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**2017 CDBG APPLICATION
NATIONAL OBJECTIVE PREAPPROVAL CHECKLIST
(For applicants intending to submit a project by the June 1, 2017 deadline)**

The following checklists are provided as a tool for use in completing the National Objective preapproval process for the 2017 application cycle. Please submit the required Exhibit E form along with the following information.

Return completed information to Wyoming Business Council, Attn: Sandy Quinlan, 214 W. 15th, Cheyenne, WY 82002 **no later than February 15, 2017**. **You will be notified if your project is eligible by March 1, 2017.**

You may submit hard copies. You may also email the National Objective Preapproval and any required support documentation to: sandy.quinlan@wyo.gov.

This project is found to be eligible and meets the national objective of: _____

This project is ineligible.

Program Manager _____ **Date** _____

Division Director _____ **Date** _____

Chief Executive Officer _____ **Date** _____

Name of Community _____
Address _____
Phone _____ E-mail _____

Prepared by _____
Address _____
Phone _____ E-mail _____

Project Summary

- _____ Number of individuals currently served
- _____ Number of LMI individuals currently served
- _____ Percent of LMI benefit
- _____ Number of individuals to be served at project completion
- _____ Number of LMI individuals to be served at project completion

National objective selected: LMA LMC

- Census Survey, Attach Completed Exhibit E-1
- Random Survey, Attach Completed Exhibit E-2
- LMA-US Census Data, Complete checklist below
- LMC, Attach Completed Exhibit E-3

If LMI is met by most current Census, please provide the following supporting documentation:

Census LMI % _____ HUD 2014 Census LMI Information (All Counties and Municipalities) Estimates based on the 2006-2010 American Community Survey

Supporting documentation:

- Narrative description with documentation on how activity complies with the appropriate national objective selected
- HUD Census map
- Methodology for establishing geographical boundaries of service area (predominant users, corroborating evidence)
- Document service area is primarily residential (attach map delineating service area, location of activity, dominant land uses and vacant parcels)
- Document how planned or potential future uses of vacant parcels would impact LMI benefit

Documentation can be obtained from:

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

Refer to the State's CDBG Guide to Local Governments information:
<https://www.hudexchange.info/programs/cdbg-state/> for more information and
regulation for the national objective at 4 CFR §91.320 (k)(l)(i)

If LMI is met by **CENSUS SURVEY**, please provide the following:

Exhibit E-1 Part I & II completed and attached Yes No

Supporting documentation:

Census Survey

Date conducted _____

Conducted by _____

- Copies of 5 completed survey forms
- Copy of list used to compile families/households in service area
- Copy of list used to disseminate the survey, indicating families who completed the survey
- Map indicating service area boundaries and location of families who completed the survey
- Copy of all publications/ads/letters directed toward citizens to publicize the survey
- If LMI is between 51% and 54%, additional analysis of the distribution curve of family sizes above and below and family percentages.
- Certification signed and notarized (if not on letterhead)

If LMI is met by **RANDOM SURVEY**, please provide the following:

Exhibit E-2 Part I & II completed and attached Yes No

Supporting documentation:

Random Survey

Date conducted _____

Conducted by _____

- Copies of 5 completed survey forms
- Copy random table used
- Copy of list used to compile families in the service area
- Copy of the list used to determine which families were part of the random sample, the oversample, and indicate which of those families responded, which families had to be replaced, which families from the oversample were used as a replacement and which families they replaced
- Copy of all publications/ads/letters directed toward citizens to publicize the survey
- Map of the service area indicating which households responded to the survey
- If LMI is between 51% and 54%, additional analysis of the distribution curve of family sizes above and below and family percentages.
- Certification signed and notarized (if not on letterhead)

If LMI is met by **Limited Clientele (LMC)**, please provide the following:

Exhibit E-3 Part I & II completed and attached Yes No

Identify group generally presumed by HUD to be principally L/M persons for this project.

- | | |
|---|--|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Elderly persons (age 62+) |
| <input type="checkbox"/> Battered spouses | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Severely disabled adults | <input type="checkbox"/> Illiterate adults |
| <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> Migrant Farm Workers |

- Total number of LMC Beneficiaries
- Number of beneficiaries who are LMI
- Provide information on family size and income so that it is evident that at least 51% of the clientele are persons whose family income does not exceed the appropriate LMI limit (i.e. day care facility)
- Income eligibility requirements that limit the activity exclusively to LMC persons
- If the project consists of removal of architectural barriers, describe project in detail
- Documentation showing the activity is used by a segment of the population presumed by HUD to be LMC persons (i.e. senior center)
- Documentation that the facility or service will be used exclusively by LMC persons
- Documentation describing how the nature and/or the location of the activity establish that it will be used primarily by LMC persons

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Please provide detailed responses to each section below.

Proposed Project Summary. Provide a brief quantitative description of the project including linear or square feet, number of persons to be served, frequency and duration of use(s), etc.

Proposed Service Area. Describe geographical area of the project to include the entire area to be served by the activity.

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Proposed Project Need. For example, existing conditions, age, structural stability, health and safety, accessibility, etc.

Proposed Project Impact. What is the outcome of the project?

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