

DISASTER RECOVERY APPLICATION

CDBG Disaster Recovery Application (each city applying for funds through the county should complete an application) (each project applied for must be able to document that the project is directly related to damage resulting from the 2011 flood event as authorized in FEMA Declaration FEMA-1981-DR North Dakota)

1. APPLICANT INFORMATION			
Applicant Name			
Address (Street)	City	State	ZIP Code
Phone Number	Fax Number		
Chief Elected Official	Email Address		
2. PREPARER INFORMATION			
Name of Person Completing Application	Title		
Agency/Organization			
Address (Street)	City	State	ZIP Code
Phone Number	Fax Number		
Email Address	City or Township the project is Located In		
3. PROJECT ENGINEER/ARCHITECT INFORMATION IF APPLICABLE			
Firm Name	Contact Person		
Address (Street)	City	State	ZIP Code
Phone Number	Fax Number	Email Address	
4. LEGAL COUNSEL IF APPLICABLE			
Firm Name	Contact Person		
Address (Street)	City	State	ZIP Code
Phone Number	Fax Number	Email Address	
Project Description			

5. PROJECT ACTIVITY CHART			
Activity	CDBG Disaster Amount	Local Funds*	Total
*Description of Source of Local Funds			
*Sources of Local Funding	Amount	Local Funds Secured (Yes/No)	Date Secured
6. WILL ANY ACTIVITIES BE CONDUCTED IN A 100-YEAR FLOODPLAIN?			<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, DOES THE COUNTY/CITY/TOWNSHIP PARTICIPATE IN THE NATIONAL FLOOD INSURANCE PROGRAM?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. WILL THE PROJECT ACTIVITY INCLUDE DEMOLITION OF A STANDING STRUCTURE?			<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, IS THE STRUCTURE OCCUPIED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Structure Was Built	
8. LMI BENEFIT CHARTS			
Area Benefit Activities (<i>i.e.</i> , Lift Station Replacement)			
Activity (<i>As listed above</i>)	Total Persons Served	Total LMI Persons Served	LMI Benefit
Source of LMI Benefit Information Provided (<i>Include a copy of the source</i>) <input type="checkbox"/> Local Income Survey <input type="checkbox"/> HUD Census Data <input type="checkbox"/> Other (specify) _____			
National Objective to be Met (<i>check one</i>) <input type="checkbox"/> Primarily benefits persons of low and moderate income (to meet this objective, 51% or more of the persons benefitting from a proposed activity must have income at or below 80% of the area median income, as defined by HUD.) <input type="checkbox"/> Urgent Need			
9. DIRECT BENEFIT ACTIVITIES (<i>i.e.</i> , Housing Rehabilitation)			
Activity (<i>As listed above</i>)	Total Persons Served	Total LMI Persons Served	LMI Benefit
Source of LMI Benefit Information Provided (<i>Include a copy of the source</i>) <input type="checkbox"/> Local Income Survey <input type="checkbox"/> HUD Census Data <input type="checkbox"/> Other (specify) _____			
National Objective to be Met (<i>check one</i>) <input type="checkbox"/> Primarily benefits persons of low and moderate income (to meet this objective, 51% or more of the persons benefitting from a proposed activity must have income at or below 80% of the area median income, as defined by HUD.) <input type="checkbox"/> Urgent Need			

10. BENEFICIARY RACE/ETHNICITY CHART

Race/Ethnicity	Total Number	Number of Hispanic
a. White (11)		
b. Black/African American (12)		
c. Asian (13)		
d. American Indian/Alaskan Native (14)		
e. Native Hawaiian/Other Pacific Islander (15)		
f. American Indian/Alaskan Native & White (16)		
g. Asian & White (17)		
h. Black/African American & White (18)		
i. American Indian/Alaskan Native & Black/African American (19)		
j. Other Multi-Racial (20)		
Total		

If this project is Payment of Special Assessments, Construction of Rental Units, Acquisition or Construction of New Homeowner Units, Direct Financial Assistance to Homebuyers, or Short-term Rental Assistance, please refer to the instructions.

**11. COST ESTIMATES (complete the table below or attach an engineer's detailed cost estimate).
(All costs must be supported by cost estimates or an engineer's estimate.)**

Item Description	Estimated Quantity	Estimated Cost
Total Costs		

12. NARRATIVE

Explain the needs arising from the 2011 flood disaster that will be addressed by this project.

Describe how the proposed project is related to disaster recovery.

Describe how the proposed project considers or provides for mitigation to minimize damage in the event of future floods.

Discuss the urgency of the need to complete this project, including any threats to the health, safety or welfare of the residents.

Discuss the proposed project, the location and the area served by the project.

Will the project require acquisition of property or easements?

Describe how the project addresses long-term benefits to the community.

Discuss the timeline of the project.

The undersigned chief elected official of the applicant certifies the information contained herein is true, correct and complete to the best of my knowledge and belief.

NAME	TITLE
SIGNATURE	DATE

Attach the following:

- Cost estimates or preliminary engineering report
- Map of project area showing the proposed project
- Public Hearing Notice
- Summary of public comments received and responses to those comments
- Documentation of commitments from other funding sources
- FEMA Inspection Reports

Discuss the timeline of the project.

The undersigned chief elected official of the applicant certifies the information contained herein is true, correct and complete to the best of my knowledge and belief.

NAME	TITLE
SIGNATURE	DATE

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**ALTERNATIVE FORMATS FOR DISABLED
PERSONS ARE AVAILABLE UPON REQUEST**