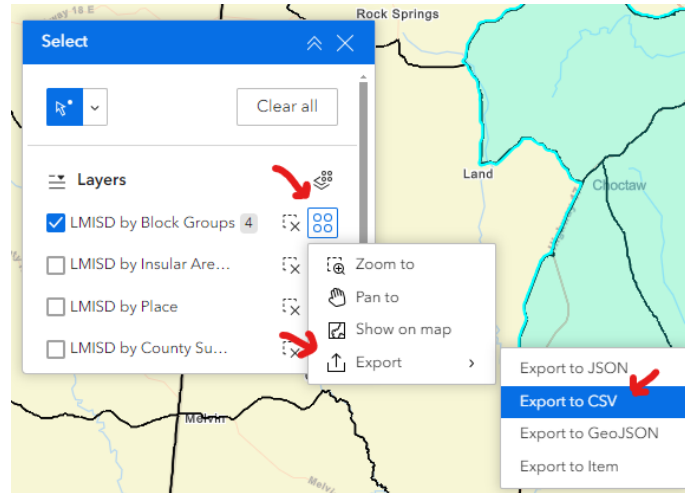
6. **Select the Service Area:** To select your service area's applicable block group(s), click on the "Select" icon and make sure the "LMISD by block group" box is checked. Then, click on the icon on the top left corner and choose "Select by Point". Make sure that the pointer button is highlighted in BLUE.



7. Next, click on the applicable block group for your service area. If your service area includes multiple block groups, simply hold down the SHIFT key and click on the applicable block groups. The map will highlight them in bright blue.



8. **Extract Data:** Once your appropriate service area has been selected, you can now extract the LMI and population data. Click on the Actions 4-dots icon and select “Export”, then “Export to CSV”. This will export the data into an Excel spreadsheet.



9. **Calculate your LMI Percentage:** Open the spreadsheet file that was just downloaded. On it, you will see columns that indicate the GEO ID, tract number, block group number, and other stats. The most important columns are the following:

- **LOWMODUNIV** = Low Mod Universe, or the **total population** of the selected block group(s)
- **LOW**= number of persons that are **low** income within that block group(s)
- **LOWMOD**= the number of persons that are **low and moderate** income within that block group(s)

Once you identify the applicable service area block group(s), perform calculations to determine the total population and the LMI percentage of your selected service area by dividing the **total** of your LOWMOD rows by the **total** of LOWMODUNIV rows.

$$LMI\ Percentage = \left( \frac{Total\ LOWMOD}{Total\ LOWMODUNIV} \right) * 100$$

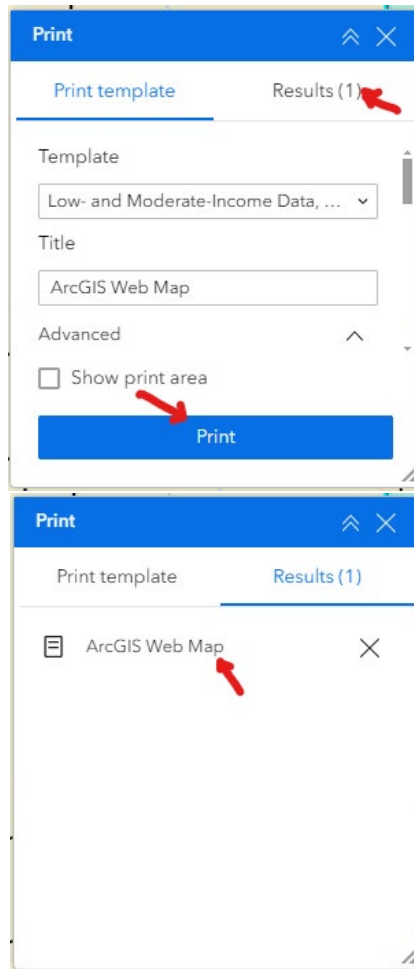
For example,

| GEOID        | GEONAME                                                    | STATUS | COUNTYNAME      | STATE | COUNTY | TRACT  | BLKG | LOW | LOWMOD | LMHI  | LOWMODUNIV | LOWMOD_PI | MOE_LOWMODPK |
|--------------|------------------------------------------------------------|--------|-----------------|-------|--------|--------|------|-----|--------|-------|------------|-----------|--------------|
| 010539706001 | Block Group 1, Census Tract 9706, Escambia County, Alabama | AL     | Escambia County | 01    | 053    | 970600 | 1    | 755 | 885    | 1,005 | 1,420      | 62.30%    | +/-18.40%    |
| 010539706002 | Block Group 2, Census Tract 9706, Escambia County, Alabama | AL     | Escambia County | 01    | 053    | 970600 | 2    | 680 | 750    | 765   | 805        | 93.20%    | +/-6.50%     |
| 010539706003 | Block Group 3, Census Tract 9706, Escambia County, Alabama | AL     | Escambia County | 01    | 053    | 970600 | 3    | 205 | 365    | 430   | 430        | 84.90%    | +/-18.40%    |
| 010539706004 | Block Group 4, Census Tract 9706, Escambia County, Alabama | AL     | Escambia County | 01    | 053    | 970600 | 4    | 670 | 1,060  | 1,165 | 1,210      | 87.60%    | +/-11.60%    |

A hypothetical project in Escambia has a service area that encompasses all four block groups of census tract 970600. To calculate LMI percentage, divide the sum of the LOWMOD column (3,060 persons) by the sum of the LOWMODUNIV column (3,865 persons), resulting in 79% LMI for this area.

Use these calculations, as well as the noted population numbers, to complete the fields in Section 4 and the table in Question 5b.

10. **Print the Map:** Zoom and center your map image as it appears best and select the “Print” icon. Make sure “Low and Moderate Income Data based on 2016-2020” template is selected. Click Print. The system will process the request and provide a downloadable link in the “Results” tab from which you can print and/or save as a PDF to attach to your application. If the print image is zoomed too far for ADECA to understand the project location, zoom out on the image, and re-print/save. Once completed, you can close out the map webpage.



11. **Additional Online Resource:** For added visual assistance, view [this video tutorial](#) provided by the Pennsylvania Department of Community and Economic Development on how to use this HUD mapping tool. (Using an older version of the map tool, but the general steps are similar)

## Alternative Method to Identify Service Area, Census Tract and Block Groups, Population and LMI Percentage Using HUD’s ACS 5-Year 2016-2020 Low- and Moderate-Income Summary Data

The following are instructions for applicants to determine the Low- and Moderate-Income (LMI) percentage of their project's service area using HUD's newly published ACS 5-Year 2016-2020 Low- and Moderate-Income Summary Data (LMISD), which is required to be utilized as of August 2024.

### 1. Identify the Project's Service Area

Define the geographic boundaries of the area that the project will serve as described above. The service area should include all areas that will benefit from the project. This might be a neighborhood, a census tract, or a combination of census tracts/block groups. Make sure the area is reasonably sized to ensure accurate data representation. **For the types of projects this program envisions, it is likely that defining service areas by block groups will be most common. Defining by block groups will also make searching the LMISD dataset easier.**

✎ The project application requires that a map of the service area is uploaded. To comply with the latest census data, we recommend using US Census Bureau block group maps. Alabama county maps can be found here:

[https://www2.census.gov/geo/maps/DC2020/DC20BLK/st01\\_al/county/](https://www2.census.gov/geo/maps/DC2020/DC20BLK/st01_al/county/)

✎ Find your county and download the map PDF file. Navigate to the best map(s) that shows your service area. Using your preferred method, mark up the map in such a way to clearly show the service area borders. Save the image(s) to upload with your application.

### 2. Access the HUD ACS 5-Year 2016-2020 Low- and Moderate-Income Summary Data

Visit HUD's CDBG LMISD page. The link for the 2016-2020 ACS 5-Year LMI Data is:

<https://www.hudexchange.info/programs/acs-low-mod-summary-data/>

✎ On the menu to the right of the page, click on "All Block Groups"

(<https://www.hudexchange.info/programs/acs-low-mod-summary-data/acs-low-mod-summary-data-block-groups-places>)

✎ Then click on "ACS 2016-2020 All Block Groups" to download the block group level LMI dataset (<https://www.hudexchange.info/sites/onecpd/assets/File/ACS-2020-Low-Mod-Block-Group-All.xlsx>).

### 3. Locate your Service Area Data and LMI Numbers

Open the downloaded Excel file, which includes LMI data for all counties in the country.

✎ Using the sort and filtering functions in Excel, filter down to your county's data by filtering by state, county, tract, and so on.

✎ The amounts in the following columns are the most important for this exercise:

- **LOWMODUNIV** = Low Mod Universe, or the Total Population of that block group
- **LOW**= number of persons that are low income within that block group
- **LOWMOD**= the number of persons that are low *and moderate* income within that block group

✎ Make note of these figures for each row of your applicable block group(s) in your service area to answer questions in section 4b.

### 4. Calculate your LMI Percentage

Once you identify the applicable service area block group(s), perform calculations to determine the total population and the LMI percentage of your selected service area by dividing the **total** of your LOWMOD rows by the **total** of LOWMODUNIV rows.

$$LMI \text{ Percentage} = \left( \frac{\text{Total LOWMOD}}{\text{Total LOWMODUNIV}} \right) * 100$$

For example,

| GEOID        | GEONAME                                                    | STATUS | COUNTYNAME      | STATE | COUNT | TRACT  | BLKG | LOW | LOWMOD | LMMI  | LOWMODUNIV | LOWMOD_P | MOE_LOWMODP |
|--------------|------------------------------------------------------------|--------|-----------------|-------|-------|--------|------|-----|--------|-------|------------|----------|-------------|
| 010539706001 | Block Group 1, Census Tract 9706, Escambia County, Alabama | AL     | Escambia County | 01    | 053   | 970600 | 1    | 755 | 885    | 1,005 | 1,420      | 62.30%   | +/-18.40%   |
| 010539706002 | Block Group 2, Census Tract 9706, Escambia County, Alabama | AL     | Escambia County | 01    | 053   | 970600 | 2    | 680 | 750    | 765   | 805        | 93.20%   | +/-6.50%    |
| 010539706003 | Block Group 3, Census Tract 9706, Escambia County, Alabama | AL     | Escambia County | 01    | 053   | 970600 | 3    | 205 | 365    | 430   | 430        | 84.90%   | +/-18.40%   |
| 010539706004 | Block Group 4, Census Tract 9706, Escambia County, Alabama | AL     | Escambia County | 01    | 053   | 970600 | 4    | 670 | 1,060  | 1,165 | 1,210      | 87.60%   | +/-11.60%   |

A hypothetical project in Escambia has a service area that encompasses all four block groups of census tract 970600. To calculate LMI percentage, divide the sum of the LOWMOD column (3,060 persons) by the sum of the LOWMODUNIV column (3,865 persons), resulting in 79% LMI for this area.

Use these calculations, as well as the noted population numbers, to complete the fields in Section 4 and the table in Question 5b.

## APPENDIX E: Beneficiary Income Summary (5b)

### For Area-Wide Benefit projects

To complete the table in **Question 5b**, applicants should refer to the HUD ACS LMISD income data they obtained while completing **Question 4b** in this application.

1. In the *Total Population* row in the table in Question 5c, enter the total LOWMODUNIV number for your applicable block groups.
2. To determine the number of **low-income** persons in the service area, simply use the number in the *LOW* column from the Excel spreadsheet and enter it in the *Total Number Persons Less than or equal to 50% Area Median Income* row in the table. Divide this amount by your LOWMODUNIV amount to get the low income percentage.
3. To determine the number of **moderate-income** persons in the service area, subtract the number in the *LOW* column from the number in the *LOWMOD* column and enter the number in the *Total Number of Persons Between 51% and 80% Area Median Income* row in the table. Divide this amount by your LOWMODUNIV amount to get the moderate income percentage.
4. To determine the number of **non-LMI** persons in the service area, subtract the number in the *LOWMOD* column from the number in the *LOWMODUNIV* column and enter the number in the *Total Number of Persons Over 80% Area Median Income* row in the table. Divide this amount by your LOWMODUNIV amount to get the non-LMI percentage.

The sum of the percentages in the Percent column in the table should equal **100.00** after all data in the table has been entered.

### For Direct Benefit projects

Applicants who indicated in **Question 5b** that the project will provide a **direct benefit** to persons in the service area must enter **projections** regarding the total number of persons the project is **expected to serve**, as well as their income classifications.

To determine the low-, moderate-, and non-LMI limits to use for your projections for the persons in the service area, go to the HUD User webpage and follow the additional steps below to complete the table in **Question 5b**.

1. Determine the income thresholds for your projections by following this website path:
  - Go to the HUD's Income limits webpage:  
[https://www.huduser.gov/portal/datasets/il/il2024/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/il/il2024/select_Geography.odn)
  - Click on the “Click Here for FY 2024 IL Documentation” button to view individual income limit area datasets.
  - Select Alabama – AL, from the list of states, then your applicable county, followed by the View County Calculations button.
2. The website will generate an income table. For the purpose of your income projection, use the amounts for “1 person in family” for Very Low (50%) Income Limits and Low (80%) Income Limits to inform your response to Question 5b.

### **Example:**

The below example uses the income limits for families in Baldwin Co., Alabama., and a projected beneficiary population (i.e., the persons who will directly benefit from the project) of 20 beneficiaries who will receive recovery loans from Baldwin County via this project.

The HUD data indicates that the income limits for a one-person family would be **\$31,200** (for low income), **\$49,950** (for moderate income), and any amount above **\$49,950** as non-LMI.

Based on the income limits identified above, the applicant will make projections regarding the income levels of the 20 direct beneficiaries of the project:

- Enter 20 in the Total Project Beneficiaries row in the table in **Question 5b**.
- If the applicant projects that 7 of the 20 persons it will serve have incomes that do not exceed \$31,200 annually, enter 7 and 35 in the amount and percentage columns in the first row in the table in Question 5b.
- If the applicant projects that 4 of the 20 persons it will serve have incomes that do not exceed \$49,950 annually, enter 4 and 20 in the amount and percentage columns in the second row in the table in Question 5b.
- If the applicant projects that 9 of the 20 persons it will serve have incomes that exceed \$49,950 annually, enter 9 and 45 in the amount and percentage columns in the third row in the table in Question 5b.

The sum of the percentages in the Percent column in the table should equal **100.00** after all data in the table has been entered.

### **APPENDIX F: Project Cost Estimate (7b)**

All proposed LRRCP projects shall be accompanied by a detailed cost estimate prepared by, or reviewed by, an architect, engineer, or another reputable source from the State of Alabama.. The cost estimate shall contain the cost of construction, architectural/engineering fees, and related costs. A construction estimate shall be a listing of construction items (as a bid proposal), estimated quantity, unit of measure, unit price, and amount.

Architectural/Engineering fees shall be identified by type in a line-item format. Typical items include basic services, resident project representative, topographic surveying, property surveying, geotechnical

investigation, and testing. The justification shall contain an explanation for why the service is needed and how the proposed fee was derived.

If any other funds (federal, local, etc.) will be used to complete the project, then the cost estimate must identify the amount of those funds as well as the specific use of those funds. For example, if \$200,000 in local funds will be used to assist in the construction of a treatment facility for a new sewerage collection and treatment system, a specific identification of such must be shown on the cost estimate.

Provide an estimate of the number of parcels, if any, that will need to be acquired to construct the proposed improvements.

Provide a listing of anticipated permits and government approvals that may be necessary.

See the example cost estimate below, which is for a hypothetical project that is funded from LRRCP funds only:

### PROJECT COST ESTIMATE (EXAMPLE)

#### CONSTRUCTION:

| DESCRIPTION                              | QUANTITY | UNIT OF MEASURE | UNIT PRICE   | AMOUNT     |
|------------------------------------------|----------|-----------------|--------------|------------|
| Mobilization                             | Lump     | Lump Sum        | \$ 25,000.00 | \$ 25,000  |
| Asphaltic Concrete Wearing Course        | 3,700    | Ton             | \$ 80.00     | \$ 296,000 |
| 8-1/2" In-Place Cement Stab. Base Course | 35,000   | Sq. Yd.         | \$ 6.00      | \$ 210,000 |
| Water Valve Adjustments                  | 5        | Each            | \$ 200.00    | \$ 1,000   |
| Sewer Manhole Adjustments                | 10       | Each            | \$ 250.00    | \$ 2,500   |
| Aggregate Surface Course                 | 1,500    | Cu. Yd.         | \$ 45.00     | \$ 67,500  |
| 18" Corrugated Metal Pipe                | 100      | Lin. Ft.        | \$ 30.00     | \$ 3,000   |
| 24" Corrugated Metal Pipe                | 100      | Lin. Ft.        | \$ 38.00     | \$ 3,800   |
| 30" Corrugated Metal Pipe                | 80       | Lin. Ft.        | \$ 45.00     | \$ 3,600   |
| Signs and Barricades                     | Lump     | Lump Sum        | \$ 8,500.00  | \$ 8,500   |
| Project Sign                             | 1        | Each            | \$ 1,000.00  | \$ 1,000   |

Subtotal: \$621,900

Contingencies: \$62,100

Total Estimated Construction Cost: \$684,000

#### ENGINEERING:

Basic Services: \$59,100

Resident Project Representative: \$25,500

Geotechnical Investigation: \$3,000

Testing: \$3,750

#### **TOTAL PROJECT COST:**

**\$775,350**

Estimated number of parcels to be acquired: XX

Anticipated approvals/permits to be acquired: XX

#### **JUSTIFICATION FOR ADDITIONAL ENGINEERING FEES**

##### **Geotechnical Investigation:**

To provide pre-design base testing for lime and cement determination. A geotechnical engineering firm will provide investigation, recommendations, and report. The cost is estimated at \$3,000.

##### **Testing:**

To provide soil proctor tests and in-place density tests for the completed base course and coring of completed asphaltic concrete pavement.

|                               |                   |
|-------------------------------|-------------------|
| 25 coring @ \$30 each         | = \$ 750          |
| 30 density tests @ \$100 each | = <u>\$ 3,000</u> |
| Total                         | = \$ 3,750        |

# DUPLICATION OF BENEFITS ADDENDUM

A duplication of benefits (DOB) occurs when a beneficiary receives or is awarded assistance from multiple sources for a cumulative amount that exceeds the total need for a particular recovery purpose, and the total assistance received for that purpose is more than the total need for the project in question. For this reason, ADECA is required by HUD to conduct an individualized DOB review to ensure that any LRRCP award is not duplicative of other funding.

The following worksheet identifies several of the most common sources of funds that may pose a DOB for LRRCP projects. Applicants **must** disclose information about the actual receipt and availability of financial assistance to allow ADECA to determine if there is a DOB that may impact the potential LRRCP award.

For additional clarifications on DOB, please view the following resources:

- Duplication of Benefits Notice, June 2019 (84 FR 28836)
- HUD Webinar: Duplication of Benefits- Understanding and Applying the Requirements

[illegible]

|  |    |  |    |
|--|----|--|----|
|  | \$ |  | \$ |
|  | \$ |  | \$ |
|  | \$ |  | \$ |
|  | \$ |  | \$ |
|  | \$ |  | \$ |
|  | \$ |  | \$ |
|  | \$ |  | \$ |

**Available Funding:**

Are there any other funds from the sources described above that are **available** to you that will be dedicated to, or intended to be used toward the **same purposes as the proposed LRRCP project?**

HUD defines available assistance as:

1. Assistance that your entity(ies) would have received by acting in a reasonable manner (such as insurance or other assistance to which your entity(ies) is legally entitled).
2. Reasonably anticipated assistance that has been awarded and accepted but has not yet been received.
3. Assistance that is awarded to your entity(ies) but is administered by another party instead of being directly funded to the entity(ies).
4. FEMA funding that is available for your type of project but has not yet been applied for.

**If so, please indicate those available sources below.**

☐ Yes- There are funds available for the same purpose.

☐ No- There are no other funds available for the same purpose.

| Source of Available Funding | Amount Available | Anticipated Date to Receive (if known) |
|-----------------------------|------------------|----------------------------------------|
|                             | \$               |                                        |
|                             | \$               |                                        |
|                             | \$               |                                        |
|                             | \$               |                                        |
|                             | \$               |                                        |
|                             | \$               |                                        |
|                             | \$               |                                        |

**If you answered YES to either of the two sections above, please provide the following information about your other funding sources in the sections below.** ADECA will use this information to verify the amount(s) with the indicated funding sources in order to accurately perform a DOB calculation. Please enter N/A if it is not applicable.

## 1. Private Insurance Policies

Please provide information regarding any such insurance policies and information regarding claims filed and paid to the applicant for the same purposes as the proposed project activities.

|                               |  |
|-------------------------------|--|
| <b>Insurance Company Name</b> |  |
| <b>Contact Information</b>    |  |
| <b>Type of Insurance</b>      |  |
| <b>Claim Number</b>           |  |
| <b>Settled Amount</b>         |  |
| <b>Purpose for the Funds</b>  |  |

|                               |  |
|-------------------------------|--|
| <b>Insurance Company Name</b> |  |
| <b>Contact Information</b>    |  |
| <b>Type of Insurance</b>      |  |
| <b>Claim Number</b>           |  |
| <b>Settled Amount</b>         |  |
| <b>Purpose for the Funds</b>  |  |

|                               |  |
|-------------------------------|--|
| <b>Insurance Company Name</b> |  |
| <b>Contact Information</b>    |  |
| <b>Type of Insurance</b>      |  |
| <b>Claim Number</b>           |  |
| <b>Settled Amount</b>         |  |
| <b>Purpose for the Funds</b>  |  |

|                               |  |
|-------------------------------|--|
| <b>Insurance Company Name</b> |  |
| <b>Contact Information</b>    |  |
| <b>Type of Insurance</b>      |  |
| <b>Claim Number</b>           |  |
| <b>Settled Amount</b>         |  |
| <b>Purpose for the Funds</b>  |  |

## 2. Other Funding Sources

This section identifies any sources of funds that the applicant entity has received, or has available, for the project as a result of Hurricanes Sally and Zeta—other than private insurance.

|                                                                                                                                                                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Lender/Provider/Program</b>                                                                                                                                                                                                                                     |  |
| <b>Amount Received (and/or available)</b>                                                                                                                                                                                                                          |  |
| <b>Purpose that Funds were Provided</b>                                                                                                                                                                                                                            |  |
| <b>Applicant ID, Case #, or identifier</b>                                                                                                                                                                                                                         |  |
| <b>Source:</b><br><input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization<br><input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____ |  |

|                                                                                                                                                                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Lender/Provider/Program</b>                                                                                                                                                                                                                                     |  |
| <b>Amount Received (and/or available)</b>                                                                                                                                                                                                                          |  |
| <b>Purpose that Funds were Provided</b>                                                                                                                                                                                                                            |  |
| <b>Applicant ID, Case #, or identifier</b>                                                                                                                                                                                                                         |  |
| <b>Source:</b><br><input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization<br><input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____ |  |

|                                                                                                                                                                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Lender/Provider/Program</b>                                                                                                                                                                                                                                     |  |
| <b>Amount Received (and/or available)</b>                                                                                                                                                                                                                          |  |
| <b>Purpose that Funds were Provided</b>                                                                                                                                                                                                                            |  |
| <b>Applicant ID, Case #, or identifier</b>                                                                                                                                                                                                                         |  |
| <b>Source:</b><br><input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization<br><input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____ |  |

|                                                                                                                                                                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Lender/Provider/Program</b>                                                                                                                                                                                                                                     |  |
| <b>Amount Received (and/or available)</b>                                                                                                                                                                                                                          |  |
| <b>Purpose that Funds were Provided</b>                                                                                                                                                                                                                            |  |
| <b>Applicant ID, Case #, or identifier</b>                                                                                                                                                                                                                         |  |
| <b>Source:</b><br><input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization<br><input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____ |  |

*\*Attach additional pages if needed.*

## Attachments

If other funding has been identified above, please attach copies of the following for each:

- ☐ Private insurance claim documentation that shows, at a minimum, the amount provided and purpose of the funding.
- ☐ Applicable documentation for each of the other sources of funds acquired as a result of the disaster(s) including, but not limited to award letters, disbursement proof, statements, etc.

## On-Going Compliance

It is the policy of ADECA to recapture any funds that are determined to be a duplication of benefits with other forms of assistance.

During the life of the project, ADECA will require all subrecipients to report and certify whether additional funds were received for project-related expenses, the amount, and when funds were received. If additional funds were received that are determined to be duplicative, repayment shall be required in accordance with the subrecipient agreement.

## Certification

I certify that all of the above information is true and accurate to the best of my knowledge. Further, I understand that this information may be verified by ADECA and provide permission for ADECA to contact other Federal or other governmental agencies, insurance companies, or another applicable entity for the purposes of ensuring that the applicant entity has not received money that is duplicative for the purposes of the LRRCP.

By executing this Certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

|                                    |                                                                                      |              |         |
|------------------------------------|--------------------------------------------------------------------------------------|--------------|---------|
| <b>Signature of Chief Officer:</b> |  |              |         |
| <b>Printed:</b>                    | William Albritton                                                                    | <b>Date:</b> | 7/28/25 |

## PROJECT BENEFICIARY TABLE

For each proposed activity listed below, quantify the direct beneficiaries and indicate (by number of people, number of households, and percentage) their respective income level, race, ethnicity, etc., in the appropriate classifications. Use additional pages if more than three activities.

|          |              |                  | Very Low Income (A) |            |                   | Low Income (B) |            |                   | Moderate Income (C) |            |                   | Total LMI (A+B+C) |            |                   |
|----------|--------------|------------------|---------------------|------------|-------------------|----------------|------------|-------------------|---------------------|------------|-------------------|-------------------|------------|-------------------|
| Activity | Total People | Total Households | People              | Households | % of Total People | People         | Households | % of Total People | People              | Households | % of Total People | People            | Households | % of Total People |
|          |              |                  |                     |            |                   |                |            |                   |                     |            |                   |                   |            |                   |
|          |              |                  |                     |            |                   |                |            |                   |                     |            |                   |                   |            |                   |
|          |              |                  |                     |            |                   |                |            |                   |                     |            |                   |                   |            |                   |

| Race, Ethnicity, Etc.                | Activity 1          |                         |                                   |                                       | Activity 2          |                         |                                   |                                       | Activity 3          |                         |                                   |                                       |
|--------------------------------------|---------------------|-------------------------|-----------------------------------|---------------------------------------|---------------------|-------------------------|-----------------------------------|---------------------------------------|---------------------|-------------------------|-----------------------------------|---------------------------------------|
|                                      | Total People (Race) | Total Households (Race) | Total Hispanic People (Ethnicity) | Total Hispanic Households (Ethnicity) | Total People (Race) | Total Households (Race) | Total Hispanic People (Ethnicity) | Total Hispanic Households (Ethnicity) | Total People (Race) | Total Households (Race) | Total Hispanic People (Ethnicity) | Total Hispanic Households (Ethnicity) |
| White                                |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| Black/African Am                     |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| Asian                                |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| American Indian/ Alaskan Native      |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| Native Hawaiian/ Other Pacific Is    |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| Am Indian/Alaskan Native & White     |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| Asian & White                        |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| Black/African American & White       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| Am Indian/Alaskan & Black/African Am |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| Other/Multi-Racial                   |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |
| Totals                               |                     |                         |                                   |                                       |                     |                         |                                   |                                       |                     |                         |                                   |                                       |

|                          |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Disabled Persons         |  |  |  |  |  |  |  |  |  |  |  |  |
| Female-Headed Households |  |  |  |  |  |  |  |  |  |  |  |  |