

LEON COUNTY
BOARD OF COUNTY COMMISSIONERS

2010 Community Development Block Grant
Housing Application

Submitted to the Florida Department of Community
Affairs
November 17, 2010

Application for Funding

Florida Small Cities Community Development Block Grant (CDBG)

Applicant LEON COUNTY BOARD OF COMMISSIONERS
(Name of Local Government)

Commercial Revitalization Housing
 Neighborhood Revitalization Economic Development

Federal Fiscal Year 10
Application Due Date November 17, 2010



Department of Community Affairs
Division of Housing and Community Development
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100
Telephone 850/487-3644
Fax 850/922-5609
<http://www.floridacommunitydevelopment.org/cdbg/index.cfm>

Introduction

In 1974, Congress passed the Housing and Community Development Act, Title I, and created the Community Development Block Grant (CDBG) program. The CDBG program, funded by the U.S. Department of Housing and Urban Development (HUD) consists of an *entitlement program* that provides funds to urban areas and a *non-entitlement program* that provides funds to rural communities.

In 1981, the act was amended to allow states to administer the Small Cities Program on behalf of small, rural local governments. Since then, Florida's Small Cities CDBG Program has been administered by the Florida Department of Community Affairs (Department).

Overall, at least 70% of the state's funding must benefit low- and moderate-income persons. Activities undertaken with CDBG funds must meet one of the following national objectives and each annual action plan developed by DCA will identify which national objective(s) will be funded from the annual federal allocation:

- Benefit low and moderate income persons
- Aid in the prevention or elimination of slum or blight
- Meet urgent community development needs

Cities with a population under 50,000, and counties with a population under 200,000, that are not participants in an urban entitlement program, are eligible to participate in the Florida Small Cities CDBG Program. A list of eligible communities is posted to the Department's website annually. Categories of funding include:

- Commercial Revitalization (CR)
- Economic Development (ED)
- Housing (H)
- Neighborhood Revitalization (NR)
- Planning and Design Specifications

Pre-Application Activities

Applicants should review the scoring criteria and note activities that must take place prior to the submission of an application. For example, local governments must meet citizen participation requirements and may need to undertake a survey to document that at least 51% of the project's beneficiaries are low and moderate income persons.

Notice of Funding Cycle and Application Deadline

The Department publishes a Notice of Funding Availability (NOFA) in the Florida Administrative Weekly. The notice is published at least 45 days prior to the application deadline and is posted to the Department's website at <http://www.floridacommunitydevelopment.org>. The notice states the start and end dates of the application cycle.

Two copies of each application (at least one of which must have original signatures) must be received by the Department by 5:00 p.m., Eastern Standard Time, on the deadline date stated in the NOFA. Applications shall be submitted to:

Florida Small Cities CDBG Program
Division of Housing and Community Development
2555 Shumard Oak Boulevard, Room 260 – A
Tallahassee, Florida 32399-2100

Local governments applying for Florida Small Cities CDBG Program funds must also meet intergovernmental coordination and review requirements.

- A. By the application deadline, mail 12 copies of the following information for CR, ED, Housing and NR applications, to the Department of Environmental Protection, Florida State Clearing House, 3900 Commonwealth Boulevard, Mail Station 47, Tallahassee, Florida 32399-3000:
1. Application Profile and Narrative
 2. Sources and Uses of Non-CDBG Funds Information
 3. CDBG Funds and Activity Goal Score Spreadsheet
 4. All Maps
 5. If applicable, Historic Preservation Documents

A transmittal letter, requesting that documents relating to the Clearing House review be sent to the local government and the CDBG Program, should accompany the materials sent to the State Clearing House. You may also request that the Clearing House send copies to other parties such as consultants and engineers.

- B. By the application deadline, send one copy of the above materials to the Regional Planning Council that serves the local government.

Application Ranking and Award

Applications are reviewed, scored and ranked using the scoring factors outlined in this application:

Following the review and scoring of the applications, the Department establishes a potentially "fundable range" for each funding category based on score rankings, and a site visit is conducted for all applications within the fundable range. During this visit, Department staff will review documentation relating to the application and discuss any issues noted during application review. Applicants will have an opportunity to address all issues raised at the site visit during a completeness period following receipt of the Department's written notification of those issues.

Awards will be made, following appeals, based upon rank, beginning with the highest scoring application and proceeding in descending order until all available funds for a category are obligated.

Application Format and Application Submission

The application manual is divided into nine (9) sections. Each section contains forms and instructions. Applicants must complete the section(s) that relate to the category of funding being applied for.

- Parts I, II, VIII and IX apply to all applicants
- Part III may be applicable to an application in any one of the categories of funding.
- Parts IV, V, VI and VII pertain to individual funding categories.
- Part VIII, the Scoring Summary, serves as a checklist for the documents to be submitted with the application.

Important Note

Applicants should complete and return to the Department only the forms and documentation that is required for the category of funding that is being applied for. Do not return the entire application. Submit the forms required under the funding category (Commercial Revitalization, Economic Development, Housing, Neighborhood Revitalization and Planning and Design Specifications) and the general scoring that applies to all categories (i.e., application profile, general scoring criteria, sources and uses of funds, LMI Benefit forms, the scoring summary and the relevant appendices).

**Application Profile
Form G-1**

Local Government Contact Information:

Local Government Name Leon Count		
Street Address 918 Railroad Avenue		
City Tallahassee	Zip Code 32310	County Leon
Main Telephone 850-606-1900		Main Facsimile 850-606-1901
Chief Elected Official Bob Rackleff		Title Chairman, Board of County Commissioners
Telephone 850-606-5300		Facsimile 850-606-5301
Email Address <u>RackleffB@Leoncountyfl.gov</u>		
Financial Officer (Local Government) David Reid		Title Finance Director
Telephone 850-577-4000		Facsimile 850-577-4255
Email Address <u>DCReuid@Leoncountyfl.gov</u>		
Project Contact (Local Government) Candice Wilson		Title Director, Division Health and Human Services
Telephone 850-606-1900		Facsimile 850-606-1900
Email Address <u>WilsonCA@leoncounty.gov</u>		
Street Address 918 Railroad Avenue		
City Tallahassee	State Florida	Zip Code 32310
Local Government's Grant Consultant (if applicable) <i>N/a</i>	Name and Address of Firm	Telephone Number

**Application Profile
Form G-1 (Continued)**

Application Preparer Information			
Preparer's Name Candice Wilson		Organization Preparing Application: <input type="checkbox"/> Private <input type="checkbox"/> RPC <input checked="" type="checkbox"/> Local Government	
Street Address 918 Railroad Avenue			
City Tallahassee	State Florida	Zip Code 32310	
Telephone 850-606-1900		Facsimile 850-606-1901	
Email Address WilsonCA@leoncountyfl.gov			
<p>Application Type: Indicate the type(s) of funding requested. A completed application must include the appropriate sections as provided below. A Planning and Design Specifications grant will not be offered unless the appropriate Planning and Design Specifications Grant box(es) are checked. (These grants are not a separate category but may be offered to an applicant in Neighborhood Revitalization or Commercial Revitalization with an application score below the fundable range for a full grant and which does not have completed construction plans and specifications.)</p>			
<input type="checkbox"/> Commercial Revitalization (Part IV)	<input type="checkbox"/> Economic Development (Part V)		
<input checked="" type="checkbox"/> Housing (Part VI)	<input type="checkbox"/> Neighborhood Revitalization (Part VII)		
<input type="checkbox"/> Planning and Design Specifications Grant – Neighborhood Revitalization	<input type="checkbox"/> Planning and Design Specifications Grant – Commercial Revitalization		
If you will accept a Planning and Design Specifications Grant, indicate amount being requested for:			
Basic Engineering \$	Additional Engineering \$	Administration \$	
<p>Funding Preference: The applicant may submit a Commercial Revitalization and a Housing application, or a Commercial Revitalization and a Neighborhood Revitalization application, but not a Housing and a Neighborhood application. Applicants will not be considered for an additional Commercial Revitalization, Housing or Neighborhood Revitalization grant until all previously awarded Planning and Design Specifications grants have been administratively closed by the Department.</p>			
Did you submit more than one application? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If so, what category of funding do you prefer? <input type="checkbox"/> Neighborhood Revitalization <input type="checkbox"/> Commercial Revitalization			
Dates of Public Hearings on the Application:	First Public Hearing	11/9/10	Second Public Hearing 11/15/10
Dates of Advertisement of Public Hearings:	First Public Hearing	11/2/10	Second Public Hearing 11/8/10

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**Application Profile
Form G-1 (Continued)**

Demographics			
U.S. Congressional District Number 2nd			
Florida Senate District Number 3rd, 6th		Florida House District Number 7th, 8th, 9th	
Census Place County Wide	Census Tract County Wide	Census Block Group(s) County Wide	
Grant Request: Maximum grant requests are based on the jurisdiction's LMI population as determined by HUD. Please see the table below.			
LMI Population		Maximum Grant Request	
1 – 499		\$600,000.00	
500 – 1,249		\$650,000.00	
1,250 – 3,999		\$700,000.00	
4,000 – and above		\$750,000.00	
Local Government's LMI Population 26513		Grant Request	\$750,000
Answer the following questions by circling the correct response.			
Historic Preservation Will the project impact a building, public improvement or planned open space more than 50 years old? (See instructions.)			Yes No X
Interlocal Agreement Will project activities require an interlocal agreement? If yes, the interlocal agreement must be provided in the Supporting Documentation Section. (See instructions.)			Yes No X
State of Financial Emergency Has the local government been declared to be in a state of financial emergency pursuant to Section 218.50 – 218.504, F.S., at any time during the two years prior to submission of the application?			Yes No X
Grant Preparation Costs The applicant may request grant funds for the cost of grant application preparation. See instructions if funds are requested.			
Does the applicant wish to request grant funds for the cost of grant application preparation?			Yes No X
Amount \$	If yes, grant preparation cost documentation must be included in the Supporting Documentation Section.		
National Flood Insurance Program – Indicate whether or not the local government is a current participant in the NFIP.			Yes X No

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**Project Narrative
Form G-2**

Describe the proposed project using the guidelines in the instructions. Use additional pages as needed.
Please see the instructions on the following page relating to applications for Economic Development loans. Specific directions for Commercial Revitalization and Economic Development application narratives can be found in the instructions provided for each respective category.

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**Project Narrative
Form G-2-ED-LOAN**

Specific directions for Economic Development application narratives can be found in the instructions provided for the Economic Development category.

If applying for a CDBG Economic Development grant, and a loan will be made from the CDBG funds, provide the following information:

1. Specify the exact corporate, personal, or partnership name of the proposed borrower(s) and guarantor(s).			
2. Specify the amount of the CDBG loan request, the proposed interest rate, the proposed term of the loan, and the frequency and amount of payment. The interest rate may be no less than 5.5 percent per annum below the prime interest rate as of the date of the application, but in no case may be it less than 4.0 percent per annum.			
Loan Request \$	Proposed Interest Rate	Proposed Term of Loan	Frequency and Amount of Payment
3. Specify the type and value of collateral offered and proposed lien or mortgage position of the CDBG loan.			
Type of Collateral	Value of Collateral	Proposed Lien or Mortgage Position	
4. Specify why a loan of CDBG funds to a Participating Party is necessary for the project to work. A declarative statement by the Participating Party or the local government is not adequate. A quantitative explanation must be provided that justifies the amount and terms of the CDBG loan based on:			
<ul style="list-style-type: none"> • Filling a documented and quantified financial gap, or • Providing a funding mechanism to motivate a Participating Party to locate within an economically distressed area of the jurisdiction by paying the increased cost of locating to that distressed area, or • Creating a reasonable rate of return for a Participating Party when, without the infusion of CDBG funds, the rate of return is such that the Participating Party will not make the investment necessary for the job creation to occur, or • Providing a funding mechanism to "level the playing field," from a cost perspective in a Participating Party's decision to choose between locating in the local government's jurisdiction and locating in another state. 			

**General Scoring Criteria
Form G-3**

1. Enter the Local Government's Community-Wide Needs Score This document is posted to the Department's website at: http://www.floridacommunitydevelopment.org/cdbq/index.cfm	Score:
2. Special Designation Score Check all applicable designations and enter a score of 20 if all activities, are within any of the boundaries of the following designated areas.	Score:
<input type="checkbox"/> Empowerment Zone, Enterprise Community, or Champion Community, pursuant to the Economic Empowerment Act of 1993	<input type="checkbox"/> Rural Area of Critical Economic Concern designated by the Governor <u>or</u> <input type="checkbox"/> Rural Economic Development Initiative (REDI) community
<input type="checkbox"/> Area of Critical State Concern pursuant to Chapter 380.05, F.S.	<input type="checkbox"/> Florida Enterprise Zone pursuant to Chapter 290.0065, F.S.
<input type="checkbox"/> HUD-designated Renewal Community	<input type="checkbox"/> Front Porch Community
3. Grant History Score If the applicant has not had an open CDBG contract in the NR, CR, or HR categories within five years of application deadline, claim 100 points.	Score:
4. Outstanding Performance in Equal Employment Opportunity (EEO) The applicant may claim up to 25 points for achievement in M/WBE contracting in the most recent CDBG grant administratively closed out not more than four years before application deadline date. Review the M/WBE reports submitted to DCA for that grant and enter a score based on the achievement reported.	

Grant Number: _____

$$\frac{\text{Amount Awarded to M/WBE firms}}{\text{Total Prime Contracts Amount}} \times 100 = \text{M/WBE \%}$$

M/WBE %	Points
<input type="checkbox"/> 5.0 - 9.99%	5
<input type="checkbox"/> 10.0 - 14.99%	10
<input type="checkbox"/> 15.0 - 19.99%	20
<input type="checkbox"/> 20%+	25

If the applicant has not administratively closed out a CDBG grant within four years of the application deadline date, score 5 points.

Score: _____ (Maximum 25 points)

**General Scoring Criteria
Form G-3 (Continued)**

Local Government Minority Employment

The applicant may claim **up to 60 points** for meeting minority employment goals. Complete the table below to calculate the applicant's percentage of minority employees. See instructions for calculations.

Number of Permanent Full-time Equivalent Minority Applicant Employees _____	÷	Number of Permanent Full-time Equivalent Applicant Employees _____	=	Applicant's Percentage of Minority Employees _____ %
---	---	---	---	---

Enter percentage of minorities in the applicant's county: _____ %

If the "Prorated 60 Points Score" is claimed, complete the following equation:

Applicant's Percentage of Minority Employees _____	÷	Percentage of Minorities in Applicant's County _____	=	Applicant's Percentage of Minority Employees _____	X	60	= Points Claimed _____
---	---	---	---	---	---	----	---------------------------

If the applicant has three (3) or less employees, 40 points may be claimed. _____

Total Score (60 Points Maximum): _____

5. Outstanding Performance in Fair Housing

The applicant may claim five points for each of the following Fair Housing goals. See instructions for guidelines and documentation requirements.

	Date	Score
Date Fair Housing Ordinance Adopted		
Date of training or educational program designed for the general public and elected officials		
Date of training or educational program designed for professionals		
Total Score (15 Points Maximum)		

Summary Score _____
(Transfer this score to the Scoring Summary)

Part III – Sources and Uses of Non-CDBG Funds (Leverage)

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Leverage Score Summary

Leverage Points Calculation for CR, NR and HR

$$\text{\$ } 250,00 \text{ } \div \text{\$ } 5,000 \text{ } = \text{ } 50 \text{ } \text{ Points}$$

Maximum 25 Points

Leverage Points Calculation for ED

$$\text{\$ } \text{ } \div \text{\$ } 10,000 \text{ } = \text{ } \text{ } \text{ Points}$$

Maximum 125 Points

Summary Score _____
(Transfer this score to the Scoring Summary)

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**Category Impact
CDBG Funds and Activity Goals Score
Form H-1**

Activity #	A Activity Name	B Enter CDBG Activity \$	C % of CDBG Project Cost (B ÷ B1)	D Goal Points	E Activity Goal Score (C X D)	F # of Housing Units To be Addressed by Activity
01	Acquisition (in support of)	\$		*		
01	Acquisition in 100 Year Floodplain	\$		75		
04A	Clearance	\$		35		
15	Code Enforcement	\$		45		
04A	Demolition (without subsequent construction)	\$		50		
16A	Historic Preservation	\$		35		
14A	Housing Rehab/Demolition/Replacement	\$		75		
08	Permanent Relocation as a part of Hazard Mitigation	\$		75		
08	Permanent Relocation – Other	\$		50		
03J	Potable Well Installation**	\$		75		
14A	Removal of Housing Architectural Barriers	\$		75		
03J	Septic System Installation**	\$		75		
14A	Sewer Hookups**	\$		75		
08	Temporary Relocation	\$		75		
14A	Utility Hookups, Other**	\$		60		
14A	Water Hookups**	\$		75		
	1. Total Column B—CDBG Project Cost	\$	Total Activity	Goal Score:	(75 maximum)	
	2. Enter CDBG Administrative Funds (Maximum of .15 of total below)	\$	* Goal points are same as activity supported.			Total Unduplicated Number of Housing Units to be Addressed By All Activities
	3. Add B1 and B2 for Total CDBG Funds Requested	\$	** Use only if no housing rehabilitation is required. Otherwise, treat as complementary activity to housing rehabilitation activity.			

Low Income and Very Low Income Beneficiary Impact Score

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Number of homes to be addressed whose occupants qualify as "low income":
(Note: "low" income means household income does not exceed **50%** of median for your county)

_____ homes X 45 points = _____ "low" income beneficiary impact points (180 points maximum)

Number of homes to be addressed whose occupants qualify as "very low income":
(Note: "very low income" means household income does not exceed **30%** of median for your county)
1 home: score 30 points; 2 homes: score an additional 25 points:

total "very low" income beneficiary impact points _____ (55 points maximum)

_____ Total "very low" and "low" income beneficiary points _____ (235 points maximum)

Average CDBG Cost per LMI Housing Unit

Use the CDBG Funds and Activity Goal Score Spreadsheet to calculate the average CDBG LMI housing unit cost:

$$\frac{\$ \text{_____}}{\text{Total CDBG Project Cost (1B)}} \div \frac{\text{_____}}{\text{Total number of LMI Housing Units}} = \$ \frac{\text{_____}}{\text{Average CDBG LMI Housing Unit Cost}}$$

Based on the average CDBG LMI housing unit cost, enter the appropriate score: Score: _____ 120 Points Maximum

"Green" Rehabilitation Standards

If Housing Assistance Plan (HAP) requires all the minimum "green" standards identified in the instructions, score 40 points: _____ Points

If Housing Assistance Plan (HAP) requires all the supplemental "green" standards identified in the instructions, score 35 points: _____ Points

"Green" Rehabilitation Standards Score: _____ Points
75 Points Maximum

Summary Score _____
(Transfer this score to the Scoring Summary)

I, the undersigned chief elected official or authorized representative of the local government, certify that, to the best of my knowledge, this application for Small Cities Community Development Block Grant funding was prepared in accordance with state and federal rules and regulations, contains information that is true and correct, and has been approved by the local governing body.

I, the undersigned, certify that the local government (Applicant):

1. Has met all citizen participation requirements:
 - Public hearings were conducted by a member of the local governing body or a duly authorized employee;
 - The first public hearing was conducted to obtain citizen views about community development needs and potential uses of CDBG funding;
 - A second public hearing was conducted to obtain citizen comments on the application; and
 - Public notice for the second public hearing was published after the first public hearing was conducted.
2. Has properly conducted surveys of service areas to document LMI benefit, if applicable.
3. Will comply with the Intergovernmental Coordination and Review requirements by submitting the required information to the local Regional Planning Council and to the State Clearing House.
4. Will not attempt to recover, through special assessments, capital costs of public improvements funded in whole or in part with CDBG funds.
5. Will ensure that upon completion of housing structures addressed with CDBG funds, each housing structure will meet the local housing code.
6. Will administer the grant in conformity with the Civil Rights Act of 1964 and the Fair Housing Act.
7. Will affirmatively further fair housing and undertake one fair housing activity each year.
8. Has adopted a Community Development Plan or has adopted the Local Comprehensive Plan as the Community Development Plan.
9. Has adopted an Anti-Displacement and Relocation Plan and will minimize the displacement of persons.
10. Has presented accurate information and has documentation on file and readily accessible to Department of Community Affairs.
11. Has authorized the submission of this application by vote of the local governing body.

Failure of the Chief Elected Official to properly sign the application by the deadline, or failure to include a copy of the ordinance or resolution of the governing body authorizing another individual to sign the application, will result in a 50-point penalty being assessed against the application that cannot be eliminated during the completeness process.

Signature of Chief Elected Official or Designee (If signed by a person designated by the local governing body, a copy of the resolution must be included.)		
Signature		
Typed Name and Title		
Date		
If signed by a person other than the chief elected official, is a copy of the required resolution included in the Appendices?	Yes	No
Signature of Application Preparer if other than an employee of the Local Government		
Signature		
Typed Name and Title		
Name of Firm or Agency		

Application Scoring Summary

This form is the applicant's evaluation of the application score. Use the "scores" identified in the application to complete this form when you have finished filling out the application. Enter the scores or other information in the appropriate columns. If additional pages are needed (number them with a lowercase letter such as 7a, 7b, 7c, etc.). When all of the scores have been transferred to this form, add the scores and enter the total.

Enter Name of Local Government Applicant:		For DCA Use Only: Application Number				
Enter Type of Application(s):						
Complete this form for each application submitted.						
FORM	TITLE/SCORE	PAGE	CR	ED	H	NR
	1. Community-Wide Needs Score (250 Points Maximum)					
	2. Outstanding Performance in Equal Employment Opportunity and Fair Housing (100 points maximum)					
	3. Program Impact (650 Points Maximum):					
	• Special Designation Score (20 Points Maximum)					
	• Grant History Score (100 Points Maximum)					
	• Leverage (Note: 25 Points Maximum for CR, NR and H and 125 Points Maximum for ED)					
	• Category Score Summary					
	Total Program Impact Score					
	TOTAL APPLICATION SCORE (1000 Points Maximum)					
	LESS PENALTIES ASSESSED (For DCA Use Only)					
	FINAL SCORE (For DCA Use Only)					

Place all supporting documentation, in the order it is referenced in the application in this section. Separate the documents with a titled tab or titled colored paper.

APPENDIX	TITLE	PAGE
A	Maps - Jurisdiction, Service Area, 100-Year Flood Plain (Required)	
B	Comprehensive Plan Documents, as Amended (Required)	
C	Joint Agreements, Contingency Funding Documentation and/or Interlocal Agreements	
D	Historic Preservation Documents	
E	Leverage Documentation (Letter of Commitment, etc.)	
F	Grant Application Preparation	
G	Readiness to Proceed Documentation	
H	VLI/LMI Worksheets or Census Data and/or Census Maps	
I	Health and Safety Impact Documentation	
J	Local Governing Body's Resolution for Signature Designation	
K	Housing Assistance Plan	
L	Public Hearing Documentation	
M	Special Designation	
N	Economic Development Documentation (not included above)	
O		
P		
Q		
R		

Appendix A: Maps

According to Rule 9B-43.0041(9) (f), F.A.C., failure to submit any of the required maps will result in a 250 point score reduction. To avoid this score reduction, please carefully review the following map requirements. Three clearly legible maps must be included with the application:

1. Jurisdiction Map

- A scale;
- A north arrow;
- The boundaries of the locality;
- The boundaries of the service area where the activities will be conducted;
- The boundaries of a special designation if claiming points for a special designation;
- The City Hall or the Count administration building; and
- The location of the CDBG program office, if other than at the City Hall or County administration building.

2. Service Area Map(s) – a map for each service area (a properly marked jurisdiction map will suffice for a city-wide activity)

- A scale;
- A north arrow;
- The boundaries of the service area reflecting project beneficiaries;

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- The location of all proposed service area activities;
 - The boundaries of a special designation, if smaller than the jurisdiction's boundaries, if claiming points for a special designation;
 - A visual representation of all the housing units and, for surveyed homes, color or other coding indicating whether the home is LMI, VLI or exceeds the income limits for these categories;
 - A method of reference from the housing unit displayed on the map to a Household Income Survey Form;
 - The names, streets, route numbers or easily identifiable landmarks where all service area activities are located;
 - The location of all "number of units to be addressed" and all "number of units needed" for each activity in the service area and the major components of those activities;
 - All affected Historic structures, planned open spaces, or public improvements; and
 - If applicable, duplicated housing units if any service areas overlap.
3. **100-Year Flood Prone Area Map** unless the U.S. Federal Emergency Management Agency has not issued an official flood map covering the location of the service area.
- The boundaries of the service area where the activities will be concentrated; and
 - An enlarged portion or portions of the flood prone area if any activities are located in whole or in part in the flood prone areas.

Appendix B: Comprehensive Plan Documents, as Amended

Attach relevant portions/excerpts to document that the activities proposed in the application are not inconsistent with the adopted plan. Include the relevant data and analysis portions supporting the plan. If the adopted plan is silent on the activities requested, the local government must provide a statement to this effect on local government letterhead.

Appendix C: Joint Agreements/Contingency Funding Documentation/Interlocal Agreements

Appendix D: Historic Preservation Documentation

Appendix E: Leverage Documentation (Letter of Commitment, etc.)

Appendix F: Grant Application Preparation

Appendix G: Readiness to Proceed Documentation

Appendix H: VLI/LMI Worksheets or Census Data and/or Census Maps

Appendix I: Health and Safety Impact Documentation

Appendix J: Local Governing Body's Resolution for Signature Designation

Appendix K: Housing Assistance Plan (Required for all Housing Applications)

Appendix L: Public Hearing Documentation

Appendix M: Special Designation Documentation

Appendix N: Economic Development Documentation (not included above)

Requirements for Housing Assistance Plan

The local government must adopt a policy for selecting beneficiaries and housing units for housing assistance. If the Department awards a grant to the local government, the local government must follow this policy. The policy can only be modified with DCA approval. A copy of the policy must accompany the application. Each of the following criteria must be marked or highlighted for easy location by Department staff during the application review. The policy must address at least the following issues:

- a. The terms and conditions under which assistance will be provided.
- b. The process for soliciting, accepting, reviewing, and approving requests for assistance, including any proposed geographic distribution. This should include a reasonable notice or advertisement in the community that specifies the following:
 - The period during which applications will be received, if appropriate;
 - Criteria for selection;
 - A ranking/scoring process with higher points given for extenuating circumstances (age or handicap), and
 - A process to notify members of the local governing body of the names of the beneficiaries selected to ensure that potential conflicts of interest are timely addressed.
- c. Pursuant to 24 CFR Section 570.489 and Chapter 112.311-112.3143, *Florida Statutes*, address conflicts of interest by establishing a process for the following:
 - Identifying potential conflicts of interest;
 - Acknowledging beneficiaries by name in the minutes of I and commission/council meetings so that previously unknown conflicts may be surfaced;
 - Making those conflicts publicly known along with the final rankings based on the criteria outlined in the local government's housing assistance plan;
 - Dealing with those conflicts on a local level; and
 - Requesting waivers of those conflicts when appropriate.
- d. The process for determining what work must be done on each housing structure to ensure that upon completion, it will meet the HUD Section 8 Housing Quality Standards and the local housing code.
- e. Establishes a maximum amount of CDBG funds that may be expended on any one housing unit. If desired, this amount may be exceeded only by a recorded vote of the governing body.
- f. States whether or not the local government will assist in the rehabilitation of rental housing structures. If so, the policy must address the following:
 - Under what terms and conditions (i.e., loan or grant) it will provide such assistance;
 - How ownership will be verified; and
 - What steps the local government will take to ensure that, after rehabilitation, tenants will not be charged more than affordable rents, pursuant to 24 CFR Section 570.483(b)(3).
- g. States whether or not the local government will assist in the rehabilitation of mobile homes, modular homes, or other forms of manufactured housing.
- h. Establishes a ratio of the cost of rehabilitating a housing structure to the value of the housing structure after rehabilitation (i.e., the ratio of the rehabilitation cost to the post-rehabilitation value should not be greater than one-to-one). Based on that ratio, the local government should define the criteria under which a house will be demolished and replaced rather than rehabilitated. For example, this section should indicate that if a post-rehabilitation value (\$30,000) is less than the cost of rehabilitation (\$35,000), the local government may opt to cover the costs for a site built home to be replaced with a new site-built home, a manufactured home or a mobile home. Similar criteria should be given for those houses which are chosen as unfeasible to repair. Such options should specify that replacement will only be made for owner occupied units.
- i. Establishes a formal written notification process that advises a homeowner/tenant when a previously selected housing unit is deleted from the rehabilitation program.
- j. Establishes what types of insurance (fire, casualty, flood) will be required, at what points in time the insurance must be in place, and for how long after administrative closeout it must be maintained in force.
- k. Establishes a process for determining when the rehabilitation is completed, including final acceptance of a contractor's work and final inspection of a housing structure.

- l. Establishes a process for ensuring ownership of non-rental housing units by the occupying beneficiary or the process for ensuring the legal status of the occupying beneficiary to encumber the property and to provide permission for a contractor to undertake construction work on the housing unit.
- m. Establishes the conditions under which a housing structure will be demolished or converted to non-LMI housing structures.
- n. Establishes the process that will be used to solicit contractors and assist beneficiaries in reviewing the contractor's performance including the following requirements;
- o. Bids for rehabilitation or reconstruction of housing units must specify that they shall only be accepted from contractors licensed by the State of Florida, Department of Business and Professional Regulation.
- p. The Contractor must agree in his bid that any change orders for rehabilitation or reconstruction of housing units which cumulatively exceed one thousand dollars (\$1,000) above the original contract amount, shall only be paid with CDBG funds if those change orders are to correct documented code violations based on a bonafide code violation report.
- q. The Contractor must agree in his bid and contract that all change orders for housing rehabilitation or reconstruction shall be approved by the housing unit owner or his or her representative and the contractor and a representative of the local government prior to any initiation of additional work based on that change order.
- r. Establishes a process to ensure that before initiation of housing rehabilitation, the property on which the unit is located meets other appropriate local codes (i.e., nuisance, trash, and other environmental or health codes).
- s. Specifies the process of determining the age of housing units to be addressed and the actions to take with the Bureau of Historic Preservation when addressing units more than 50 years old.
- t. Specifies a lead-based paint abatement procedure to follow when addressing pre-1978 houses.
- u. Specifies a procedure for addressing structures in the 100-year flood plain.
- v. Specifies that the local government will document the completion of construction by ensuring that each housing unit case file shall contain the following information:
 - w. A statement from the contractor that all items on the initial work write-up as modified through change orders have been completed;
 - x. An acknowledgment that the housing unit meets the applicable local code and Section 8 Housing Quality Standards, signed and dated by the local building inspector or the local government's housing rehabilitation specialist;
 - y. A signed statement by the housing unit owner, or his or her representative, that the work has been completed based on the work write-up and change orders. Should all requirements be fulfilled and the homeowner or their representative refuse to acknowledge completion of the work, the housing unit case file shall be documented with a statement detailing the stated reason for said refusal;
 - z. This documentation shall be completed prior to the submission of the administrative closeout package and shall accompany the administrative closeout package when submitted to the Department; and
 - aa. The following data will be provided by housing unit and summarized by activity as part of the administrative closeout for each activity providing direct benefit (i.e., housing rehabilitation, temporary relocation, hookups, etc.):
 - Address of each housing unit rehabilitated with CDBG funds, the date the construction was completed on the housing unit, and the amount of CDBG funds spent on that housing unit.
 - Whether the household is headed by a female, the number of handicapped persons in the household, the number of elderly persons in the household, and the LMI or VLI status of the household;
 - The number of occupants in the household, categorized by sex; and
 - The racial demographics of the household by number (White, Black, Hispanic, Asian/Pacific Islander, or American Indian/Alaskan Native.)

**Participating Party Balance Sheet
Form ED-B-1**

Name of Participating Party _____

	Compiled/Reviewed/Audited				
	Date (Mo/Day/Year)				
	ASSETS				
1	Cash & Marketable Securities				
2	Accounts Receivable				
3	Inventory				
4	Prepaid Expenses				
5					
6					
7					
8	CURRENT ASSETS				
9	Net Fixed Assets				
10	Notes Receivable				
11	Investment in Subsidiaries				
12	Intangibles				
13					
14					
15	TOTAL ASSETS				
LIABILITIES AND NET WORTH					
16	Note Payable – Bank				
17	Note Payable – Other				
18	Accounts Payable				
19	Accruals				
20	Income Tax Payable				
21	Current Portion LTD				
22					
23					

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**Participating Party Balance Sheet
Form ED-B-1 (Continued)**

24							
25	CURRENT LIABILITIES						
26	Long Term Debt						
27	Subordinated Officer Debt						
28							
29							
30	TOTAL LIABILITIES						
31	Common Stock						
32	Cap. Surplus and Paid in Cap.						
33	Retained earnings						
34	(Less) Treasury Stock						
35	TOTAL NEW WORTH						
36	TOTAL LIABILITIES AND NET						
37	Contingent Liabilities						
38	Check if Co. Changes Accts.						
39	Other (Specify)						
	PROFIT AND LOSS STATEMENT						
	# of months						
	Period Ending						
39	Sales		%		%		%
40	- COGS		%		%		%
41	Gross Profit		%		%		%
42	- SGA		%		%		%

**Participating Party Balance Sheet
Form ED-B-1 (Continued)**

43	Operating Profit		%		%		%		%
44	- Owners Salary		%		%		%		%
45	- Depr. & Amort. Exp.		%		%		%		%
46	- Interest Expense		%		%		%		%
47	- Rent		%		%		%		%
48	=/- Other Inc./Exp.		%		%		%		%
49	EBT		%		%		%		%
50	- Income Taxes		%		%		%		%
51	PAT		%		%		%		%
OPERATING CYCLE									
52	+ Days Receivable								
53	+ Days Inventory								
54	- Days Payable								
55	- Days Accrual								
56	= Op. Cycle								
RATIO ANALYSIS									
57	Sales Growth Ratio								
58	Working Capital								
59	Current Ratio								

**Participating Party Balance Sheet
Form ED-B-1 (Continued)**

60	Quick Ratio							
61	Debt/Equity Ratio							
CAPITOL EXPENDITURES								
62	Ending Net Fixed Assets							
63	+ Depreciation							
64	-Beginning Net Fixed Assets							
65	= Net Capital Expenditures							
RECONCILIATION OF NET WORTH								
66	Ending Net Worth							
67	- PAT							
68	- Beginning Net Worth							
69	= New Equity (Distributions)							

**Very Low, Low and Moderate Income Random Sample Survey Worksheet
Form LMI-1**

(To be completed by Commercial and Neighborhood Applicants if a Random Sample Survey was conducted)

SERVICE AREA NUMBER

1. Enter the total number of households in the service area (universe).	
2. Enter minimum # of sample survey responses required to obtain a 95% confidence level at the confidence interval you select (see page 23 of HUD Notice CPD-05-06).	
3. Enter the total number of households actually responding to the survey including those assumed to be above Low and Moderate Income (LMI) after third party verification of household composition.	

COMPLETE THE FOLLOWING SECTION FOR NR & CR APPLICATIONS.

4. Enter the total number of LMI households responding from the sample.	
5. Enter the total number of LMI beneficiaries in the households responding from the sample.	
6. Enter the total number of above LMI households responding from the sample. (Check: Line 4 + Line 6 = Line 3)	
7. Enter the total number of above LMI beneficiaries in the households responding from the sample.	
8. Divide Line 5 by Line 4. This is the average size of the LMI households responding.	
9. Divide Line 7 by Line 6. This is the average size of the above LMI households responding.	
10. Divide Line 4 by Line 3. This is the percentage of households responding that are LMI.	
11. Divide Line 6 by Line 3. This is the percentage of households responding that are above LMI. [Check: Line10 + Line11 = 100%]	
12. Multiply Line 1 by Line 10. This is the estimate of the total number of LMI households in this service area.	
13. Multiply Line 1 by Line 11. This is the estimate of the total number of above LMI households in this service area.	

14. Multiply Line 8 by Line 12. This is the estimate of the total number of LMI beneficiaries in this service area.	
15. Multiply Line 9 by Line 13. This is the estimate of the total number of <u>above</u> LMI beneficiaries in this service area.	
16. Add Line 14 and Line 15. This is the estimate of the total number of all beneficiaries in this service area.	
17. Divide Line 14 by Line 16, multiply the resulting decimal by 100, and subtract the confidence interval. This is the minimum percentage of LMI benefit in this service area for determining whether the LMI National Objective will be met. (This percentage must be the lowest possible percentage based on the confidence interval used for the survey. Example: a survey conducted using a confidence interval of 3 results in a LMI percentage of 55% using the procedure above. Enter 52% as the LMI benefit percentage.) Note: For scoring purposes, add back the confidence interval.	
COMPLETE THE FOLLOWING SECTION FOR NR APPLICATIONS ONLY	
18. Enter the total number of Very Low Income (VLI) households responding from the sample.	
19. Enter the total number of VLI beneficiaries in the households responding from the sample.	
20. Divide Line 19 by Line 18. This is the average size of the VLI household responding.	
21. Divide Line 18 by Line 3. This is the average percentage of VLI households responding in the sample.	
22. Multiply Line 1 by Line 21. This is the estimate of the total number of VLI households in this service area.	
23. Multiply Line 20 by Line 22. This is the estimate of the total number of VLI beneficiaries in this service area.	
24. Divide Line 23 by Line 16, multiply the resulting decimal by 100. This is the estimated percentage of VLI benefit in this service area.	

**Household Income Certification Form
Form I-1**

LOCAL GOVERNMENT:	SERVICE AREA #:	MAP KEY #	DESCRIPTION OF UNIT:	DATE OF SURVEY:
NAME:		RENT or OWN	STREET ADDRESS:	CITY:

SECTION II:

(Circle your total household size and then answer whether total household income is or is not within each of the three ranges.)

Number of Persons in Household	2 Income Range (Moderate)	Is Total Household Income Within This Range?		4 Income Range (Low)	Is Total Household Income Within This Range?		6 Income Range (Very Low)	Is Total Household Income Within This Range?	
		YES	NO		YES	NO		YES	NO
1	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
2	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
3	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
4	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
5	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
6	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
7	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
8	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO

Note: For households of more than 8 persons, insert in the blank row the household size and the correct range for each of the three income levels.

Household Income Verification Form (Continued)

Form I-1

SECTION III				
Indicate how many people in each of the following categories reside in the household. Some household members may need to be counted in more than one category.		Female Head of Household	Handicapped	Elderly (60+)
Indicate race and ethnicity below:				
Race	Total	# of Hispanic Ethnicity	For Housing Grants Only	
			# Units Owner Occupied	# Units Renter Occupied
White				
African American				
Asian				
American Indian or Alaskan Native				
Native Hawaiian Pacific Islander				
American Indian or Alaskan Native and White				
Asian and White				
African American and White				
American Indian/Alaskan Native and African American				
Other Multi-racial				
Totals				

CERTIFICATION: I, the undersigned, certify that the information stated in this form is true and accurately reflects the household composition and income data as presented to me by the occupant. Additionally, each household has been advised that they may be required to hook up to any sewer or water facilities constructed as a part of this project and of any estimated costs or monthly fees associated with such hook up.

INTERVIEWER: _____ DATE: _____

**For Economic Development Grants Only
Pre-Employment Household Income Certification Form
Form I-2**

SECTION I: To be completed by participating business

LOCAL GOVERNMENT:	Participating Business:	DATE OF INTERVIEW:
Was the applicant employed prior to being hired by the participating business?	Yes	No
If hired, will the applicant receive company sponsored health care benefits?	Yes	No

Which type of position will the applicant fill if hired:

Officials & Managers	Other Professional	Office & Clerical
Sales	Technicians	Operators (semi-skilled)
Laborers	Service workers (unskilled)	Craft Workers (skilled)

SECTION II: To be completed by applicant / employee

Name of applicant:	City and state of residence:
--------------------	------------------------------

(Circle your total household size and then answer whether total household income is or is not within each of the three ranges.)

Number of Persons in Household	2 Income Range (Moderate)	Is Total Household Income Within This Range?		4 Income Range (Low)	Is Total Household Income Within This Range?		6 Income Range (Very Low)	Is Total Household Income Within This Range?	
		YES	NO		YES	NO		YES	NO
1	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
2	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
3	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
4	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
5	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
6	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
7	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
8	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO
	0 - \$	YES	NO	0 - \$	YES	NO	0 - \$	YES	NO

Note: For households of more than 8 persons, insert in the blank row the household size and the correct range for each of the three income levels.

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Household Income Verification Form (Continued)
Form I-2

SECTION III: To be completed by applicant / employee			
Indicate how many people in each of the following categories reside in the household. Some household members may need to be counted in more than one category.	Female Head of Household	Handicapped	Elderly (60+)
Indicate race and ethnicity below:			
Race	Total	# of Hispanic Ethnicity	
White			
African American			
Asian			
American Indian or Alaskan Native			
Native Hawaiian Pacific Islander			
American Indian or Alaskan Native and White			
Asian and White			
African American and White			
American Indian/Alaskan Native and African American			
Other Multi-racial			
Totals			

CERTIFICATION: I, the undersigned, certify that the information stated in this form is true and accurately reflects the household composition and income data.

JOB APPLICANT/EMPLOYEE: _____ DATE: _____

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Maximum Engineering Fee Percentages from
Florida RUS Bulletin 1780-9 Revised 10/2009
(Applicable to Basic Engineering)

Maximum Engineering Fee Percentages from
Florida RUS Bulletin 1780-9 Revised 06/2007
Applicable to Inspection.

Estimated Construction Cost	Basic Fee Table I Maximum	Basic Fee Table II Maximum		Inspection Fee Table I Maximum	Inspection Fee Table II Maximum
100,000	12.3	10.1		6.9	6.5
200,000	11.2	9.4		6.3	5.9
300,000	10.4	8.9		5.8	5.3
400,000	10.0	8.5		5.5	4.9
500,000	9.6	8.2		5.3	4.7
600,000	9.2	7.9		5.1	4.6
800,000	8.6	7.5		4.6	4.1
1,000,000	8.2	7.2		4.1	3.8
2,000,000	7.8	6.8		3.5	2.9
3,000,000	7.4	6.4		3.1	2.4
4,000,000	7.1	6.1		3.0	2.2
5,000,000	6.8	5.9		2.8	2.0
7,500,000	6.6	5.7		2.7	1.95
10,000,000	5.9	4.6		2.5	1.8
15,000,000	6.1	5.2		2.3	1.6
20,000,000	5.9	5.1		2.2	1.45

Rule 9B-43 establishes the above schedule as the maximum amount of CDBG funds that may be used to pay for basic engineering and inspection. To comply with 24 CFR 85.36, the local government must negotiate a fee, including profit, as a separate amount, and conduct a cost analysis of the fee. Non-CDBG funds may be used to pay for basic engineering and inspection costs exceeding the schedule.

Tables I and I-A shall be used for water treatment plants, sewers, sewage treatment plants, and rehabilitation of existing treatment facilities. For all other projects, use Tables II and II-A. For project costs falling between the amounts shown in the tables, percentages shall be interpolated to the nearest one-tenth percent. Projects with both Table I and Table II activities shall be prorated using the percentage of estimated cost for each table to the total estimated construction cost. Do not calculate based on the Table I cost and the Table II cost. (Example: if 35% of estimated construction cost is Table I, use 35% of Table I amount as calculated using the estimated construction cost; then use 65% of the Table II amount as calculated using the estimated construction cost.

The engineering fee may include any services defined as additional engineering in Rule 9B-43. All additional engineering fees must be justified as outlines in Technical Memo 93-13. The engineering fee may also include preliminary engineering costs not to exceed one-half of one percent of total estimated construction costs. If readiness to proceed points are part of the final application score, then preliminary engineering costs may not be requested and the maximum engineering paid from CDBG funds shall not exceed \$10,000 plus the amount calculated from Table 1-A, Table II-A, or a prorated amount of both tables as appropriate depending on the activities to be funded from the grant.

Contract Number: _____

CFDA Number: 14.228

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Contact Information

1. Contract Recipient

Chief Elected Official:
Title:
Address:
City, State, Zip Code:
Telephone No: () - Ext: Fax Number: () -
E-Mail Address:

2. Chief Financial Officer

Chief Financial Official:
Title:
Address:
City, State, Zip Code:
Telephone No: () - Ext: Fax Number: () -
E-Mail Address:

3. Project Contact

Project Contact:
Title:
Address:
City, State, Zip Code:
Telephone No: () - Ext: Fax Number: () -
E-Mail Address:

4. Civil Rights Contacts

Fair Housing Coordinator: Title: Telephone No: () - Ext: E-Mail Address:
EEO Coordinator: Title: Telephone No: () - Ext: E-Mail Address:
Section 504/ADA Coordinator: Title: Telephone No: () - Ext: E-Mail Address:

5. Private Consultant (If Applicable)

Consultant Firm: Consultant Contact: Address: City, State, Zip Code: Telephone No: () - Ext: Fax Number: () - E-Mail Address:
--

Administrative Data

1. Local Government FID Number: _____
2. Local Government DUNS Number: _____
3. Districts: United States Congress _____
 Florida Senate _____ Florida House _____

4. If the recipient is not receiving Electronic Funds Transfer (EFT) from the State of Florida, please provide an address for transmittal of the reimbursement warrant:

Recipient Name:

Street Address:

City, State, Zip:

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- 5 Please provide a brief Project Description:

CHECKLIST FOR DETERMINING FACILITY ACCESSIBILITY (07.02)

This can be used as a guide to complying with the American National Standards Institute (ANSI) standards for making your facility accessible to handicapped persons.

YES NO Building Site

- 1. Does the grading of the building site allow the approaches to the building to be substantially level?
- 2. Is there parking within 200 feet of the building entrance?
- 3. Is any of the parking reserved for the handicapped?
- 4. Are any parking spaces open on one side to allow easy access for wheelchairs and for people who use braces to get in and out of the automobile?
- 5. Are the parking spaces on level ground?
- 6. Are there ramps or level spaces to allow people to enter the building without crossing a curb?

YES NO Walkways

- 1. Are walks at least 48 inches wide?
- 2. Is the gradient not greater than a one foot rise in 20 feet (5 percent)?
- 3. Are walks without interruption (i.e., steps or abrupt changes in level)?
- 4. If the walks cross a driveway, parking lot or other walks, do they blend into a common level surface?
- 5. On elevated walks, is there at least a 5 ft. X 5 ft. platform if a door swings out onto the platform or 3 ft. X 5 ft. platform if the door swings in?
- 6. Do walks have nonslip surfaces?

YES NO Buildings -- Ramps

- 1. Do ramps have a slope no greater than a 1 foot rise in 12 feet (8.33 percent)?
- 2. If ramps are steeper than a 5 percent gradient rise, are handrails provided?
- 3. If there are handrails, are they at least 32 inches above ramp surface?
- 4. Are the ramp surfaces smooth?
- 5. Do the handrails extend 1 foot beyond the top and bottom of the ramp?
- 6. Are the ramp surfaces nonslip?
- 7. Do ramps have a 6 foot clearance at the bottom?
- 8. Do ramps that have a gradient steeper than 5 percent have level spaces -- a minimum of 3 feet in length -- at 30-foot intervals?
- 9. Are these level rest areas at least 5 feet wide to provide for turns?

YES NO Buildings -- Entrances/Exits

- 1. Is at least one entrance to the building accessible to people in wheelchairs?
- 2. Is at least one entrance accessible to wheelchairs on a level that would make the elevators accessible?

YES NO *Buildings -- Doors and Doorways*

- 1. Do doors have a clear opening at least 32 inches wide?
- 2. Can doors be opened by a single effort?
- 3. Is the floor of the doorway level within 5 feet from the door in the direction it swings?
- 4. Does this level space extend 1 foot beyond each side of the door?
- 5. Does it extend 3 feet in the direction opposite to the door swing?
- 6. Are sharp inclines and abrupt changes in levels avoided at doorsills?
- 7. Does the speed of door closers allow the use of doors by physically disabled persons?

YES NO *Buildings -- Stairs and Steps*

- 1. Do the steps avoid protruding lips at the edge of each step?
- 2. Do stairs have handrails at least 32 inches above step level?
- 3. Do stairs have at least one handrail that extends at least 18 inches beyond the top and bottom step?
- 4. Do steps have risers 7 inches or less?

YES NO *Buildings -- Floors*

- 1. Do floors have nonslip surface?
- 2. Are floors on each story at a common level or connected by a ramp?

YES NO *Buildings -- Restrooms*

- 1. Is there at least 1 toilet for each sex on each floor with facilities for the physically handicapped?
- 2. Can physically handicapped persons, particularly those in wheelchairs, enter the restroom?
- 3. Do toilet rooms have turning space 60 X 60 inches to allow traffic of individuals in wheelchairs?
- 4. Do toilet rooms have at least one toilet stall that:
 - a. is 3 feet wide?
 - b. is at least 4 feet 8 inches deep?
 - c. has a door that is 32 inches wide and swings out?
 - d. has handrail on each side, 33 inches high and parallel to floor, 1-1/2 inches in diameter, with 1-1/2 inches clearance between rail and wall, fastened securely to wall at the ends and center?
- 5. Do toilet rooms have wash basins with narrow aprons, which when mounted at standard height are no greater than 34 inches at the top and which have a clearance underneath of 29 inches?
- 6. Are drainpipes and hot water pipes covered or insulated?
- 7. Is one mirror as low as possible and no higher than 40 inches above the floor?
- 8. Is one shelf at a height as low as possible and no higher than 40 inches above the floor?
- 9. Do toilet rooms for men have wall-mounted urinals with the opening of the basin 19 inches from the floor, or have floor-mounted urinals that are level with the main floor of the toilet rooms?
- 10. Are towel dispensers mounted no higher than 40 inches from the floor?

- 11. Do toilet rooms have towel racks mounted no higher than 40 inches from the floor?
- 12. Are disposal units mounted no higher than 40 inches from the floor?
- 13. Are towel racks, towel dispensers and other appropriate disposal units located to the side rather than above the basins?

YES NO *Buildings -- Water Fountains*

- 1. Is there at least one drinking fountain on each floor for use by physically handicapped?
- 2. Can persons in wheelchairs wheel up to fountains?
- 3. Do water fountains or coolers have up-front spouts and controls?
- 4. Are they hand-operated?
- 5. If coolers are wall-mounted, are they hand-operated with basins 36 inches or less from the floor?

YES NO *Buildings -- Public Telephones*

- 1. Is there at least one public telephone in each "bank" accessible to physically handicapped?
- 2. Is the height of the dial 48 inches or less from the floor?
- 3. Is the coin slot located 48 inches or less from floor?
- 4. Are these telephones equipped for persons with hearing disabilities? Are those telephones identified as such?

YES NO *Buildings -- Elevators*

- 1. If more than a one-story building, are elevators available to physically handicapped?
- 2. Can physically handicapped persons, particularly those in wheelchairs, enter elevator?
- 3. Are outside call buttons 48 inches or less from floor?
- 4. Are control buttons inside 48 inches or less from floor?
- 5. Are the buttons labeled with raised (or indented) letters beside them?
- 6. Are they touch sensitive and easy to push?
- 7. Is the elevator cab at least 5 ft. X 5 ft.?
- 8. Can a person in a wheelchair facing the rear see floor numbers (by mirror or floor identification at rear of car)?
- 9. Are floors announced orally by recorded devices for the benefit of the blind?

YES NO *Buildings -- Controls*

- 1. Are light switches not more than 48 inches above the floor?
- 2. Are controls for heating, cooling and ventilation not more than 48 inches above the floor?
- 3. Are controls for fire alarms and other warning devices not more than 48 inches from floor?
- 4. Are other frequently used controls, such as drapery pulls, etc., not more than 48 inches from floors?

YES NO *Buildings -- Identification*

- 1. Are raised (or recessed) letters or numbers used to identify rooms or offices?
- 2. Is identification placed on the wall, to the right or left of the door?
- 3. Is it at a height between 4 ft. 6 in. and 5 ft. 6 in. measured from floor?
- 4. Are doors that might prove dangerous to a blind person if he or she were to enter or exit through them, made quickly identifiable to the touch?

YES NO *Buildings -- Warning Signals*

- 1. Are audible warning signals accompanied by simultaneous visual signals for the benefit of those with hearing and sight disabilities?

YES NO *Buildings -- Hazards*

- 1. When hazards such as open manhole covers, panels and excavation exits on the site, are barricades placed on all open sides at least 8 feet from hazard and warning devices installed?
- 2. Are there no low-hanging door closers that remain within opening of doorways, or that protrude hazardously into regular corridors or traffic ways?
- 3. Are there no low-hanging signs, ceiling lights, fixtures, or similar objects that protrude into regular corridors or traffic ways?
- 4. Is lighting on ramps adequate?
- 5. Are exit signs easily identifiable to all disabled persons?