

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



CDBG-DR Project Application Form (Scope, Eligibility and Budget)

Agency Name: _____

Project Name: _____

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 approved 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. **Program.** Select the program your proposed project falls under.
3. In the **Project Name** box indicate the name of the project (ex: *Building of Low/Mod Rental Units*).
4. 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.
5. 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.
6. **Tie to the Disaster.** Provide a detailed explanation on how your project is tied to Hurricane's Irma and/or Maria. **Note:** *Please provide before and after pictures if applicable, reports or data received to support your proposed activity.*
7. **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".
8. In the **National Objective** box indicate which national objective will be addressed by the project.
9. **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.*
10. **Duplication of Benefit.** Provide information that may be seen as an additional funding source (ex. Insurance, monetary donations, FEMA, SBA) for the intended project.

Note: *The applicant's **Organizational Head** must initial the appropriate pages, 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.*

Please attach additional sheet(s) if extra space is needed.

General Description Form

Place a check mark in the appropriate box:

Original Application

Amended Application # _____

[illegible]

b. Briefly explain the needs to be addressed with the proposed project.
c. Show that the project considers and/or proposes a mitigation plan to minimize damage in the event of future floods or hurricanes.
d. How extensive is the proposed construction? Is there site work, digging/earthwork, etc.?
e. Identify the proposed improvements, location of the proposed improvements and/or project (making sure to answer who owns the property, what is near and around i.e. landmarks, and where located), current size/capacity of and area served by the project, etc.
f. Describe whether the project will require acquisition of property, easements, or rights-of-way and the approximate number of parcels to be acquired.

g.	Describe how the project relates to existing infrastructure. For example, if you plan to install new sewage collection lines, then can the treatment plant handle the increase?
h.	Are there green infrastructure or other sustainability design components? For the purpose of completing this section, green infrastructure is defined as the integration of natural systems and processes, or engineered systems that mimic natural systems and processes, into investments in resilient infrastructure. “Green Infrastructure” takes advantage of the services and natural defenses provided by land and water systems such as wetlands, natural areas, vegetation, sand dunes, and forests, while contributing to the health and quality of life of those in recovering communities.
i.	Describe how people will benefit from the project and indicate whether the benefits will be direct and/or indirect. Direct benefits are defined as those that will take place on private property, such as hookups. Provide an estimated number of utility hookups, if applicable.
j.	Identify who will retain ownership of the system/project deliverables after the completion of the project. Describe the method by which the applicant can ensure that adequate revenues will be available to operate and maintain the proposed project. The description must identify the source and the estimated amount of funds that will be generated for this purpose.
k.	Describe the physical boundaries of the target area(s) in relation to the beneficiaries of the project.
l.	Will the proposed project directly cause any demolition or conversion of any existing residential or commercial units resulting in permanent, temporary or economic displacement of existing tenants? If yes, indicate whether the households are low income and the estimated number of households that may be affected. Note: <i>Attach a plan describing the steps taken to minimize displacement, including what assistance/benefits will be provided to displaced households and what plans have been developed to replace the units and ensure that they stay at or below Fair Market Rent for XXX years.</i>
m.	If the property was built before 1978, is it exempt from lead-based paint abatement? If yes, list reason. If no, has the property been evaluated? Please indicate if the property needs remediation. Note: <i>Attach record indicating year of construction and proof of exemption.</i>

n. For rehabilitation projects, has there been an evaluation of asbestos hazards? Does the property need Asbestos remediation? Note: <i>Provide a copy of reports.</i>
o. Was the building occupied at the time of the hurricanes? <div style="text-align: center; margin-top: 10px;"> Yes No </div>
<p>If yes, how many units were occupied? ____ Unoccupied units? ____ Total units? ____</p> <p>Describe Building: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____</p> <p>Describe occupants: <input type="checkbox"/> Owner <input type="checkbox"/> Rental <input type="checkbox"/> Lease</p> <p>Who owns the property or building? _____ Note: <i>Submit a copy of the deed or lease.</i></p>
p. If this is a housing project, does it have more than five (5) units? If yes, at least 5% (or 1, whichever is greater) must be accessible to persons with mobility impairments and 2% (or 1, whichever is greater) must be accessible to persons with sensory impairments if the project is new construction or requires substantial rehabilitation. The remaining units must meet the accessibility requirements of the Federal Fair Housing Act, which require that all units in elevator buildings and ground units in other buildings be ADA accessible.
q. Have steps been established to further Fair Housing? Please explain.
8. 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.
<p>Activities Benefiting Low/Moderate Income Persons.</p> <p><i>Area benefit activity</i> is one that benefits all residents of low to moderate income in a particular area, in which 51 percent of the residents are low to moderate income persons. (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. <i>Please refer to the census maps attached at the end of the application.</i>)</p> <p><i>Limited Clientele.</i> Limited to a specific group of persons and at least 51% of them qualify as low to moderate income.</p> <p><i>Housing activities.</i> 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.</p> <p><i>Job creation or retention activities.</i> 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.</p> <p>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.</p> <p>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.</p> <p>None (Planning, Capacity Building, Administrative)</p>

9. 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.

Acquisition of real property 201(a)
Disposition 201(b)
Public Facilities and Improvements 201(c)
Clearance and remediations 201(d)
Public Services 201(e)
Interim Assistance 201(f)
Relocation 201(i)
Loss of Rental Income 201(j)
Privately-Owned Utilities 201(l)
Construction of Housing 201(m)
Homeownership Assistance 201(n)

Special Economic Development Activities 201(o); 203
Microenterprise Assistance 201(o)
Miscellaneous Other Activities 201(g), (h), (k), (p), (q)
Rehabilitation and Preservation 202(a), (b), (c), (d), (e), (f)
Planning Activities 205(a)
General management, oversight and coordination 206(a)
Public Information 206(b)
Fair Housing Activities 206(c)
Indirect Costs 206(e)
Submission of applications for federal programs 206(f)
Administrative expenses to facilitate housing 206(g)
Section 17 of the U.S. Housing Act of 1937 206(h)

10. Duplication of Benefits.

Did the subrecipient file an insurance claim (or receive other funding) for the damages referenced in this application? If yes, what were the proceeds used for? If the funds were not used what will the funds be used for? Provide the dollar amounts in the High-Level Budget section of this application.

Yes

No

HIGH LEVEL BUDGET INSTRUCTIONS

Indicate the total dollar amount of Project Funds expected from each funding source. Round all amounts to the nearest dollar. The **TOTAL FUNDS** amount should equal the total project cost. Identify the funding source and the status of each of those funds (*committed, applied for, etc.*).

Once the budget table is completed, provide responses to the below question.

Note: *A cost estimate must be completed for this entire project to complete the budget. A detailed budget/cost summary will be required once your project is deemed eligible.*

CDBG-DR funding is the funding of last resort; therefore, if the proposed project activities were formerly part of your organization's annual budget please identify and indicate the amount below. Also, identify all other funding sources you have pursued and will become available to you during the life of the project. If your project will generate Program Income during the life of the project, please indicate as well below. (Attach an additional sheet if more space is required.)

Project Funds	Amount	Funding Source	Status of Funds
CDBG-DR			
Local Funds			
Private Funds			
Insurance Proceeds			
Federal Funds (ie. FEMA)			
Other Funds			
Program Income			
TOTAL FUNDS			

1. Please explain how your organization will generate program income?

PROJECT BUDGET INSTRUCTIONS

Section I – Project Information

- Please enter the perspective subrecipient name.
- Please enter the Subrecipient Agreement Number (Leave blank until the number has been assigned and communicated upon an executed subrecipient agreement.)
- Please enter the Project Number (Leave blank until the number has been assigned and communicated upon an executed Project Addendum.)
- Provide the project name that will be budgeted in Section 2.

Section II – Budget Information

Fill out the section that applies and add additional lines as needed. The categories are defined below. **(Note: Subsequent payment requests will be required to be submitted by budgeted line items. Any increases or decreases in budgeted line item will have to be requested and approved by the Grantee).**

1. **Program Administration:** Costs associated with the administration, financial requirements, reports, documentation and compliance records, monitoring and oversight. **Note:** *This cost must be allowed by the Grantee in the Subrecipient's agreement.*
2. **Project Cost (Direct):** This refers to both the hard and soft costs of the project, including design, environmental and construction services. This also includes any planned equipment purchases, which must be identified on a separate line item as a budget item.
3. **Project Cost (Activity Delivery Costs):** All project related implementation activities per a written agreement between the grantee and/or Subrecipient. It may include personnel cost for employees directly related to the day to day specific oversight and implementation of CDBG-DR- eligible activities. Personnel cost must be based on records that accurately reflect the work performed. 2 CFR 200.430(i) and should include timesheets and activity logs signed and dated by staff and their supervisor. The time sheet should have a description of the work performed. If time is split between multiple programs, the time sheet should accurately reflect the time split and no time should be left un-allocated.
4. **Indirect Cost:** Indirect costs are costs used by multiple activities, and which cannot therefore be assigned to specific cost objects. As noted in 2CFR Section 200.331(a)XIII, the subaward should include, "Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs)". Additionally, section 200.331(a)(4), requires "an approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate as defined in §200.414 Indirect (F&A) costs, paragraph (f).

Acceptance of the 10 percent de minimis rate is predicated upon the following conditions: (1) the non-Federal entity has never received a Negotiated Indirect Cost Rate Agreement (NICRA) from a Federal agency and is therefore eligible for the 10 percent de minimis rate; (2) that no costs other than those incurred by the non-Federal entity will be recovered by using the 10 percent de minimis rate and such costs are legal obligations of the non-Federal entity; (3) that the same costs that have been treated as indirect costs have not been claimed as direct costs; and (4) that similar types of costs have been accorded consistent.

State or Local Government and Indian Tribes receiving over \$35 million in direct Federal funding are not eligible to elect the 10% de minimis rate of modified total direct cost (MTDC). (2CFR 200 Appendix VII D(1)b1)

Section III – AUTHORIZATION

1. The applicant's **Organizational Head** must sign and date the form to signify the approval. Type the **Organizational Head's** name and title in the appropriate box.
2. **VIHFA ONLY.** VIHFA will review for approval.

Please attach additional sheet(s) if extra space is needed.

PROJECT BUDGET FORM

Effective Date:

FORM: CDBGDR-PBUDGT-04-13-19

SECTION I –PROJECT INFORMATION

Subrecipient Name:		Project Name:	
Subrecipient Agreement Number:		Project Number:	

(Complete the below detailed budget. Attach a second sheet if additional space/detail is needed. **Include the cost estimate when submitting the application.**)

SECTION II – BUDGET INFORMATION

CATEGORY	CDBG-DR BUDGET	OTHER SOURCES OF FUNDS			TOTAL COST
Program Administration <i>(At the discretion of the grantee)</i>					
Total Program Administration					
Project Cost (Direct)					
Subtotal Project Cost (Direct)					
Project Cost (Activity Delivery Cost)					
Subtotal Project Cost (Activity Delivery Cost)					
TOTAL PROJECT COST					
Indirect Cost					
Planning					
Total Planning Cost					
TOTAL					

Organizational Head Initials _____

VIHFA Initials _____

SECTION III – AUTHORIZATION

The applicant agrees to substantially abide by the above budget in the utilization of funds provided under the Subrecipient Agreement.

Organizational Head:	<div></div>
	Print Name and Official Title
	<div></div>
	Signature
	<div></div>
	Date

VIHFA CDBG-DR Use Only

Reviewed by CDBG-DR Program Manager/Specialist:	<div></div>
	Print Name and Official Title
	<div></div>
	Signature
	<div></div>
	Date

Reviewed by CDBG-DR Senior Manager:	<div></div>
	Print Name and Official Title
	<div></div>
	Signature
	<div></div>
	Date

Reviewed by CDBG-DR Finance Director:	<div></div>
	Print Name and Official Title
	<div></div>
	Signature
	<div></div>
	Date

Approved / Rejected by CDBG-DR Program Director:	<div></div>
	Print Name and Official Title
	<div></div>
	Signature
	<div></div>
	Date

Approved / Rejected by VIHFA Executive Director:	<div></div>
	Print Name and Official Title
	<div></div>
	Signature
	<div></div>
	Date

PROJECT DISBURSEMENT SCHEDULE INSTRUCTIONS

Section I – Project Information

- Please enter the perspective subrecipient name.
- Provide the project name of the specific project
- Please enter the Subrecipient Agreement Number (*Leave blank until the number has been assigned and communicated upon an executed subrecipient agreement.*)
- Please enter the Project Number (*Leave blank until the number has been assigned and communicated upon an executed Project Addendum.*)

Section II – Disbursement Schedule

1. **Project Amount:** The Project Amount refers to the total CDBG-DR funded part of the project budget.
2. **Cumulative Amount:** The Cumulative Amount is a quarter over quarter projection of the projected costs.
3. **Milestones:** If a milestone is Not Applicable (NA) to your project, please mark as such. If you have an additional milestone critical to your project, please add.
4. **Duration:** The Grant Expenditure Period for the CDBG-DR program is 6 years. It began on September 24, 2018, with the signing of the Grant Agreement with HUD and ends September 23, 2024. If your project will take more than two years to complete, please add additional sheets.
5. **Quarters:** Please mark the Quarter when the activity starts with an "X".

Note: *Complete the appropriate disbursement schedule for the proposed project.*

PROJECT DISBURSEMENT SCHEDULE (CONSTRUCTION)

SECTION I – PROJECT INFORMATION

Subrecipient Name:	Project Name:
Subrecipient Agreement Number:	Project Number:

SECTION II – DISBURSEMENT SCHEDULE

Milestones	Amount												
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Environmental Clearance													
Execution of Sub-Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work In progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close out													
Cumulative Drawdown													

Milestones	Amount												
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Environmental Clearance													
Execution of Sub-Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work In progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close out													
Cumulative Drawdown													

Organizational Head Initials _____

VIHFA Initials _____

PROJECT DISBURSEMENT SCHEDULE (PUBLIC SERVICES)

SECTION I – PROJECT INFORMATION

Subrecipient Name:	Project Name:
Subrecipient Agreement Number:	Project Number:

SECTION II – DISBURSEMENT SCHEDULE

Milestones	Amount												
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Environmental Clearance													
Execution of Sub-Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work In progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close out													
Cumulative Drawdown													

Milestones	Amount												
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Environmental Clearance													
Execution of Sub-Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work In progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close out													
Cumulative Drawdown													

Organizational Head Initials _____

VIHFA Initials _____

ACTIVITY BENEFICIARY FORM INSTRUCTIONS

Objective: The Activity Beneficiary Form reports information for actual beneficiaries of intended CDBG-DR activities.

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient) and enter the name of the Grantee or Subrecipient.
2. Enter the Subrecipient/Project ID assigned by VIHFA CDBG-DR.
3. Enter Activity Name assigned by VIHFA CDBG-DR.

Part I - BENEFICIARY INCOME INFORMATION

- A. Based upon the location of the project, enter the number and percentage of individuals benefiting by income level.
- B. Enter the data source(s) (e.g. HUD American Community Survey, household survey) and any additional information describing how the beneficiaries were determined.

Part II - AREA INFORMATION *(if the activity is a direct benefit activity, leave this Part II area blank)*

- A. Enter whether the project is target area or communitywide and the census block groups of the project area. Please list each census tract(s) and/or block group(s) that define the area; separating each census tract with a “;”. Please continue on another page, if necessary. This information should be determined using the 2010 Census data attached at the end of this document.
- B. Enter the exact location of the geographical center of the project by identifying the latitude and longitude numbers. This information may have been initially reported on the supplemental information page in the approved project application.

Part III - DIRECT BENEFIT DEMOGRAPHIC INFORMATION *(if the activity is an area wide benefit, leave this Part III area blank)*

- A. Enter the total individuals who will benefit by racial and ethnicity and by income level. This total for LMI is any person 80% or below the area median income and Non-LMI are 81% or higher of the area median income. The LMI and Non-LMI total should equal the population total in Part I-A.

Race and ethnicity are independent of each other and should be counted separately. For instance, if the activity served 20 White persons, 15 of which are not of Hispanic/Latino ethnicity and 5 of which are of Hispanic/Latino ethnicity, the information to be added into row “A. Race and Ethnicity, 1. White” should be 20 for Total and 5 for Hispanic/Latino”.

- B. Enter female headed households for those LMI (80% or below area median income) and those non-LMI (above 80% area median income).

Project Maps

A map (or maps) that delineate the following items for each target area must be included in the application package:

1. Existing Conditions Map: Provide a detailed map of the existing improvements. The map should delineate such items as the location of project and/or size of waterlines, elevated water tanks, sewer lines, manholes, location of treatment plants, etc.
2. Proposed Improvements Map: Provide a detailed map showing the location of project, sizes, etc. of the proposed improvements.

3. Census tracts and/or block groups (by number) and/or logical record numbers.
4. Location of concentrations of low- and moderate-income persons, showing number and percent by census tracts and/or block groups and/or logical record number.
5. Boundaries of areas in which the activities will be concentrated; and
6. The specific location of each activity.

Note: *The Existing Conditions map and the Proposed Improvements map may be combined into one map if all the information shown can be depicted in such a way as to easily determine the difference between the existing and proposed.*

VIHFA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY ACTIVITY BENEFICIARY FORM					
1. Grantee <input type="checkbox"/> Subrecipient <input type="checkbox"/>			2. Subrecipient/Project ID		
3. Activity Name:					
PART I – BENEFICIARY INCOME INFORMATION					
A. Income Levels			Total	Percentage	
1. Total Number Persons Less than or equal to 50% Area Median Income.					
2. Total Number of Persons Over 50% not greater than 80% Area Median Income.					
3. Total Number of Persons Over 80% Area Median Income.					
Total Population					
A. Source(s) for Determining Beneficiary Data:					
PART II – AREA INFORMATION <i>(Skip Part II if this is a direct benefit project)</i>					
A. Indicate whether the completed project was target area(s) specific or community-wide					
<input type="checkbox"/> Target Area(s) <input type="checkbox"/> Community-Wide List Census Tract(s) and/or Block Group(s): <hr/> <hr/> <hr/> <hr/>					
B. Provide Latitude/Longitude for the project location at or near geographical center:					
Latitude: _____ Longitude: _____					
PART III – DIRECT BENEFIT DEMOGRAPHIC INFORMATION <i>(Skip Part III if this is an area wide benefit project)</i>					
A. Race and Ethnicity		Total		Hispanic/Latino	
		LMI	Non-LMI	LMI	Non-LMI
1. White					
2. Black/African American					
3. Asian					
4. American Indian/Alaskan Native					
5. Native Hawaiian/Other Pacific Islander					
6. American Indian/Alaskan Native and White					
7. Asian and White					
8. Black/African American and White					
9. American Indian/Alaskan Native and Black/African American					
10. Other multi-racial					
11. Unknown					
Total Persons					
B. Head of Household		LMI		Non-LMI	
1. Female-Headed Households					

Organizational Head Initials _____

VIHFA Initials _____

OTHER FUNDS SUPPLEMENTAL DOCUMENTATION

Some projects may cost more than is available under the approved VIHFA action plan programs. The applicant may propose to use other funds in conjunction with the CDBG-DR funds. These other funds must be identified and must be available and ready to spend. If these funds involve loans or grants from other local, federal, or private sources, the monies must have already been awarded. To substantiate the immediate availability of the other funds, one of the following items of supporting documentation will be required:

1. letter and adopted resolution from the local governing body stating the specific source, amount, and location of local cash;
2. A line of credit letter from a financial institution such as a bank stating the amount available as a loan;
3. Specific evidence of funds to be received from a tax or bond election that has already passed; or
4. A letter from another funding agency stating that the funds have been awarded and are currently available for expenditure.

Note: *Attach the supporting documentation to this application.*

AUTHORIZATION

In the event that the VIHFA or HUD determines that any funds were expended by the Subrecipient 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 Subrecipient 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 provided under this Subrecipient Agreement. 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

VIHFA CDBG-DR Use Only

Reviewed by CDBG-DR Program
Manager/Specialist:

--

Print Name and Official Title

Signature

Date

Reviewed by CDBG-DR Senior
Manager:

--

Print Name and Initials

Date

Reviewed by Environmental:

--

Print Name and Official Title

Signature

Date

Reviewed by Compliance &
Monitoring:

--

Print Name and Official Title

Signature

Date

Approved / Rejected by CDBG-DR
Program Director:

--

Print Name and Official Title

Signature

Date

Approved / Rejected by VIHFA
Executive Director:

--

Print Name and Official Title

Signature

Date

LOW- AND MODERATE-INCOME MAP

Low- and Moderate-Income Census Tract Map St. Thomas and St. John



Legend

 Census Tracts >51% LMI

Source: HUD User Data 2019 (based on 2010 Census), U.S. Census Bureau 2018

Projection: Global Coordinate System North American Datum of 1983

LOW- AND MODERATE-INCOME MAP

Low- and Moderate-Income Census Tract Map St. Croix



Legend

Census Tracts >51% LMI

Source: HUD User Data 2019 (based on 2010 Census), U.S. Census Bureau 2018

Projection: Global Coordinate System North American Datum of 1983