

**CITY OF NORTH LAS VEGAS**  
**Community Development Block Grant Program**  
**2009-2010 Program Year**  
**CONSTRUCTION/REHABILITATION APPLICATION**

**APPLICATION SUBMISSION DEADLINE: Thursday, October 16, 2008, 5:00PM**

Applications must be typed and fully completed.  
 No applications will be accepted after the deadline.

**DO NOT USE A FONT SMALLER THAN 10 POINT**

**PAGE BREAKS BETWEEN EACH PART ( PARTS 1 – 13) MUST BE MAINTAINED**

PROJECT INFORMATION	
Project Name:	
Project Address:	
Project Coordinator:	
Project Coordinator Phone Number:	Project Coordinator E-mail:
Total Project Cost: \$	Amount Requested: \$
Brief Project Description and Specific Purpose for Requested Funds:	
Days and Hours of Project Operation:	
Census Tract(s) Served:	Ward(s):

**PART I – APPLICANT INFORMATION**

A. GENERAL INFORMATION			
Applicant Name and DUNS Number:			
Applicant Street Address/ City/ Zip:			
Executive Director/President:		Federal Tax ID Number:	
Applicant Telephone No.:	Fax:	E-mail:	
Business Hours:	How Many Years Operating:	Date of Incorporation:	
Name and Title of Person Preparing Application:			

**B. TYPE OF APPLICANT**  
*(Check all that apply)*

Applicant is an existing entity

Applicant is a new entity being formed for the purpose of receiving financial assistance from CNLV

Corporation                       General Partnership                       Limited Partnership  
 Limited Liability Company                       Joint Venture                       Municipality  
 Non-Profit                       Local Housing Authority                       Current Owner  
 Individual(s)                       CBDO                       Contractor  
 Proposed Owner                       Developer                       Other: (specify)

**C. CO-APPLICANT INFORMATION**

Co-Applicant Name:

Co-Applicant Street Address/ City/ Zip:

Contact Name:	Federal Tax ID Number:	
Telephone No.:	Fax:	E-mail:

- Is the applicant or co-applicant delinquent on Federal and/or State debt?                       Yes     No
- Has the applicant or co-applicant received unresolved Federal or State findings?                       Yes     No
- Is the applicant or co-applicant delinquent on the filing of any Federal or State tax returns?                       Yes     No

*If the answer to any of these questions is "yes", please provide an explanation below.*

## **PART II –ORGANIZATION NARRATIVE**

***Provide a brief, clear and concise answer for each question. Do not use a font smaller than 10 point. Unless requested, no attachments other than Attachment II, as described at the end of this section, should be submitted in support of your answers in Part II.***

---

### **A. BACKGROUND**

**Describe the purpose of your organization and describe the characteristics of the clients served.**

### **B. QUALIFICATIONS**

- 1. Discuss your organization's capability to develop, implement and administer the proposed project. Include descriptions of all recent projects of a similar nature administered by your organization. Be specific as to size, scope and dollar amount of projects.**

2. If your organization has previously received City of North Las Vegas CDBG funding, describe the accomplishments achieved with those funds.
  - a) Include the degree to which stated objectives were met.
  - b) If there were difficulties in achieving the objectives, describe how that will be overcome in the future.

**C. Personnel/ Staff Capacity**

Describe the organization's existing staff positions and qualifications, by name.

Example: Jane Doe, Executive Director/President and list qualifications such as number of years with organization and experience working with federal grants, etc.

**D. FINANCIAL**

**1. Describe your organization's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures and audit requirements.**

**2. Describe the financial supervision provided by your organization's Board of Directors.**

3. Identify and describe any audit findings, investigations of, or probation by your organization in the past five years. *Failure to provide requested information will render the application fatally incomplete.*

4. Has your organization ever had any funds recaptured (returned) or removed from your organization? This includes CDBG, HOME, HOPWA, State, Federal or other funds. If yes, explain the reason(s) why and the resulting outcome of such action. *Failure to accurately answer this question will render the application fatally incomplete.*

5. Has your organization ever requested an extension to utilize funds? If yes, explain.

**Applicants must submit as "ATTACHMENT II" one of the following (audits may not be older than FY 2006):**

- Copy of OMB A-133 Audit (Required if \$500,000 in aggregate Federal funds expended);
- Financial statements audited by a CPA (only if not qualified for A-133);or
- Certified Annual Financial Statements

**PART III – DOCUMENTATION CHECKLIST**

Has your organization received CDBG funds in the last two program years (FY 06/07 or 07/08)?

Yes       No

If Yes, has there been a change in your organization's:

- FOR-PROFIT STATUS
- NON-PROFIT STATUS
- NEVADA SECRETARY OF STATE RECEIPT OF GOOD STANDING
- BOARD OF DIRECTORS
- ORGANIZATIONAL CHART
- MISSION OR OBJECTIVE STATEMENT
- BUSINESS LICENSE or NON-PROFIT REGISTRATION VERIFICATION

*Please submit documentation indicating the change(s) with the application and place behind this page in your original application.*

If No, you must submit three (3) copies of the following documents:

- DOCUMENTATION OF NON-PROFIT STATUS:** Copy of IRS letter showing current 501 C (3) or (4) status. **PENDING STATUS WILL NOT BE ACCEPTED.**
- NEVADA SECRETARY OF STATE RECEIPT OF GOOD STANDING:** All applicants must show proof of good standing status with the Nevada Secretary of State Office. You may submit a copy of the current year's receipt or a printout from the Secretary of State's Office website. Receipt must be dated no more than 12 months prior to application date.
- BOARD OF DIRECTORS:** Include a list of all persons serving on the Board of Directors.
- ORGANIZATIONAL CHART:** This chart should document the employees of the organization by name, title and delegation of authority. If your program is part of a large organization, please also include a chart for your program division/department. This should indicate which positions will implement the proposed program/project.
- MISSION OR OBJECTIVE STATEMENT:** Submit copies of the pages of the Articles of Incorporation to document the mission and/or objectives.
- BUSINESS LICENSE or REGISTRATION VERIFICATION:** Provide documentation to evidence Business License requirement has been met.

## PART IV - NATIONAL OBJECTIVE REQUIREMENTS

*Before any activity/project can be funded in whole or in part with CDBG funds, a determination must be made as to whether the activity is eligible under Title I of the Housing and Community Development Act of 1974, as amended. Activities must also address at least one of the three National Objectives of the CDBG program. (24 CFR 570.208) Please indicate with a checkmark which of the following National Objective and Qualifier you plan to address.*

**FOR GUIDANCE ON THIS PART, PLEASE REFER TO THE SECTION TITLED "NATIONAL OBJECTIVE REQUIREMENTS" ON PAGE 7 IN THE APPLICATION GUIDELINES.**

**National Objective 1: Benefit to Low and Moderate Income Persons**

- Benefit area
- Benefit limited clientele
- Provide low and moderate-income housing
- Create or retain low and moderate-income jobs

**National Objective 2: Activities to Prevent or Eliminate Slum and Blight**

- Prevent/eliminate slum and blight on an area basis
- Prevent/eliminate slum and blight on a spot basis
- Prevention/elimination of slum and blight in an Urban Renewal Area

**National Objective 3: Activities to Meet an Urgent Need**

- Addressing a serious and immediate threat to the health and welfare of the community
- Addressing an issue that recently became urgent
- Addressing an urgent need unable to be corrected with other sources of funds

**Please explain how this project meets the eligibility requirements of the National Objective(s) selected and describe how achievement of the objective(s) will be documented.**

**PART V - CATEGORIES OF PROJECTS**

*In Section A indicate the type of project for which funds are being requested in this application and in Section B indicate the purpose for which any public facility will be used, if applicable.*

**PLEASE REFER TO THE SECTION TITLED CDBG REQUIREMENTS,  
ELIGIBLE ACTIVITIES ON PAGE 6 OF THE APPLICATION GUIDELINES**

**A. CONSTRUCTION/REHABILITATION ACTIVITY: (Check all that apply)**

**Property - Land or Buildings**

- Acquisition    Disposition    Clearance/Démolition

**Housing**

- Development/Construction    Rehabilitation

**Public Facilities\***

- Acquisition    Construction    Reconstruction    Improvements/Rehabilitation

**Infrastructure Project**

- New    Upgrade

- Other (specify) \_\_\_\_\_

**\* Public facility activities can only be carried out by public or private nonprofit entities**

**B. FACILITY SERVICE PURPOSE**

- |  |  |
|--|--|
| <input type="checkbox"/> Affordable Child Care         | <input type="checkbox"/> Education Programs            |
| <input type="checkbox"/> Drug and/or Alcohol Treatment | <input type="checkbox"/> Services for Homeless Persons |
| <input type="checkbox"/> Youth Activities              | <input type="checkbox"/> Health Services               |
| <input type="checkbox"/> Recreation Program            | <input type="checkbox"/> Job Training/Readiness        |
| <input type="checkbox"/> Services for Senior Citizens  | <input type="checkbox"/> Other (specify) _____         |

**PART VI - PROJECT NARRATIVE**

*Provide a clear and concise answer for each question. Confine your response to the space provided. Provide attachments as requested.*

**A. EVIDENCE OF SITE OR PROPERTY CONTROL**

Indicate which of the following applies to the property to be utilized to implement the proposed project:

- Warranty Deed (recorded)     Contract for Deed     Purchase Option     In Escrow
- Earnest Money Contract     Contract for Lease\*     Option to Lease\*
- Letter of Intent

Expiration of Contractor        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration of Feasibility        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration of Financing        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Anticipated Closing Date:        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*\*must be a long-term lease*

*Provide supporting documentation of site control as ATTACHMENT VI-A*

**B. SITE DESCRIPTION**

Size: \_\_\_\_\_ acres    OR    \_\_\_\_\_ square feet (building or expansion area)

Is the property zoned for its intended use?     Yes     No

Is the present use non-conforming under existing zoning restrictions?  Yes     No

Is the property in the process of being re-zoned?     Yes     No

What is the current zoning (or describe permitted uses)?

Describe previous site use, if different.

Are there any site conditions that may impact construction? If yes, explain.

Current parking:

- Adequate for the intended use
- Meets zoning requirements
- Requires re-zoning or a variance

*Provide a letter, as ATTACHMENT VI-B, from the City of North Las Vegas Planning and Development Department verifying that the proposed use is either a permitted use or a special use within the current zoning designation.*



**E. PROJECT DESCRIPTION:**

- 1. Provide a detailed description of acquisition, rehabilitation, construction, expansion, or demolition work to be performed. Include in your description the activities to be undertaken and the method/approach that will be utilized. *It is important that your response to this question be as specific as possible.***

2. Indicate what type of architectural services will be needed for the project. Indicate any design work (i.e., conceptual plans, construction drawings, etc.) that has been completed to date.

3. List any licenses or permits required to carry out this project. *Provide copies as ATTACHMENT VI-D*

**F. DEVELOPMENT TEAM/OTHER PARTNERS**

Provide the following information for each member of the Development Team or other partners in the project if they apply. **Submit letters of intent or commitment from each participating entity specifying the entity's role and contribution to the project as ATTACHMENT VI-E.**

**1. Architect**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a direct or indirect financial or other interest with other team members or the applicant?

Yes  No If yes, describe relationship(s) between entities and/or principals:

**2. General Contractor**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a direct or indirect financial or other interest with other team members or the applicant?

Yes  No If yes, describe relationship(s) between entities and/or principals:

**3. Appraiser**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a direct or indirect financial or other interest with other team members or the applicant?

Yes  No If yes, describe relationship(s) between entities and/or principals:

**4. Project Engineer**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a direct or indirect financial or other interest with other team members or the applicant?

Yes  No If yes, describe relationship(s) between entities and/or principals:

**5. Cost Estimator**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a direct or indirect financial or other interest with other team members or the applicant?

Yes  No If yes, describe relationship(s) between entities and/or principals:

**6. Project Attorney**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a direct or indirect financial or other interest with other team members or the applicant?

Yes  No If yes, describe relationship(s) between entities and/or principals:

**7. Project Accountant**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a direct or indirect financial or other interest with other team members or the applicant?

Yes  No If yes, describe relationship(s) between entities and/or principals:

**8. Project Manager**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a direct or indirect financial or other interest with other team members or the applicant?

Yes  No If yes, describe relationship(s) between entities and/or principals:

**G. DEVELOPMENT TIMELINE**

Fill out the schedule to indicate the major milestones the project has met or is anticipated to meet. Except for the architectural and engineering services, all other services must be procured through a competitive bid. No project may be bid until an agreement has been executed with the City.

**If the following format does not apply to your project, contact a Neighborhood Services Coordinator at 633-1532 for further information.**

DEVELOPMENT ACTIVITY	PROJECTED OR SCHEDULED DATE (MM/YY)	COMPLETED AT TIME OF APPLICATION (YES OR NO)
<b>SITE</b>		
SITE CONTROL SECURED		
SITE PURCHASED		
ZONING IN PLACE		
SITE WORK COMPLETED		
<b>PLANS AND SPECIFICATIONS</b>		
ARCHITECT SELECTED:		
ENGINEER SELECTED:		
SCHEMATIC DESIGNS/WORKING DRAWINGS		
LOCAL BUILDING CODE REVIEW COMPLETED		
FINAL PLANS AND SPECIFICATIONS		
<b>PERMANENT FINANCING</b>		
PERMANENT FINANCING APPLICATION		
PERMANENT FINANCING COMMITMENT		
PERMANENT FINANCING LOAN CLOSING		
<b>INTERIM FINANCING</b>		
CONSTRUCTION/REHAB LOAN APPLICATION		
CONSTRUCTION/REHAB LOAN COMMITMENT		
<b>CONSTRUCTION/REHABILITATION</b>		
CONTRACTOR SELECTED:		
CONSTRUCTION/REHABILITATION TO BEGIN		
CONSTRUCTION COMPLETE		

## PART VII- OUTCOME PERFORMANCE MEASUREMENT SYSTEM

Complete the chart below to describe the most significant outcome(s) this project is expected to accomplish involving its participants for fiscal year 2009/2010.

**FOR GUIDANCE ON THIS PART, PLEASE REFER TO THE APPLICATION GUIDELINES, ON PAGE 17 UNDER "OUTCOME PERFORMANCE MEASUREMENT SYSTEM"**

<b>Project Goal(s)</b> – What your project is expected to accomplish (provide youth with a safe place for after school activities, preserve existing housing stock, improve neighborhood stability, etc.).
1. 2. 3. 4. 5.
<b>HUD Objective</b> – Select one objective that best describes your project.
<input type="checkbox"/> Creating a Suitable Living Environment <input type="checkbox"/> Providing Decent Housing <input type="checkbox"/> Creating Economic Opportunities
<b>Project Activities</b> – Briefly list the services, tasks or work activities used to fulfill the goal(s) of the program (e.g. rehabilitation, construction documents, etc.)
1. 2. 3. 4. 5. 6.
<b>Project Outcomes</b> – These are the results or benefits derived from your program to the individuals, families, organizations, and/or the community.
1. 2. 3. 4. 5. 6.

**PART VII – OUTCOME PERFORMANCE MEASUREMENT SYSTEM CONTINUED**

**HUD Outcomes** – The benefits that result from the activity or program for individuals or community. There are only three possible outcomes. Please select the one outcome that best covers the activities proposed to be funded by the City of North Las Vegas.

- Availability/Accessibility
- Affordability
- Sustainability

**Project Indicators** – This is the outcome measurement. What indicators, verifiable information or data will you use to measure an outcome to see if it was actually attained?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

## PART VIII - PROJECT BUDGET CERTIFICATION

*Provide a detailed budget for all project expenses and indicate the proposed use for the funds requested, including materials.  
(Construction control may be required for all construction and rehab costs)*

EXPENSE ITEMS	TOTAL ESTIMATED COST	TO BE FUNDED W/ CNLV CDBG
<b>ADMINISTRATION</b>		
Personnel	\$	\$
Supplies	\$	\$
Communications	\$	\$
Printing	\$	\$
Other	\$	\$
<b>SUBTOTAL -ADMINISTRATION</b>	<b>\$</b>	<b>\$</b>
<b>ACQUISITION OF LAND &amp; BUILDINGS</b>		
Land (construction must start within one year of Council approval)	\$	\$
Existing Building(s)	\$	\$
Other:	\$	\$
<b>SUBTOTAL-ACQUISITION OF LAND &amp; BUILDINGS</b>	<b>\$</b>	<b>\$</b>
<b>PRE-CONSTRUCTION &amp; SOFT COSTS</b>		
Architectural Design Fees	\$	\$
Architectural Supervision (If Applicable)	\$	\$
Engineering Fees	\$	\$
Engineering Supervision (If Applicable)	\$	\$
Survey	\$	\$
Appraisal Fee(s)	\$	\$
Environmental Report	\$	\$
Soils Report	\$	\$
Independent Cost Estimate Fees	\$	\$
Project Audit Fee	\$	\$
Professional Estimator	\$	\$
Construction Control	\$	\$
Other:	\$	\$
<b>SUBTOTAL- PRE CONSTRUCTION &amp; SOFT COSTS</b>	<b>\$</b>	<b>\$</b>
<b>CONSTRUCTION/REHABILITATION COSTS</b>		
Demolition Costs	\$	\$
New Building Costs	\$	\$
Rehabilitation Costs	\$	\$
Materials	\$	\$
Labor	\$	\$
Site Work	\$	\$
Off-Site Improvements	\$	\$
Permit Fees	\$	\$
Utility Connect Fees	\$	\$
Water Connect Fees	\$	\$
Sewer Connect Fees	\$	\$
Contractor Fee	\$	\$
Construction Contingency	\$	\$
<b>SUBTOTAL - ADMINISTRATION, ACQUISITION, PRE-CONSTRUCTION &amp; CONSTRUCTION/REHABILITATION COSTS</b>	<b>\$</b>	<b>\$</b>

<b>PROJECT BUDGET CERTIFICATION (continued)</b>		
<b>EXPENSE ITEMS</b>	<b>TOTAL ESTIMATED COST</b>	<b>CITY CDBG PORTION</b>
<b>PERMANENT LOAN FINANCING COSTS</b>		
Title And Recording Fees	\$	\$
Legal Fees	\$	\$
Insurance	\$	\$
Documentation Prep. Fees	\$	\$
Escrow Closing Fee	\$	\$
Other:	\$	\$
<b>SUBTOTAL- PERMANENT LOAN FINANCING COSTS</b>	<b>\$</b>	<b>\$</b>
<b>PREVIOUS PAGE SUBTOTAL</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL ESTIMATED COST</b>	<b>\$</b>	<b>\$</b>

***NO PHYSICAL OR CHOICE LIMITING ACTIONS, INCLUDING ACQUISITION, DEMOLITION, MOVEMENT, REHAB, OR CONSTRUCTION, ETC., CAN TAKE PLACE ON THE PROPOSED PROJECT, PRIOR TO THE COMPLETION OF THE HUD REQUIRED ENVIRONMENTAL REVIEW.***

***DAVIS-BACON PREVAILING WAGE RATES APPLY FOR ALL PROJECTS IN EXCESS OF \$2,000. IF THE PROJECT QUALIFIES FOR EXCEPTION FROM DAVIS BACON WAGES, PLEASE FILL OUT, SIGN AND INCLUDE THE DAVIS-BACON ACT EXCEPTION CERTIFICATE. SEE ATTACHMENT VIII in TAB 6.***

***The following information must be completed and signed by an independent architect, engineer, contractor or professional estimator. This individual may not be an employee of the applicant.***

In my position as \_\_\_\_\_ (Title) I have reviewed the cost estimate for \_\_\_\_\_ (Name of Project) and find that the scope of the project is adequately defined and the cost estimates associated with the project, as defined, are reasonable and accurate.

\_\_\_\_\_  
**Signature** **Date**  
**Print Name and Company:** \_\_\_\_\_

**PROJECT PRIORITIES**

***Due to the fact that funding requests typically exceed funding availability, it is often not possible to fully fund some projects. Please prioritize your line item budget request to enable the Citizens Advisory Committee to make knowledgeable funding decisions.***

	<b>Line Item Category</b>	<b>Amount</b>
<b>Priority #1</b>		\$
<b>Priority #2</b>		\$
<b>Priority #3</b>		\$
<b>Priority #4</b>		\$
<b>Priority #5</b>		\$

**PART IX - PROJECT BUDGET - DETAILED DESCRIPTION**

*Provide a description/calculation of how you arrived at the total for each line item listed above in the Project Budget. **EXAMPLES** below are for illustrative purposes only.*

Budget line Item	Description/Calculation of Amount Requested	Amount Requested
<b>Administration</b>		
<b>EXAMPLE:</b> Personnel	<b>EXAMPLE:</b> Approximately 10% of total project costs will be used for administrative staff to assist in project oversight	\$ 23,000
		\$
		\$
<b>Acquisition</b>		
		\$
		\$
		\$
		\$
		\$
<b>Pre-Construction &amp; Soft Costs</b>		
<b>EXAMPLE:</b> Architectural Design Fees	<b>EXAMPLE:</b> Approximately 3% of Construction/Rehabilitation Costs	\$ 6,900
		\$
		\$
		\$
		\$
		\$
<b>Construction/Rehabilitation Costs</b>		
<b>EXAMPLE:</b> Demolition Costs	<b>EXAMPLE:</b> Remove 10,000 Cubic Feet of exterior molding @\$0.50 per Cubic Foot	\$ 5,000
		\$
		\$
		\$
		\$
		\$
		\$
<b>Loan Financing Costs</b>		
		\$
		\$
		\$

**PART X - PROJECT FUNDING SUMMARY**

*Please indicate all funding sources for the project, expected or committed.*

SOURCE	COMMITMENT RECEIVED		FEDERAL FUNDS		AMOUNT (\$)
	Yes	No	Yes	No	
Owner/Sponsor Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Owner/Sponsor Land Contribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
CNLV CDBG Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
CLV CDBG Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Clark County CDBG Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Value Of Donated Construction Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Value Of Donated Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
1 <sup>st</sup> Deed Of Trust Lender:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
2nd Deed Of Trust Lender:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
3 <sup>rd</sup> Deed Of Trust Lender:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
4 <sup>th</sup> Deed Of Trust Lender:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>TOTAL ALL SOURCES OF FUNDS</b>					<b>\$</b>

**CONSTRUCTION LOAN DATA**

Will interim construction financing be required for this project?

Yes                       No

If Yes, state name of construction lender:

Amount of construction loan: \$

Name of construction loan contact person:

Phone No:

**PART XI – ORGANIZATION FUNDING HISTORY**

*Use this section to provide an account of the revenue and expenses of your organization for the past three years and a current year projected budget.*

Funding Cycle	05/06	06/07	07/08	Projected 08/09
<b>REVENUE</b>				
CITY	\$	\$	\$	\$
COUNTY	\$	\$	\$	\$
STATE	\$	\$	\$	\$
FEDERAL	\$	\$	\$	\$
FEES CHARGED	\$	\$	\$	\$
FUNDRAISING	\$	\$	\$	\$
DONATIONS	\$	\$	\$	\$
OTHER	\$	\$	\$	\$
OTHER	\$	\$	\$	\$
<b>TOTAL REVENUE</b>	\$	\$	\$	\$
<b>EXPENSES</b>				
SALARIES	\$	\$	\$	\$
BENEFITS	\$	\$	\$	\$
INSURANCE	\$	\$	\$	\$
AUDIT	\$	\$	\$	\$
RENT	\$	\$	\$	\$
UTILITIES	\$	\$	\$	\$
CONSULTANTS	\$	\$	\$	\$
TRAVEL	\$	\$	\$	\$
OFFICE SUPPLIES	\$	\$	\$	\$
EQUIPMENT	\$	\$	\$	\$
PRINTING	\$	\$	\$	\$
DIRECT CLIENT SERVICES	\$	\$	\$	\$
OTHER ( <i>explain</i> )	\$	\$	\$	\$
OTHER ( <i>explain</i> )	\$	\$	\$	\$
OTHER ( <i>explain</i> )	\$	\$	\$	\$
OTHER ( <i>explain</i> )	\$	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$	\$	\$
<b>REVENUE LESS EXPENSES</b>	\$	\$	\$	\$

**NOTES:**



**PART XIII – CERTIFICATIONS**

**COMPLIANCE WITH  
CIVIL RIGHTS ACT AND AMERICANS WITH DISABILITIES ACT**

\_\_\_\_\_ *(Name of organization requesting CDBG funds)*  
certifies that it prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964. Written documents outlining this organization’s non-discrimination policy are on file and available for review.

It is further certified that this organization has reviewed its projects, programs and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written documentation concerning this review and corrective actions taken (if any) are on file and available for review.

**CERTIFICATION OF NON-DEBARRED STATUS**

The undersigned acknowledges and certifies that they are in compliance with 24 CFR Part 5 and 24 CFR Part 570.609 - Use of debarred, suspended or ineligible contractors or subrecipients. Assistance under this Part shall not be used directly or indirectly to employ, award contracts to, or otherwise engage the services of, or fund any contractor or subrecipient during any period of debarment, or placement in ineligibility status under the provisions of 24 CFR Part 24.

Further, in the case of construction projects, the prime contractor certifies same for self and all subcontractors on any federally funded project.

**CERTIFICATION OF CITY OF NORTH LAS VEGAS AFFILIATION**

List below the names and positions of members of the Board of Directors, officers, workers, or members of the organization who are on the City Council, appointed by a member of the City Council, or a City employee. **If none, check the box below that states NONE.**

**NONE IN ORGANIZATION**

<b>NAME</b>	<b>POSITION IN ORGANIZATION</b>	<b>AFFILIATION WITH CITY</b>

# CERTIFICATION OF APPLICATION

The Board of Directors of \_\_\_\_\_ does hereby resolve that on \_\_\_\_\_, 2008 the Board reviewed the Application for Community Development Block Grant Funds and authorized the application to be submitted to the City of North Las Vegas Office of Housing and Neighborhood Services for funding consideration for the fiscal year 2009/2010, and in a proper motion and vote, approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is incorporated in the State of Nevada.

*Name of organization requesting CDBG funds)*

\_\_\_\_\_ hereby proposes to provide the project as identified in accordance with this Application for Community Development Block Grant Funds and with the City of North Las Vegas Office of Housing and Neighborhood Services. If this application is approved and this organization receives CDBG funding from the City of North Las Vegas, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true and correct and complete.

I also authorize the following person(s) to have signatory authority regarding this grant:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
President/Board of Directors Date  
(or other authorized person)

### PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.