

Virgin Islands Housing Finance Authority Community Development Block Grant – Disaster Recovery (CDBG-DR) Program



CDBG-DR Local Match for Federal Disaster Application Form

Agency Name: _____

PW Number: _____

Obligated Date: _____

Application Date: _____

Community Development Block Grant – Disaster Recovery Office
3438 Kronprindsens Gade
GERS Complex, 1st Floor
St. Thomas, VI 00802
Phone (340) 777-4432

100 Lagoon Complex, Suite 4
Frederiksted, VI 00840
Phone (340) 772-4432

GENERAL DESCRIPTION FORM INSTRUCTIONS

Mark the appropriate box at the top of the form to indicate whether this is the original application or an amended application. An amended application must be submitted each time there is a change to the project. Please enter the amendment number that corresponds to each change. (ex: *First change to the original application would be Amended Application #1*)

1. In the **Applicant Name** box indicate the entity's name (ex: *Virgin Islands Housing Finance Authority*), the person in the applicant's office to be contacted regarding this application, address, phone numbers of the entity requesting funds and contact person, and e-mail address of contact person.
2. In the **Project Name** box indicate the name of the project (ex: *Building of Low/Mod Rental Units*).
3. In the **Architectural/Engineering Firm** box indicate the name, address, phone number and e-mail address of the architectural/engineering firm for this project if one was hired by the applicant.
4. In the **Environmental Firm** box indicate the name, address, phone number and e-mail address of the environmental firm for this project if one was hired by the applicant.
5. **Obligated Projects Only.** Enter information for the FEMA obligated project which is under administration by the Virgin Islands Territorial Emergency Management Agency (VITEMA). Unobligated projects will not be considered. Submit one project per application. Please submit one project per application.
6. **Project Description.** Provide a concise description of the project for which you are requesting funds. The description should tell the entire story of the proposed project that will enable VIHFA to make a sound decision on the eligibility of the project. Please respond to as many questions as possible that pertains to the proposed project in this section. If the question does not apply to the project, please enter "N/A".
7. **a. Eligibility.** Please note that HUD funded projects must have a Tie to the Disaster, be an Eligible Activity and meet a National Objective (see below).
b. Eligible Activities. Select the appropriate eligible activity that your proposed project will fall under. Most CDBG-DR appropriations require funds to be used for necessary expenses for activities related to disaster relief, long-term recovery, restoration of infrastructure and housing, and economic revitalization in the most impacted and distressed areas. The activity must be CDBG eligible or allowed via a waiver, address a disaster-related impact in a Presidentially declared county, and meet a national objective. Disaster related activities are those that demonstrate (1) a logical connection to the disaster, and (2) how the activity will contribute to long-term recovery. *Note: Grantees must determine what documentation is sufficient and reasonable to show how activities respond to a disaster-related impact.*
c. In the **National Objective** box indicate which national objective will be addressed by the project.
d. Environmental Requirements. Please note that HUD funded project must ALL go through an environmental review, however, according to 40320 Federal Register Vol. 83, No. 157 dated Tuesday, August 14, 2018 titled Allocations, Common Application, Waivers, and Alternative Requirements for Community Development Block Grant Disaster Recovery Grantees: *Adoption of another agency's environmental is allowed without review or public comment performed by a Federal agency, and such adoption shall satisfy the responsibilities of the recipient with respect to such environmental review, approval, or permit that is required by the HCD Act."*
8. **CDBG-DR and Federal Cross Cutting Requirements** – Applicants are advised that all projects that are CDBG-DR funded are subject to Federal cross cutting requirements. Federal cross cutting requirements are provided in Appendix A and each page must be initialed to acknowledge receipt. VIHFA staff will provide technical assistance as requested.

Note: The applicant's **Organizational Head** must sign and date the completed application and the project budget to signify approval. Type the **Organizational Head's** name and title in the appropriate boxes. A signature signifies the approval by the Organizational Head.

General Description Form

Place a check mark in the appropriate box: Original Application

Amended Application # _____

1. Applicant Name, Contact Person's/Project Manager's Name, Address, Phone Number, and E-mail Address:								
2. Project Name:								
3. Name, Address, Phone Number and Email Address of Architectural/Engineering Firm: (if applicable)					4. Name, Address, Phone Number and Email Address of Environmental Firm: (if applicable)			
					Date of ERR: (if applicable)			
5. FOR OBLIGATED PROJECTS ONLY: Please provide the current information below for the project that you are requesting the 10% Local Share.								
PW#	FEMA Category	Large (L) or Small (S)	100% Project Cost (\$)	90% Federal Share (\$)	10% Local Share (\$)	FEMA Payments to Date (\$)	# of Completed Requests	Current Status
<p><small>*Current status includes: Completed (the PW is complete, but FEMA payments are pending); FEMA Close-Out (FEMA has fully paid its 90% share and project is complete); Pending (PW is not complete; if so, please include the % completion to date); or state another status not listed above.</small></p>								
Notice to Proceed Date:			Construction Start Date			Project Completion Date (actual or estimated):		
6. Project Description (Answer the questions below.)								
a.	Based on the Damage Description and Dimensions (DDD) and Scope of Work (SOW) in the Project Worksheet, describe the proposed project to be funded with CDBG-DR funds. This section should include the project timeline. Note: This information should not deviate from the FEMA Scope of Work.							
b.	Describe the physical boundaries of the target area(s) in relation to the beneficiaries of the project. Please include coordinates and census tract information.							

7. Eligibility: HUD allows Sub-recipients to use CDBG-DR fund to address the Local Cost Share but requires that the funded project must have a TIE TO THE DISASTER and meet at least one additional HUD ELIGIBLE ACTIVITY and NATIONAL OBJECTIVE.

a. Tie to the Disaster: Please provide a brief description of the Project’s Tie to the Disaster

b. Eligible Activities.

In order to be eligible for funding, a proposal must include one or more of the activities described in Title 24 Section 570.200 to 570.206 of the Code of Federal Regulations. Select from the listing below the activity this proposed project entails.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Acquisition of real property 201(a) <input type="checkbox"/> Disposition 201(b) <input type="checkbox"/> Public Facilities and Improvements 201(c) <input type="checkbox"/> Clearance and remediations 201(d) <input type="checkbox"/> Public Services 201(e) <input type="checkbox"/> Interim Assistance 201(f) <input type="checkbox"/> Relocation 201(i) <input type="checkbox"/> Loss of Rental Income 201(j) <input type="checkbox"/> Construction of Housing 201(m) <input type="checkbox"/> Homeownership Assistance 201(n) | <ul style="list-style-type: none"> <input type="checkbox"/> Special Economic Development Activities 201(o); 203 <input type="checkbox"/> Microenterprise Assistance 201(o) <input type="checkbox"/> Miscellaneous Other Activities 201(g), (h), (k), (p), (q) <input type="checkbox"/> Rehabilitation and Preservation 202(a), (b), (c), (d), (e), (f) <input type="checkbox"/> Planning Activities 205(a) <input type="checkbox"/> General management, oversight and coordination 206(a) <input type="checkbox"/> Public Information 206(b) <input type="checkbox"/> Fair Housing Activities 206(c) <input type="checkbox"/> Indirect Costs 206(e) <input type="checkbox"/> Submission of applications for federal programs 206(f) <input type="checkbox"/> Administrative expenses to facilitate housing 206(g) <input type="checkbox"/> Section 17 of the U.S. Housing Act of 1937 206(h) |
|--|--|

c. National Objectives to be addressed (check one).

In order to be eligible for CDBG-DR funding, a project must meet at least one of the national objectives outlined in Title 24, Section 570.208 of the Code of Federal Regulations. Select from below the national objective(s) to be met by this project.

- Activities Benefiting Low/Moderate Income Persons.
 - Area benefits* to all residents of low to moderate income in a particular area. (**Note:** This selection is applicable only if the project will be located in a neighborhood or census tract where more than 51% of the persons or households qualify as low to moderate income. Please refer to the census maps attached at the end of the application)
 - Limited Clientele*. Limited to a specific group of persons and at least 51% of them qualify as low to moderate income.
 - Housing activities*. An eligible activity carried out for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by low- and moderate-income households.
 - Job creation or retention activities*. An activity designed to create or retain 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.

- Prevention/Elimination of Slums or Blight including historic restoration to remove conditions that threaten health and safety. **Please note that the designation of areas of “slum and blight” must have been established by local law.**
- Urgent Need. Activity designed to alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community which are of recent origin, or which recently became urgent, that the subrecipient is unable to finance the activity on its own, and that other sources of funding are not available.
- None (Planning, Capacity Building, Administrative)

d. Environmental Requirements. In accordance with the Appropriations Act, grant recipients of Federal funds that use such funds to supplement Federal assistance provided under section 408(c)(4) as well as sections 402, 403, 404, 406, 407 or 502 of the Stafford Act may adopt, without review or public comment, any environmental review, approval, or PROD with NOTICES1 permit performed by a Federal agency, and such adoption shall satisfy the responsibilities of the recipient with respect to such environmental review, approval, or permit that is required by the HCD Act. The grant recipient must notify HUD in writing of its decision to adopt another agency’s environmental review. The grant recipient must retain a copy of the review in the grantee’s environmental records.”

Was a FEMA environmental completed?

- Yes No If yes, please attach a copy.

8. CDBG-DR and Federal Cross-Cutting Requirements

While an applicant may be subject to all compliance areas, the compliance areas that present the challenges to program recipients in the past and require additional attention to detail include the Federal cross-cutting requirements. For a comprehensive understanding of the CDBG-DR and federal cross-cutting requirements, please refer to Appendix A. VIHFA will provide technical assistance upon request. Failure to comply fully with the CDBG-DR and federal cross-cutting requirements may result in the project being ineligible and/or a recapture of funds.

In addition, Contractor/Subcontractor shall comply with the Federal Labor Standards Provisions set forth in Form HUD-4010, available at <https://www.hud.gov/sites/documents/4010.PDF>

9. Integrated Document

This Application, along with Subrecipient Agreement No. SA-DR(VITEMA)-002-2020, and any attachments, constitutes the entire agreement between _____ (Agency), VIHFA and VITEMA (parties) and the parties acknowledge that there are no other agreements, written or oral, that have not been fully set forth in the text of this Agreement.

Agency shall submit to VIHFA a request for payment based on the approved budget. Payment will be made upon submission by the Agency of a properly executed “Payment Request” form, together with all supporting invoices, receipts, bills, approved time sheets, and other documents necessary to justify the payment.

VIHFA shall pay to (see below) CDBG-DR funds available under this agreement based upon review of the documentation submitted only for eligible and allowable costs permitted under this agreement consistent with the approved budget line items that were actually incurred by Agency and not to exceed actual cash requirements.

Following approval of the application, documents for Request for Payments should be submitted via email to drawrequestcdbgdr@vihfa.gov with a subject line in the following format: Vendor or Subrecipient Name & Amount with a cover sheet addressed to:

Program Senior Manager Name or CDBG-DR Director
 Position Title
 CDBG-DR Division
 VI Housing Finance Authority

Organizational Head Initials _____

VIHFA Initials _____

3202 Demarara Plaza, Suite 200
St. Thomas, VI, 00802

with a certification statement signed by Agency's approving officer identified in Section 1.

VIHFA shall not be obligated to satisfy Agency's payment request seeking advances or reimbursements for costs that are inconsistent with VIHFA's approved Action Plan, federal statutes, regulations including Cost Principles in 2 CFR part 200, subpart E, or the terms, this Match Application, and conditions of the VIHFA's CDBG-DR Federal award, or that would otherwise result in the VIHFA charging improper, unauthorized, or otherwise unallowable costs to its grant Federal award.

**CDBG-DR LOCAL COST SHARE
MATCH BUDGET**

Indicate the total dollar amount of Project Funds expected from each funding source. Round all amounts to the nearest dollar. The TOTAL Funds should equal the total cost and cannot exceed the total FEMA approved project cost. **Directions.** *General Information.* **FEDERAL AWARD DESCRIPTION:** Enter a brief description of the project. **TOTAL PROJECT COST:** Enter the total cost of the project; **FEDERAL SHARE:** Enter the amount of Federal contribution; **LOCAL COST SHARE:** Enter the required local share. *Budget.* **SUBAWARD:** List the items to be paid; **TOTAL PROJECT COST:** Enter the cost per item; **FEDERAL SHARE:** Enter the Federal share; **LOCAL COST SHARE:** Enter the Local Cost Share; **SOURCES:** Enter the source of the funds.

GENERAL INFORMATION

PW#:	Sub-Recipient:		Project Name:
Federal Award Description			
Total Project Cost (100%)	\$	Date Obligated:	Category:
Federal Share (90%)	\$		
Local Cost Share (10%)	\$		

BUDGET

Subaward (Identify the versions to be paid by source)	Total Project Cost (Federal/Non-Federal) (\$)	Federal Share (\$)	Local Cost Share (\$)
Total Project Costs	\$	\$	\$

Acknowledgement of Attachments

I acknowledge and agree that the attachments hereto, including the HUD General Provisions and Duplication of Benefits Certification are incorporated herein and made a part of this contract. These attachments shall control the obligations of the agency.

Organizational Head Initials: _____

AUTHORIZATION

In the event that the VIHFA or HUD determines that any funds were expended by the Applicant for unauthorized or ineligible purposes or the expenditures constitute disallowed costs in any other way, then VIHFA or HUD may order repayment of the same. The Applicant shall remit the disallowed amount to VIHFA within thirty (30) days of written notice of the disallowance.

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I agree to substantially abide by the above budget in the utilization of funds. I certify under penalty of perjury that: (1) the information provided in this Community Development Block Grant Disaster Recovery Project application is true and correct as of this date and that any intentional or negligent misrepresentation may result in civil liability, including monetary damages, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; and (2) the property will not be used for any illegal or prohibited purpose or use.

Organizational Head:		
_____	_____	_____
Print Name and Official Title	Signature	Date

Reviewed and Verified by ODR Organizational Head:		
_____	_____	_____
Print Name and Official Title	Signature	Date

VIHFA CDBG-DR Use Only

Reviewed by CDBG-DR Specialist:		
_____	_____	_____
Print Name and Official Title	Signature	Date

Reviewed by CDBG-DR Senior Manager:		
_____	_____	_____
Print Name and Official Title	Signature	Date

Reviewed by Environmental:		
_____	_____	_____
Print Name and Official Title	Signature	Date

Approved / Rejected by Finance Director:		
_____	_____	_____
Print Name and Official Title	Signature	Date

Reviewed by CDBG-DR Program Head:		
_____	_____	_____
Print Name and Official Title	Signature	Date

Reviewed by CDBG-DR Chief Officer:		
_____	_____	_____
Print Name and Official Title	Signature	Date

Approved / Rejected by VIHFA Executive Director:		
_____	_____	_____
Print Name and Official Title	Signature	Date

