

Gustav/Ike Infrastructure Pre-Application Form

Submitted: signature
Name: printed name
Title:
Date: will be generated when submitted

Project Name:	Project Number: Assigned by OCD
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1. APPLICANT CONTACT PERSON

Applicant Contact: primary point of contact for applicant

Contact Phone:

Contact email:

2. PROJECT NAME AND ADDRESS

Project Name:

Project Address: Give the physical address of the project, or of the entity if a program.

Target Area: State the geographic area or limited clientele to benefit from this project.

3. CDBG ELIGIBLE ACTIVITY

State the eligible activity(ies), including the regulatory/statutory citation(s), and how this project fits that/those eligible activity(ies)

4. NATIONAL OBJECTIVE

State the selected national objective and how this project meets that national objective.

Gustav/Ike Infrastructure Pre-Application Form (cont'd.)

5. TOTAL PROJECT COST, SOURCE, STATUS AND USE OF FUNDS

<i>Project Funds</i>	<i>Amount</i>	<i>Source and Status</i>	<i>Use</i>
CDBG	\$0	HUD/Pre application	
Local Funds	\$0		
Private Funds	\$0		
Other State Funds	\$0		
Federal Funds	\$0		
Other Funds	--	--	--
TOTAL	\$0		

Gustav/Ike Infrastructure Pre-Application Form (cont'd.)

6. PROJECT DESCRIPTION

Concise description: What is the project? What's being torn down, built, provided? What are the objectives of the project? what are the expected results?

- New/existing?
- Historic?
- Break ground?
- Land acquisition?
- Previous use?

Project Context: Is this part of a larger plan/project? Is it separate, in the sense that it doesn't rely on those other projects and does not trigger CDBG requirements on the other parts of the plan/project?

Beneficiaries/Public Benefit/Target Area: Who are the beneficiaries, what are the benefits to these beneficiaries, and where do they live?

Recovery Rationale: How does this project address the effects of the covered disaster? How does it foster the recovery of the community?

Description of Construction Involved: How intrusive is the proposed construction? Is there digging/earthwork/etc.? Purpose here is to help determine level of environmental review required.

Description of Acquisition Involved:

Mitigation Plan: Describe how the design of the project considers and/or proposes a mitigation plan to minimize damage in the event of future floods or hurricanes

7. PROJECT FEASIBILITY How likely is it that this project will be implemented? Is it on the approved project list and are all the funds necessary for completion committed?

Louisiana Office of Community Development Disaster Recovery Unit



**Application Forms and Instructions for the
Infrastructure Program within the Parish Implemented
Recovery Program**

Eligible and Ineligible Activities for the Infrastructure Program **within the Parish Implemented Recovery Program**

- acquisition of real property
- public facilities and improvements
- clearance, rehabilitation, reconstruction, and construction of buildings
- removal of architectural barriers to access by the elderly and handicapped
- disposition of real property, including costs associated with maintenance and transfer of acquired properties
- relocation associated with projects that utilize one or more of the other eligible activities listed here
- activities carried out through nonprofits
- assistance to neighborhood-based organizations, local development corps, and nonprofits serving the developing needs of communities
- energy efficiency/conservation programs
- code enforcement

OCD/DRU DISASTER RECOVERY APPLICATION FOR INFRASTRUCTURE PROGRAM PROJECTS

General Description Form Place a check mark in the appropriate box:

Amended Application

Original Application

Applicant Name, Address, Phone and Fax Numbers:	Project Name:
Applicant's Contact Person Name, Address, Phone Number and Email Address:	Name, Address, Phone Number and Email Address of Administrative Consultant: <i>(if applicable)</i>
Name, Address, Phone Number and Email Address of Architectural/Engineering Firm:	National Objective to be addressed (check one). _____ Activities Benefiting Low/Moderate Income Persons _____ Prevention/Elimination of Slums or Blight _____ Urgent Needs _____ N/A – Planning and Capacity Building

**OCD/DRU DISASTER RECOVERY APPLICATION FOR
INFRASTRUCTURE PROGRAM PROJECTS (cont'd.)**

Project Funds	Amount	Source and Status of Funds
CDBG	\$	
Local Funds	\$	
Private Funds	\$	
Other State Funds	\$	
Federal Funds	\$	
Other Funds	\$	
TOTAL FUNDS	\$	
Signature (Chief Elected Official) and Date Signed		Typed Name/Title (Chief Elected Official)

BUDGET/COST SUMMARY FORM

PROJECT NAME

(A) Costs by Activity	(B) CDBG	(C) Other	(D) Total	(E) Source
1. Acquisition of Real Property				
2. Public Facilities and Improvements				
3. Rehabilitation Loans and Grants (Hook-ups)				
4. Clearance Activities				
5. Public Services				
6. Other (identify)				
7. Administration				
TOTAL				

⋮

Architectural/Engineering (A/E) costs must be included in one of the activity costs above.

SUPPLEMENTAL INFORMATION

PROJECT NAME _____

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

Name

Senate District #

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

Name

Representative District #

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

Name

Congressional District #

4. Target Area Census Tract(s): _____

5. Indicate by means of an "x" as to whether the proposed project will involve a community-wide project or a target area(s) and enter the zip code of the project. If a target area is involved, enter the name(s) and zip code of the target area(s).

_____ Community-wide (zip code _____)

_____ Target area(s)

name & zip of target area _____

Project Milestones/Schedule

PROJECT NAME:

PROJECT NUMBER:

Milestones

ERR Complete – Date:

Acquisition/Closing – Date:

Design Complete – Date:

Construction Start – Date:

Construction Complete – Date:

ACTIVITY BENEFICIARY FORM

Community-Wide
 Target Area
 Combined

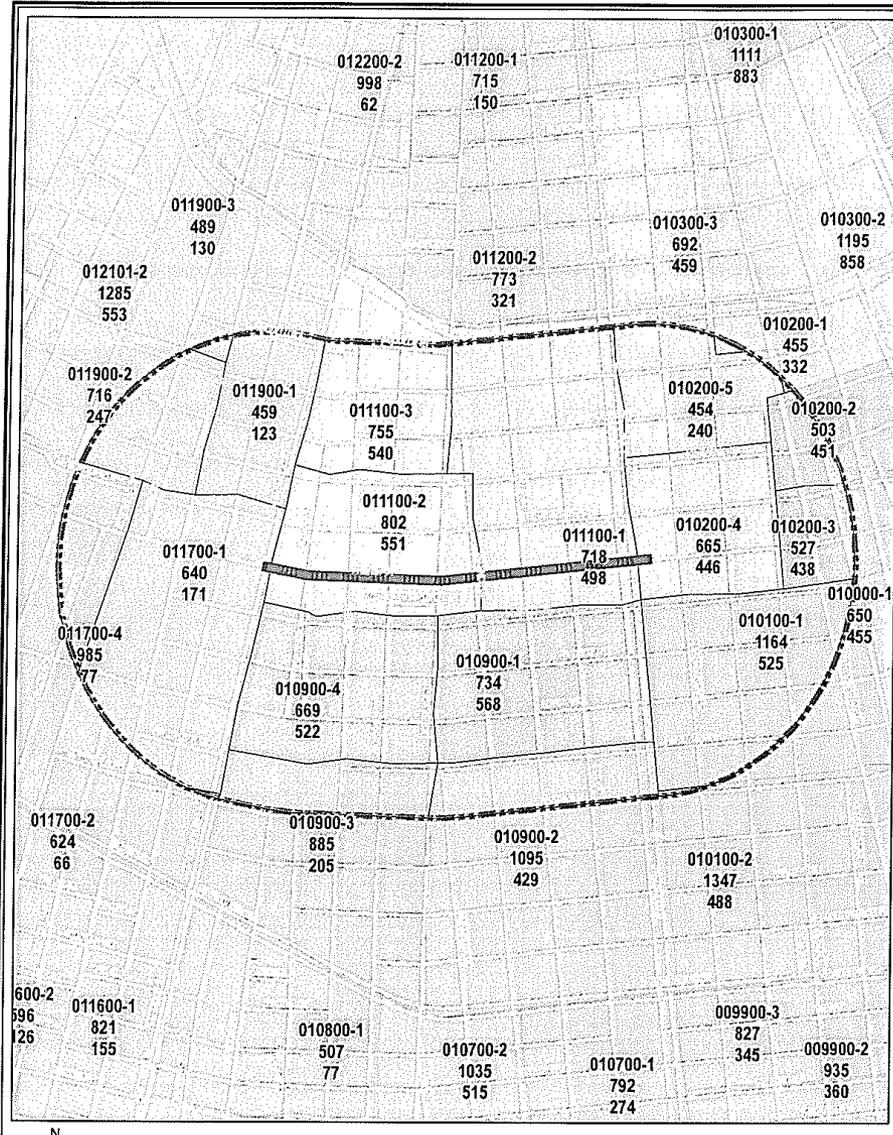
Project: _____

<i>List name of each activity excluding Admin & Acquisition:</i>	1)		2)		3)	
	#	%	#	%	#	%
Families (total):						
Elderly Head of Family:						
Female Head of Family:						
Handicapped Head of Family:						
Persons (total):						
Total Mod/Low/ExLow Income:						
Moderate Income:						
Owner (for Rehab activity <u>only</u> , i.e. hookups):						
Renter (for Rehab activity <u>only</u> , i.e. hookups):						
Low Income:						
Owner (for Rehab activity <u>only</u> , i.e. hookups):						
Renter (for Rehab activity <u>only</u> , i.e. hookups):						
Extremely Low Income:						
Owner (for Rehab activity <u>only</u> , i.e. hookups):						
Renter (for Rehab activity <u>only</u> , i.e. hookups):						
Elderly:						
Handicapped:						

Race and Ethnicity		Of Total #,		Of Total #,		Of Total #,
	Race	Indicate #	Race	Indicate #	Race	Indicate #
	Total #	Hispanic*	Total #	Hispanic*	Total #	Hispanic*
American Indian or Alaskan Native:						
Asian:						
Black or African American:						
Native Hawaiian or Other Pacific Islander:						
White:						
Am. Indian or Alaskan Native <i>and</i> White:						
Asian <i>and</i> White:						
Black or African American <i>and</i> White:						
Am. Indian or Alaskan Native <i>and</i> Black:						
Other Multi-racial:						

* Hispanic or Latino

Project Map



ARCHITECT/ENGINEER'S COST ESTIMATE	(Refer to the instructions for the specific information that must be included herein. Attach additional sheets if necessary).			
CONSTRUCTION:				
DESCRIPTION	QUAN TITY	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

ARCHITECT/ENGINEER'S COST ESTIMATE (cont'd.)

Contingencies:	\$62,100
Total Estimated Construction Cost:	\$684,000
ENGINEERING:	
Basic Services:	\$59,100
Resident Project Representative:	\$25,500
Geotechnical Investigation:	\$3,000
Testing:	<u>\$3,750</u>
TOTAL PROJECT COST:	\$775,350
Estimated number of parcels to be acquired:	0
Anticipated approvals/permits to be acquired:	
DOTD permit	

Signature of
Licensed Architect/Engineer

Date

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 corings of completed asphaltic concrete pavement.

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

Applicant/Recipient Disclosure/Update Report

Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Applicant/Recipient Information

Indicate whether this is
an Initial Report

or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): () -	2. Social Security Number or Employer ID Number: - -
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received
5. State the name and location (street address, City and State) of the project or activity:	

Part I Threshold Determinations

<p>1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).</p> <p>Yes No</p>	<p>2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD) , involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9</p> <p>Yes No.</p>
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If you answered “**No**” to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds. Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

(**Note:** Use Additional pages if necessary.)

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

Disclosure Report (cont'd.)

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the *assistance (whichever is lower)*.

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: X	Date: (mm/dd/yyyy)
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