



**ORANGE COUNTY COMMUNITY DEVELOPMENT
BLOCK GRANT
FY-2019 FUNDING APPLICATION
MUNICIPAL GRANT PROGRAM**

GENERATOR FOR SENIOR CENTER

**Prepared for:
Alex Jamieson, Supervisor
Town of Chester
1786 Kings Highway
Chester, New York 10918**

**Prepared by:
Alfred A. Fusco, Jr., P.E.
Fusco Engineering and Land Surveying, P.C.
233 East Main Street
Middletown, New York 10940**

April 27, 2018

**ORANGE COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FY-2019 FUNDING APPLICATION
MUNICIPAL GRANT PROGRAM**

Date Application Was Received By OCD: _____

Applicant's Name: Town of Chester **Name of Municipality**

Address: 1786 Kings Highway, Chester, New York 10918

Municipal Official: Alex Jamieson
(Type Name of Supervisor or Mayor)

Title: Supervisor
(Supervisor or Mayor)

SIGNATURE: _____
(Authorized Official)

Telephone Number: 845-469-7000

Person To Be Contacted On Matters Concerning This Application	Print Name:	<u>Alfred A. Fusco, Jr., P.E.</u>
	Telephone No.:	<u>845-344-5863</u>
	Facsimile No.:	<u>845-956-5865</u>
	E-Mail Address:	<u>aafjr@fuscoengineering.com</u>

Subrecipient or Co-Applicant's Name: _____
(Name of Organization)

Address: _____

Authorized Official: _____
(Type or Print Name)

Title: _____

SIGNATURE:  _____
(Authorized Official)

Person to Be Contacted On Matters Concerning This Application	Print Name:	_____
	Telephone No.:	_____
	Facsimile No.:	_____
	E-Mail Address:	_____

TOTAL COST SUMMARY ALL PROJECTS

Single Year Application	<u>\$125,000</u>	Multi Year Application	_____
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Total CDBG Requests	<u>\$125,000</u>	Total Other Funds	<u>\$25,000</u>	Grand Total	<u>\$150,000</u>
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NOTE: Applicants may apply for a maximum of three (3) activities totaling no more than \$125,000 in a Single Year application and only one (1) activity totaling no more than \$375,000 in a multi-year application.

FY-2019/PART I
PROJECT DESCRIPTION AND NEEDS

FY-2019/PART I PROJECT DESCRIPTION AND NEEDS

Applicant Name:	Town of Chester			
Subrecipient:				
Project Title:	Generator for Senior Building			
Project Address:	79 Laroe Road, Chester, New York 10918			
Project Location:	Census Tract	014301	Blk. Grp.	5
	Tax Map Section	4	Blk.	1
			Lot	8.2

A. Activity Description- In less than one page, describe the activity and state specifically what CDBG funds will be used for. If the activity is part of a larger project, describe the larger project including a general timeline.

Town of Chester senior citizens center emergency generator to allow the facility to serve as a warming/cooling center and emergency shelter.

The facility has been wired by the Town already for generator. We need the generator, pad and fuel connection.

FY-2019/PART I PROJECT DESCRIPTION AND NEEDS

Population Benefitted – In the space below, describe how this activity will benefit low and moderate income persons in your community:

The residents of the Town of Chester would be able to have a warming/cooling center and emergency shelter if the Senior Center were to have a generator on site.

Describe Project Service Area boundaries served by your activity (i.e. "Town-wide, "Village-wide) Indicate CT and Census Black Group #. Attach a map of the service area, with boundaries clearly marked in Section VIII of this application:

Town-wide and the senior citizens community.

Project the Impact and/or Accomplishments that the completed project will have on the population beneficiaries and service area.:

All residents of the Town would have a safe shelter in case of emergencies.

Note: If additional space is needed for any of the above headings, continue on plain paper and attach to this form.

FY-2019/PART II
PROJECT INFORMATION

- A. Budget**
- B. Project Schedule**
- C. Other Project Detail**

FY-2019/PART II PROJECT BUDGET SUMMARY

Complete a separate form for each project in the application-attach a separate sheet of paper if more space is needed.

Single Year Project: \$125,000

Multi-Year Project:

FY-2019 CDBG: \$

FY-2020 CDBG: \$

FY-2021 CDBG: \$

TOTAL CDBG: \$

PROJECT BUDGET

Total Amount of CDBG Funds Requested: \$125,000

Total Amount of Other Funding Sources*: \$ 25,000

Total Project Cost: \$150,000

Complete Program Budget Detail on Page 7.

****Attach to this section a detailed cost estimate prepared by professional sources. Cost estimate must distinguish construction costs and soft cost (i.e. engineering).**

PLEASE NOTE: ANY PROJECT UTILIZING CDBG FUNDING IN EXCESS OF \$2,000 IS SUBJECT TO DAVIS-BACON/PREVAILING WAGE REGULATIONS. PREPARE COST ESTIMATES FOR YOUR PROJECT ACCORDINGLY! Davis Bacon wage rates can be found at <http://www.wdol.gov>.

****Attach to this section evidence of commitment of funds and/or applicable information concerning source, availability and amount of other funding sources. Complete chart on Page 8**



FUSCO ENGINEERING & LAND SURVEYING, P.C.

Consulting Engineers

Alfred A. Fusco, Jr., P.E., Principal

Alfred A. Fusco, III, General Manager

- 233 East Main Street
Middletown, NY 10940
Phone: (845) 344-5863
Fax: (845) 956-5865
- 19 Waywayup Lane
Port Jervis, NY 12771
Phone: (845) 956-5866

TOWN OF CHESTER BUDGET – CDBG 2019

ITEM	QUANTITY	UNIT PRICE	AMOUNT
Grading	LS	LS	\$ 3,000.00
Concrete Pad	25 yds	\$200/yd	5,000.00
Fuel Connection	LS	LS	2,000.00
Electrical Connection	LS	LS	5,000.00
Unit 69 KW Generator	1	\$85,000/each	85,000.00
Shelter	LS	LS	<u>25,000.00</u>
Subtotal			\$ 125,000.00
Engineering			<u>25,000.00</u>
TOTAL			\$ 150,000.00

FY-2019/PART II PROJECT BUDGET SUMMARY, continued

1. Site Control-Indicate:

- a) No site control, b) option to purchase, c) binder/contract of sale, d) ownership/deed, e) easements required.

Ownership/deed

2. Extent of Project Financing-Indicate:

- a) No other funding applications filed, b) some application filed, c) all applications filed, d) some commitments, e) all commitments.

No other funding applications filed

3. Plans/Approvals/Permits-Indicate:

- a) Plans prepared, b) local, state permits and/or approvals submitted? pending? issued?

Pending

4. Project Schedule:

Complete attached form on Page 9 (one for each proposed activity.) Indicate how long all phases of your project will take to complete. ***IMPORTANT: Include in your project schedule, time needed to obtain site control, obtain other project financing, plans, approvals, (i.e. easements, etc.) permits, environmental review/release of funds and construction period.***

NOTE: If your project is funded, this office must complete the environmental review process before construction can begin - a full set of plans and specifications will be required (early in the beginning of the program year).

COMMUNITY DEVELOPMENT ACTIVITIES - PROJECT BUDGET DETAIL

APPLICANT NAME: Town of Chester

LIST OF ACTIVITIES * (List all proposed activities and list, as a separate activity, the Program Delivery associated with each proposed activity.)	See Below National Objective Code	CDBG \$ Requested	OTHER FUNDING SOURCES				TOTAL OF OTHER SOURCES	ALL SOURCES TOTAL
			Source # Town funds	Source # _____	Source # _____	Source # _____		
1 Generator		\$125,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125,000.00
1A Program Delivery (i.e soft costs)							\$0.00	\$0.00
2							\$0.00	\$0.00
2A Program Delivery							\$0.00	\$0.00
3							\$0.00	\$0.00
3A Program Delivery							\$0.00	\$0.00
Engineering			\$25,000.00					\$25,000.00
Total Project Cost		\$125,000.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	\$150,000.00

National Objective Codes:

LMA: Low/Moderate Income Persons - Area Benefit

LMC: Low/Moderate Income Persons - Limited Clientele

LMH: Low/Moderate Income Persons - Housing

LMJ: Low/Moderate Income Persons - Employment (Jobs)

SBA: Addressing Slum/Blight - Area Basis

SBS: Addressing Slum/Blight-Spot Basis

UN: Urgent Need

COMMUNITY DEVELOPMENT ACTIVITIES - OTHER FUNDING SOURCES

APPLICANT NAME: Town of Chester

	NAME OF FUNDING SOURCE	AMOUNT OF FUNDING	SOURCE OF FUNDING	TYPE OF FUNDING	INTEREST RATE	TERM	FUNDING STATUS	DATE
1	Town of Chester	\$25,000	L	MS			C	
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								

Source of Funding Codes: Federal (F), State (S), Private (P), Local (L), Other (O)

Type of Funding Codes: Loan (L), Grant (G), Municipal Share (MS), Private Share (PS)

Funding Status Codes: Committed (C) Application Submitted Notification Pending (AP)

PROJECT DETAIL - PUBLIC FACILITIES (PUBLIC WASTEWATER, WATER & FACILITIES)

APPLICANT NAME: Town of Chester

ACTIVITY NAME: Generator for the Senior Center

FOR LATERAL CONNECTION ACTIVITIES TO BE FUNDED WITH CDBG FUNDS, CONTACT THE COMMUNITY DEVELOPMENT OFFICE FOR ADDITIONAL REQUIREMENTS.

PART 1: TO BE COMPLETED FOR ALL PUBLIC FACILITY ACTIVITIES:

PUBLIC FACILITIES: BENEFICIARIES FROM ACTIVITY			
MEDIAN INCOME		NUMBER OF:	
SOURCE OF DATA:			
CENSUS: 014301 TRACT	5 BLOCK GROUP		
INCOME SURVEY \$98,314		HH	Persons
80% OF HAMFI	\$78,651	3,951	11,647

*** HAMFI – HUD ADJUSTED MEDIAN FAMILY INCOME

PART II: TO BE COMPLETED FOR PUBLIC SEWER/WASTEWATER AND PUBLIC WATER ACTIVITIES::

1. What percent of the proposed system is attributable to commercial, institutional and/or industrial use? ____%
2. What percent of the residents in the service area are year-round residents? ____%
3. If a one-time municipal hook-up fee or special assessment will apply, what is the fee? \$ ____

PUBLIC SEWER/WASTEWATER AND PUBLIC WATER: PUBLIC APPROVAL/SITE CONTROL	YES	DISTRICT FORMATION/ REFERENDUM DATE	NO	UNDETERMINED
DISTRICT FORMATION REQUIRED	<input type="checkbox"/>		<input type="checkbox"/>	
PUBLIC REFERENDUM REQUIRED	<input type="checkbox"/>		<input type="checkbox"/>	
SITE CONTROL OBTAINED	<input type="checkbox"/>		<input type="checkbox"/>	

PUBLIC WATER AND WASTEWATER: PER HOUSEHOLD(S) CHARGES			
	WATER SYSTEM	SEWER SYSTEM	TOTAL
CURRENT SYSTEM:			
A ANNUAL DEBT SERVICE			\$0
B ANNUAL OPERATION & MAINTENANCE COST			\$0
C TOTAL CURRENT PER HOUSEHOLD CHARGES (A & B)	\$0	\$0	\$0
PROPOSED PROJECT WITHOUT FINANCIAL ASSISTANCE:			
D ANNUAL DEBT SERVICE			\$0
E ANNUAL OPERATION & MAINTENANCE COST			\$0
F TOTAL PROJECTED PER HOUSEHOLD CHARGES (C+D+E)	\$0	\$0	\$0
REDUCTION OF PER HOUSEHOLD CHARGES RESULTING FROM FINANCIAL ASSISTANCE:			\$0
G REDUCTION RESULTING FROM PENDING OR ACTUAL NON-CDBG GRANTS AND/OR LOANS			\$0
H REDUCT. RESULTING FROM PEND. CDBG GRANT			\$0
I TOTAL REDUCTION IN CHARGES PER HOUSEHOLD (G+H)	\$0	\$0	\$0
J ANNUAL CHARGES PER HOUSEHOLD (F-I)			\$0

PROJECT DETAIL – PRIVATE/PUBLIC IMPROVEMENTS

APPLICANT NAME:

ACTIVITY NAME:

TO BE COMPLETED FOR PRIVATE/PUBLIC IMPROVEMENT ACTIVITIES
(street improvements, streetlights, sidewalks, parking lots, commercial facades)

PRIVATE/PUBLIC IMPROVEMENTS: BENEFICIARIES FROM ACTIVITY		
MEDIAN INCOME	NUMBER OF:	
SOURCE OF DATA:		
CENSUS: 014301 TRACT 5 BLOCK GROUP		
INCOME SURVEY \$98,314	HH	Persons
80% OF HAMFI \$78,651	3,951	11,647
BUSINESSES/PERSONS TO BENEFIT FROM ACTIVITY		
	NUMBER OF:	
JOBS TO BE CREATED/RETAINED		
PERSONS/HOUSEHOLD TO BE ASSISTED		
BUSINESSES TO BE ASSISTED		

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Enter a state, county, city, town, or zip code:

[GO](#)[Population](#)[Age](#)[Business and Industry](#)[Education](#)[Governments](#)[Housing](#)[Income](#)[Origins and Language](#)[Poverty](#)[Race and Hispanic Origin](#)[Veterans](#)[Show All](#)**10918****Median Household Income**[Bookmark/Save](#)[Print](#)**98,314**

Source: 2012-2016 American Community Survey 5-Year Estimates

Popular tables for this geography:**2016 American Community Survey**[Selected Economic Characteristics \(Employment, Commute, Occupation, Income, Health Insurance, Poverty, ...\)](#)[Income in the Past 12 Months \(Households, Families, ...\)](#)[Earnings in the Past 12 Months \(Sex, Educational Attainment, ...\)](#)[Employment Status \(Age, Race, Sex, Poverty, Disability, Education, ...\)](#)[Occupation by Sex and Median Earnings in the Past 12 Months](#)**Census 2000**[Selected Economic Characteristics \(Employment, Commute, Occupation, Income, Health Insurance, ...\)](#)• [Want more?](#) Need help? Use [Guided Search](#) or visit [Census.gov's Quick Facts](#).

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Enter a state, county, city, town, or zip code: 10918

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Population

Age

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Housing

Income

Origins and Language

Poverty

Race and Hispanic Origin

Veterans

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Population

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Census 2010 Total Population ▼

11,647

Source: 2010 Demographic Profile

Popular tables for this geography:**2010 Census**[General Population and Housing Characteristics \(Population, Age, Sex, Race, Households and Housing, ...\)](#)
[Race and Hispanic or Latino Origin](#)
[Hispanic or Latino by Type \(Mexican, Puerto Rican, ...\)](#)
[Households and Families \(Relationships, Children, Household Size, ...\)](#)**2016 American Community Survey**[Demographic and Housing Estimates \(Age, Sex, Race, Households and Housing, ...\)](#)**2017 Population Estimates Program**[Annual Population Estimates](#)**Census 2000**[General Demographic Characteristics \(Population, Age, Sex, Race, Households and Housing, ...\)](#)• [Want more?](#) Need help? Use [Guided Search](#) or visit [Census.gov's Quick Facts](#).CONNECT WITH US    [Accessibility](#) | [Information Quality](#) | [FOIA](#) | [Data Protection and Privacy Policy](#) | U.S. Department of Commerce



DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2012-2016 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	ZCTA5 10918			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	12,264	+/-603	12,264	(X)
Male	6,059	+/-408	49.4%	+/-2.3
Female	6,205	+/-425	50.6%	+/-2.3
Under 5 years	789	+/-208	6.4%	+/-1.6
5 to 9 years	729	+/-251	5.9%	+/-2.0
10 to 14 years	843	+/-182	6.9%	+/-1.4
15 to 19 years	960	+/-187	7.8%	+/-1.6
20 to 24 years	907	+/-280	7.4%	+/-2.2
25 to 34 years	1,626	+/-391	13.3%	+/-2.9
35 to 44 years	1,635	+/-245	13.3%	+/-2.0
45 to 54 years	2,002	+/-330	16.3%	+/-2.7
55 to 59 years	880	+/-220	7.2%	+/-1.8
60 to 64 years	576	+/-179	4.7%	+/-1.4
65 to 74 years	736	+/-167	6.0%	+/-1.4
75 to 84 years	421	+/-134	3.4%	+/-1.1
85 years and over	160	+/-96	1.3%	+/-0.8
Median age (years)	36.7	+/-3.3	(X)	(X)
18 years and over	9,276	+/-531	75.6%	+/-2.6
21 years and over	8,776	+/-546	71.6%	+/-2.6
62 years and over	1,687	+/-232	13.8%	+/-1.9
65 years and over	1,317	+/-173	10.7%	+/-1.5
18 years and over	9,276	+/-531	9,276	(X)
Male	4,459	+/-330	48.1%	+/-2.6
Female	4,817	+/-381	51.9%	+/-2.6
65 years and over	1,317	+/-173	1,317	(X)
Male	686	+/-124	52.1%	+/-6.2

Subject	ZCTA5 10918			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	631	+/-114	47.9%	+/-6.2
RACE				
Total population	12,264	+/-603	12,264	(X)
One race	11,949	+/-626	97.4%	+/-1.1
Two or more races	315	+/-135	2.6%	+/-1.1
One race	11,949	+/-626	97.4%	+/-1.1
White	9,606	+/-717	78.3%	+/-4.3
Black or African American	1,238	+/-359	10.1%	+/-3.0
American Indian and Alaska Native	56	+/-58	0.5%	+/-0.5
Cherokee tribal grouping	6	+/-9	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-18	0.0%	+/-0.2
Navajo tribal grouping	0	+/-18	0.0%	+/-0.2
Sioux tribal grouping	0	+/-18	0.0%	+/-0.2
Asian	325	+/-171	2.7%	+/-1.4
Asian Indian	206	+/-148	1.7%	+/-1.2
Chinese	36	+/-39	0.3%	+/-0.3
Filipino	13	+/-15	0.1%	+/-0.1
Japanese	0	+/-18	0.0%	+/-0.2
Korean	19	+/-30	0.2%	+/-0.2
Vietnamese	0	+/-18	0.0%	+/-0.2
Other Asian	51	+/-53	0.4%	+/-0.4
Native Hawaiian and Other Pacific Islander	0	+/-18	0.0%	+/-0.2
Native Hawaiian	0	+/-18	0.0%	+/-0.2
Guamanian or Chamorro	0	+/-18	0.0%	+/-0.2
Samoan	0	+/-18	0.0%	+/-0.2
Other Pacific Islander	0	+/-18	0.0%	+/-0.2
Some other race	724	+/-462	5.9%	+/-3.7
Two or more races	315	+/-135	2.6%	+/-1.1
White and Black or African American	0	+/-18	0.0%	+/-0.2
White and American Indian and Alaska Native	60	+/-53	0.5%	+/-0.4
White and Asian	179	+/-121	1.5%	+/-1.0
Black or African American and American Indian and Alaska Native	0	+/-18	0.0%	+/-0.2
Race alone or in combination with one or more other races				
Total population	12,264	+/-603	12,264	(X)
White	9,888	+/-682	80.6%	+/-4.0
Black or African American	1,289	+/-369	10.5%	+/-3.0
American Indian and Alaska Native	116	+/-86	0.9%	+/-0.7
Asian	512	+/-237	4.2%	+/-2.0
Native Hawaiian and Other Pacific Islander	8	+/-12	0.1%	+/-0.1
Some other race	784	+/-463	6.4%	+/-3.7
HISPANIC OR LATINO AND RACE				
Total population	12,264	+/-603	12,264	(X)
Hispanic or Latino (of any race)	2,239	+/-484	18.3%	+/-3.7
Mexican	109	+/-135	0.9%	+/-1.1
Puerto Rican	1,031	+/-503	8.4%	+/-4.0
Cuban	36	+/-47	0.3%	+/-0.4
Other Hispanic or Latino	1,063	+/-434	8.7%	+/-3.5
Not Hispanic or Latino	10,025	+/-622	81.7%	+/-3.7
White alone	8,258	+/-634	67.3%	+/-3.8
Black or African American alone	1,195	+/-361	9.7%	+/-3.0
American Indian and Alaska Native alone	6	+/-9	0.0%	+/-0.1
Asian alone	325	+/-171	2.7%	+/-1.4
Native Hawaiian and Other Pacific Islander alone	0	+/-18	0.0%	+/-0.2

Subject	ZCTA5 10918			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	0	+/-18	0.0%	+/-0.2
Two or more races	241	+/-119	2.0%	+/-1.0
Two races including Some other race	0	+/-18	0.0%	+/-0.2
Two races excluding Some other race, and Three or more races	241	+/-119	2.0%	+/-1.0
Total housing units	3,951	+/-224	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	8,912	+/-567	8,912	(X)
Male	4,213	+/-333	47.3%	+/-2.6
Female	4,699	+/-398	52.7%	+/-2.6

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2012-2016 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '***' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

FY-2019/PART III
COMPLIANCE WITH NATIONAL OBJECTIVES
AND
STATISTICAL INFORMATION

FY-2019/PART III COMPLIANCE WITH NATIONAL OBJECTIVES AND STATISTICAL INFORMATION

In order to be considered an eligible project under HUD regulations, the project must meet one of the following National Objectives. Please indicate which one of the following National Objectives your project addresses and complete the applicable information. **CHECK ONLY ONE NATIONAL OBJECTIVE.** A full description of the National Objectives is located in the “Municipal Guidelines” Booklet.

1. PROJECTS BENEFITING LOW/MODERATE INCOME PERSONS ☒

A “low and moderate (L/M) income person” is defined as a member of a family having an income equal to or less than the Section 8 Housing Assistance Payments Program lower income limit established by HUD. Unrelated individuals shall be considered as one person families for this purpose. Refer to the CDBG Guidebook for additional information.

In determining low/moderate income benefit, only three methods of qualifying low/moderate statistical information is permissible. Check either Method A, Method B, or Method C.

Method A ☐ Census data was used to determine this objective. At least 39.73% of the (2010) project beneficiaries meet the definition of “low/moderate income”. Indicate Census Tract 014301, Block Group 5, Block Group.

Method B ☐ A door-to-door income survey* of the service area was conducted to determine this objective. At least 51% of the project beneficiaries meet the definition of low/moderate income”.

*Please contact the Community Development office for technical assistance if an Income Survey is required. If a door-to-door income survey was conducted, please complete the Income Survey Summary located in the Appendix. Attach the Income Survey Summary and Income Surveys to the Original Application Only.

Method C ☒ The activity is such that benefits are to a specific group of persons rather than everyone in an area. What is the group benefitting from this activity seniors and physically impaired

- If you are applying for more than one (1) activity, you must complete a “Compliance with National Objectives and Statistical Information” Form on Pages 14, 15, and 16.

FY-2019/PART III COMPLIANCE WITH NATIONAL OBJECTIVES AND STATISTICAL INFORMATION (continued).

Project Beneficiaries -Low/Moderate Income Percent Calculation:

a. Total number of persons to be benefited by the project.	<u>11,647</u>
b. Number of low/moderate persons to be benefited by the Project.	<u>11,647</u>
c. Low/Moderate Percent (Line "b" as a percent of Line "a")	<u>100%</u>
Of the number of low/moderate persons benefited on Line "b":	
 The number of l/m senior citizens (62 years +)	<u> </u>
 The number of physically impaired (wheelchair bound), if identifiable.	<u> </u>

Project Beneficiaries – FOR ECONOMIC DEVELOPMENT PROJECTS ONLY

a. Total number of permanent jobs to be benefited by the project	<u> </u>
b. Total number of which will be available to and filled by low/moderate income persons	<u> </u>
c. Total number of jobs that will be retained by the project	<u> </u>
d. Total number of jobs that will be retained by low/moderate income persons	<u> </u>

Describe the source and methodology for Economic Development beneficiary information listed above.

FY-2019/PART III COMPLIANCE WITH NATIONAL OBJECTIVES AND STATISTICAL INFORMATION, continued.

2. PROJECTS PREVENTING OR ELIMINATING SLUMS & BLIGHT N/A

In order to qualify under this National Objective, you must delineate an area which meets a definition of a slum, blighted, deteriorated or deteriorating area under state or local law and conduct a survey to determine the percentage of deteriorated, deteriorating buildings or public improvements. Please contact the Community Development Office for technical assistance on preparing a Slum and Blight Study.

- a. Is there a substantial number (30%) of deteriorated buildings or improvements throughout the area?**

Yes ☐ No ☐

- b. Include copies of the building conditions/infrastructure survey and an adopted resolution by Legislative Body accepting survey.**

- c. Name(s) of the person(s) or firm who conducted the survey.**

- d. When was the survey taken (time period)?**

3. URGENT NEED ☐

- a. Is this project designated to correct existing conditions which pose a serious and immediate threat to the health or welfare of your community (i.e. earthquake, flood relief).**

Yes ☐ No ☐

- b. Describe the nature of the condition and attach documentation substantiating the seriousness of the condition:**

- c. Is the community able to finance these improvements on its own?**

Yes ☐ No ☐

When did this condition develop?

FY-2019/PART IV
ENVIRONMENTAL CONCERNS

FY-2019 PART IV ENVIRONMENTAL CONCERNS

The following questions dealing with environmental considerations are necessary for the County to assess the potential environmental impact of your project. IF YOU CHECK ANY OF THE ITEMS BELOW, ATTACH A SEPARATE SHEET TO THIS SECTION EXPLAINING THE ITEM.

- ☒ 100 year floodplain (as determined by Federal Flood Insurance Rate Map).
Indicate Panel # . _____
- ☐ 500 year floodplain (as determined by Federal Flood Insurance Rate Map).
Indicate Panel #. _____
- ☐ A State of locally designed floodplain area.
- ☐ A locally designed or locally significant fresh water wetlands area.
Indicate # . _____ Indicate Panel # _____
- ☐ An area containing a federally designated, State designated, or locally designated historic district or site.
- ☒ Year structure was built. 2018
- ☐ An agricultural district.
- ☐ Project involves a change of use or zoning.
- ☐ Project is a replacement of existing structure/infrastructure.
- ☐ Project is new construction.
- ☐ Project involves water and/or sewer facilities. Will capacity be increased by 20% or more? No _____ Yes _____
- ☒ Attach Project Photos – Include photos of all areas adjacent to project.
- ☒ Indicate project designation under the New York State Environmental Quality Review Act (SEQR):
Type I Action _____ Type II Action X Unlisted Action _____
LIST all required federal, state, and/or county permits or approvals that must be obtained to implement and complete the project.

* If you are applying for more than one (1) activity, you must complete an "Environmental Concerns" Form for each activity.

Application No. web site Permit No. No. 08146

**Building Department
TOWN OF CHESTER**

County of: Orange

Location: 81 Laroe Road

Map No.: _____ Section: 4 Block: 1 Lot: 3.2

Building Permit

**(This Permit Must Be Kept on the Premises With One Set of Approved
Plans and Specifications until Full Completion of the Work Authorized)**

Date October 24 2017

Permission is hereby granted to:

Town of Chester

to construct new Senior Center/Park and Recreation Department

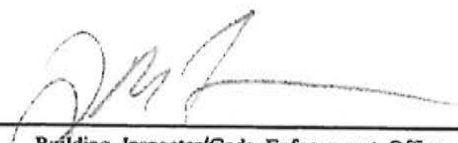
at premises located at 81 Laroe Road

notes: _____

pursuant to above numbered application, and plans and specifications approved by the
Superintendent of Buildings

Cost of Construction \$ 1,200,000.00

Fee \$ -0-



Building Inspector/Code Enforcement Officer
James H. Farr

FY-2019/PART V
CITIZEN PARTICIPATION

FY-2019/PART V - CITIZEN PARTICIPATION

Indicate the date, time and location of the public hearing that was held by your legislative body on this application: **PENDING**

Date _____ Time _____ Location _____

* Attach the following documents to this section of the application:

1. Advertisement of public notice - newspaper copy with Affidavit of Publication.
2. Minutes of the public hearing.
3. Any written comments received from the citizens or agencies.
4. Resolution of the legislative body authorizing the submission of this application.

NOTE: RESOLUTION MUST CONTAIN THE FOLLOWING LANGUAGE:

“The Town of Chester is hereby submitting its Application for consideration
(Village/Town)

under the FY-2019 Orange Urban County Consortium Community Development Program and that the chief elected official or executive officer is hereby authorized to submit this Application. They further certify that they have read and understood the Orange Urban County Consortium Community Development Guidelines for the FY-2019 program year, and have met all of its applicable requirements and that the information contained in the Application is accurate and true to the best of their knowledge.”

IMPORTANT: If the municipality is submitting an Application on behalf of a Subrecipient, the Resolution must reflect that “The Legislative Body is in support of submitting the Application on behalf of _____ (name of Subrecipient organization).”

Disclaimer:

ADVERTISING CONDITIONS: Rates quoted are for requested days. Please read your ad the first day and bring any error to our attention immediately. Credit, for any errors, will be allowed only for the first insertion. You agree the Times Herald-Record is not liable for any error in any advertisement (whether or not the fault of the Times Herald-Record) except for the cost of space actually occupied by the error. Placing of ads, oral or written, will be construed as acceptance of all rates and conditions. You agree the Times Herald-Record is not liable for its failure, for any reason, to insert an advertisement. No substitutions or refunds will be given for early cancellations of ads. The Times Herald-Record reserves the right to reject any or discontinue at any time without notice any advertising which in the opinion of its publisher is offensive or which in the opinion of its counsel may expose it to legal action. Advertisements are the property of the Times Herald-Record and/or its advertisers and are subject to contracts between them. The classified listings and individual advertisements are subject to the copyright in this edition owned by the Times Herald-Record and/or to copyright interest owned by its advertisers and/or the Times Herald-Record. Reproduction, display, transmission or distribution of the listing or individual advertisements in any format without express permission of the Times Herald-Record and/or its advertisers are prohibited.

Order Confirmation

Ad Order Number 0000659885	Customer CHESTER, TOWN OF
Sales Rep. Mcelroyh	Customer Account 500094395
PO Number PUBLIC HEARING NOTICE	Customer Address 1786 KINGS HIGHWAY CHESTER NY 10918 USA
Ordered By Linda	Customer Phone 845-469-2277 845-469-7000
	Customer Fax 845-469-9242
	Customer EMail lzappala@thetownofchester.org
	Payor Customer CHESTER, TOWN OF
	Payor Address 1786 KINGS HIGHWAY CHESTER NY 10918 USA

TOWN OF CHESTER PUBLIC HEARING NOTICE

El Town of Chester invita comentario del public y sugerencias en cuanto a proyectos que seran pagados por los fondos del Orange County Community Development Program. Una Audiencia Publica sera reunida el Mayo 2 ala 9:00am en the Town of Chester. Bajo este programa hay una variedad de mejoramientos fisicos cuales se alistan abajo y que elegibles para conseguir fondos:

1. Adquisicion y disposicion de bienes raices
 2. Proyectos publicos, y mejoramientos de sitio o de facilidades publicas
 3. Codigo de compulsion (codigos de alojamiento y sanidad)
 4. Hacer espacio libre, la demolicion y la rehabilitacion para uso del public o desarrollo economico
 5. Prestamos y donaciones para la rehabilitacion de alojamientos
 6. Proyectos espaciales para los de edad avanzaday los que tienen una desventaja
 7. Provision de servicios publicos (hospedajes, clinicas, nutricion para lose dad avanzada, efectera)
 8. Pago de acciones no-federales de otros programas de donacion
 9. Pagos para ayudar en localizarse y pagos y asistencia para relocalizarse
- El Town of Chester considerara proyectos la fecha tope sometidos al Programa de Orange County Community Development sera el April 27, 2018.

Por: Alex Jamieson, Supervisor
Town of Chester

Linda A. Zappala
Town Clerk
Dated: April 26, 2018

Tear Sheets 1	Affidavits 1	Blind Box
Payment Method	Invoice Text	
Total Amount \$63.46	Payment Amount \$0.00	Amount Due \$63.46

Ad Number 0000659885-01	Placement Legals - CLS
Pick Up	Position Legal Ads-Legal
Run Dates 4/28/2018	

Times Herald Record
40 Mulberry Street, PO Box 2046
Middletown, NY 10940

Sales Rep:
Heather McElroy
845-346-3133
hmcclroy@th-record.com

Disclaimer:

ADVERTISING CONDITIONS: Rates quoted are for requested days. Please read your ad the first day and bring any error to our attention immediately. Credit, for any errors, will be allowed only for the first insertion. You agree the Times Herald-Record is not liable for any error in any advertisement (whether or not the fault of the Times Herald Record) except for the cost of space actually occupied by the error. Placing of ads, oral or written, will be construed as acceptance of all rates and conditions. You agree the Times Herald-Record is not liable for its failure, for any reason, to insert an advertisement. No substitutions or refunds will be given for early cancellations of ads. The Times Herald-Record reserves the right to reject any or discontinue at any time without notice any advertising which in the opinion of its publisher is offensive or which in the opinion of its counsel may expose it to legal action. Advertisements are the property of the Times Herald-Record and/or its advertisers and are subject to contracts between them. The classified listings and individual advertisements are subject to the copyright in this edition owned by the Times Herald-Record and/or to copyright interest owned by its advertisers and/or the Times Herald-Record. Reproduction, display, transmission or distribution of the listing or individual advertisements in any format without express permission of the Times Herald-Record and/or its advertisers are prohibited.

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 3. Codigo de compulsion (codigos de alojamiento y sanidad)
 4. Hacer espacio libre, la demolicion y la rehabilitacion para uso del public o desarrollo economico
 5. Prestamos y donaciones para la rehabilitacion de alojamientos
 6. Proyectos espaciales para los de edad avanzaday los que tienen una desventaja
 7. Provision de servicios publicos (hospedajes, clinicas, nutricion para lose dad avanzada, efeetera)
 8. Pago de acciones no-federales de otros programas de donacion
 9. Pagos para ayudar en localizarse y pagos y asistencia para relocalizarse
- El Town of Chester considerara proyectos la fecha tope sometidos al Programa de Orange County Community Development sera el April 27, 2018.

Por: Alex Jamieson, Supervisor
Town of Chester

Linda A. Zappala
Town Clerk
Dated: April 26, 2018

Tear Sheets	Affidavits	Blind Box
1	1	
Payment Method	Invoice Text	
Total Amount	Payment Amount	Amount Due
\$63.46	\$0.00	\$63.46

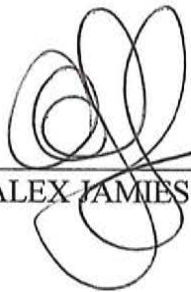
Ad Number 0000659885-01	Placement Legals - CLS
Pick Up	Position Legal Ads-Legal
Run Dates 4/28/2018	

Times Herald Record 40 Mulberry Street, PO Box 2046 Middletown, NY 10940	Sales Rep: Heather McElroy 845-346-3133 hmcclroy@th-record.com
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TOWN OF CHESTER
RESOLUTION

The TOWN OF CHESTER is hereby submitting its Municipal Grant Eligibility Form for consideration under the Orange County Community Development (CDBG) Block Grant 2019 and that the Supervisor or the Town Engineer is hereby authorized to submit this form.

They further certify that they have read and understood that Municipal Grant Eligibility Form, and have met all of its applicable requirements and that the information contained in this form is accurate and true to the best of their knowledge.



ALEX JAMIESON, SUPERVISOR

4/26/18

DATE



ALFRED A. FUSCO, JR., P.E, TOWN ENGINEER

4/24/18

DATE

FY-2019/PART VI
MISCELLANEOUS INFORMATION

FY-2019/PART VI MISCELLANEOUS INFORMATION

Complete a separate form for each project in the application-attach a separate sheet of paper if more space is needed.

Does the project involve, or will it cause, the permanent displacement and relocation of any families, individuals or businesses?

Yes

☐

No

☒

If “Yes”, specify the how many will be displaced for each affected group.

Does the project involve land acquisition?

Yes

☐

No

☒

If “Yes”, how many properties will be affected and what is their tax map section, block and lot number.

--

For each parcel, attach to this section of the application, an appraisal of the property prepared by a certified Real Property Appraiser.

FY-2019/PART VII
AFFORDABLE HOUSING

FY-2019/PART VII AFFORDABLE HOUSING

- 1. What efforts have been undertaken to promote affordable housing in your municipality?**

N/A

- 2. Describe what type of affordable housing exists in your municipality. List the projects, their location(s), and type (senior, family, rental, homeownership, etc.)**

N/A

- 3. Does the existing affordable housing meet the current demands?**

N/A

- 4. Describe if any affordable housing projects in your municipality are currently in the predevelopment stage or under construction.**

N/A

- 5. Does your municipality own land that could be developed for homeownership or rental housing that would be occupied by Workforce Families?**

N/A

FY-2019/PART VIII
MAPS

FY-2019/PART VIII MAPS

The application must include a map or maps clearly showing the location of the project. Maps must have a census tract or block numbering area base and they must be clearly legible. Census and tax maps must be included. For each activity, indicate the GPS address below. All maps must display the following information:

1. **Project Location (Please mark street names)**
79 Laroe Road, Chester New York 10918
2. **Project Service Area Boundaries**
Town-wide and senior citizens
3. **Applications for a water or sewer project must show the locations of houses, businesses, apartment buildings, schools and other facilities to be served.**
4. **Applications for a public facility project which provides a service must provide a map showing the location of the proposed facilities in relation to the population to be served, as well as the location of existing service points providing such services.**
5. **If applying for more than one activity, you may provide a map for each activity or one map that includes all of the above information.**
6. **GPS address for each activity is: 79 Laroe Road, Chester, New York 10918**

Google Maps





YORK

ORANGE

	FILED PLAIN BLOCK NO.	66	6
	FILED PLAIN LOT NO.	(2) or (7% 2)	
1466	STATE HIGHWAYS	N Y STATE HHT NO 17	
23 THE	COUNTY HIGHWAYS	COUNTY ROAD NO 4	
- 1	TOWN ROADS	TOWN ROAD 1	

LEGEND			
TAX MAP BLOCK NO.	4		
TAX MAP PARCEL NO.	22		
AREAS	(area) (sq. ft.)		
SUBSOURCES	(area) (sq. ft.)		
PORTION OF TAX LOT	1/2		

IF LINE	PLT PLAIN LITE LINE
ALL LINE	EXHAUST LINE
IN LINE	WATCH LINE
LINE	WATCH FEATURES
LINE	THE COOKING/COOKING

STATE OR COUNTY
CITY TOWN OR VILLAGE
SUBJECT OR SECTION
SPECIAL DISTRICT
PROPERTY LINE



Property Description Report For: 77 Laroe Rd, Municipality of Chester

No Photo Available

		Status:	Active
		Roll Section:	Wholly Exem
		Swis:	332289
		Tax Map ID #:	4-1-8.2
		Property Class:	652 - Govt bldgs
		Site:	COM 1
		In Ag. District:	No
		Site Property Class:	652 - Govt bldgs
		Zoning Code:	-
		Neighborhood Code:	00011
		School District:	Chester
		Total Assessment:	2017 - \$1,650,000
Total Acreage/Size:	34.10	Property Desc:	ROW2/10/06 12081/1789 HWY GARAGE/PART OF CHESTER COMMONS & AMBULANCE BLDG
Land Assessment:	2017 - \$631,500		
Full Market Value:	2017 - \$2,640,000		
Equalization Rate:	----		
Deed Book:	12081	Deed Page:	1789
Grid East:	556220	Grid North:	914455

Owners

Town Of Chester
1786 Kings Hwy
Chester NY 10918

Sales

Sale Date	Price	Property Class	Sale Type	Prior Owner	Value Usable	Arms Length	Addl. Parcels	Deed Book and Page
6/28/2005	\$4,770	652 - Govt bldgs	Land & Building	Town Of Chester	No	No	No	12081/1789

Utilities

Sewer Type:	Private	Water Supply:	Private
Utilities:	Electric		

Inventory

Overall Eff Year Built:	1972	Overall Condition:	Good
Overall Grade:	Average	Overall Desirability:	4

Buildings

AC%	Sprinkler%	Alarm%	Elevators	Basement Type	Year Built	Condition	Quality	Gross Floor Area (sqft)	Stories
10	0	0	0		1972	Fair	Average-	13762	1
0	0	0	0		1980	Normal	Average-	5328	1
0	0	0	0		2001	Normal	Average-	6820	1
0	0	0	0	0	2001	Normal	Average-	6820	1.00

Site Uses

Use	Rentable Area (sqft)	Total Units
Row storage	12,148	12148
Highway gar	13,762	13762

Improvements

Structure	Size	Grade	Condition	Year
-----------	------	-------	-----------	------

Land Types

Type	Size
Primary	1.00 acres
Undeveloped	32.10 acres

Special Districts for 2017

Description	Units	Percent	Type	Value
FD004-Chester fire	0	0%		0

Exemptions

Year	Description	Amount	Exempt %	Start Yr	End Yr	V Flag	H Code	Own %
2017	TOWN OWNED	\$1,650,000	0	1997				0

Taxes

Year	Description	Amount
------	-------------	--------

*** Taxes reflect exemptions, but may not include recent changes in assessment.**

map is for use in administering the National Flood Insurance Program. FEMA will not necessarily identify all areas subject to flooding, especially low-lying areas with small water bodies. This community map repository should be used for possible updates to additional flood hazard information.

tail Base Flood Elevations shown on this map apply only to landward of the American Vertical Datum of 1988 (AVD 88). Users of this FEMA Summary are that coastal flood elevations are also provided in the Summary of Elevations tables in the Flood Insurance Study report for this jurisdiction. For elevations in the Summary of Shoreline Elevation tables should be used for erosion and floodplain management purposes when they are higher than locations shown on this FEMA.

series of the floodways were completed at cross sections and interpolated at cross sections. The floodways were based on hydraulic considerations in accordance with the requirements of the National Flood Insurance Program. Floodway 1 and other pertinent floodway data are provided in the Flood Insurance report for the jurisdiction.

[illegible]

These flood elevations must be compared to structure and ground elevations referenced to the same vertical datum. For information regarding a rise between the National Geodetic Vertical Datum of 1929 and the National Vertical Datum of 1985, visit the National Geodetic Survey at <http://www.ngs.noaa.gov> or contact the National Geodetic Survey at 1-800-451-7234.

Information Services
INGRS12
at Geologic Survey
-3, 89202
East-West Highway
Spring, Maryland 20815-2382
713-3242

map information shown on this F201 was derived from digital imagery provided by the New York State Office of Cyber Security & Infrastructure Coordination. This information was provided as 30-meter and 60-centimeter resolution natural color orthorectified

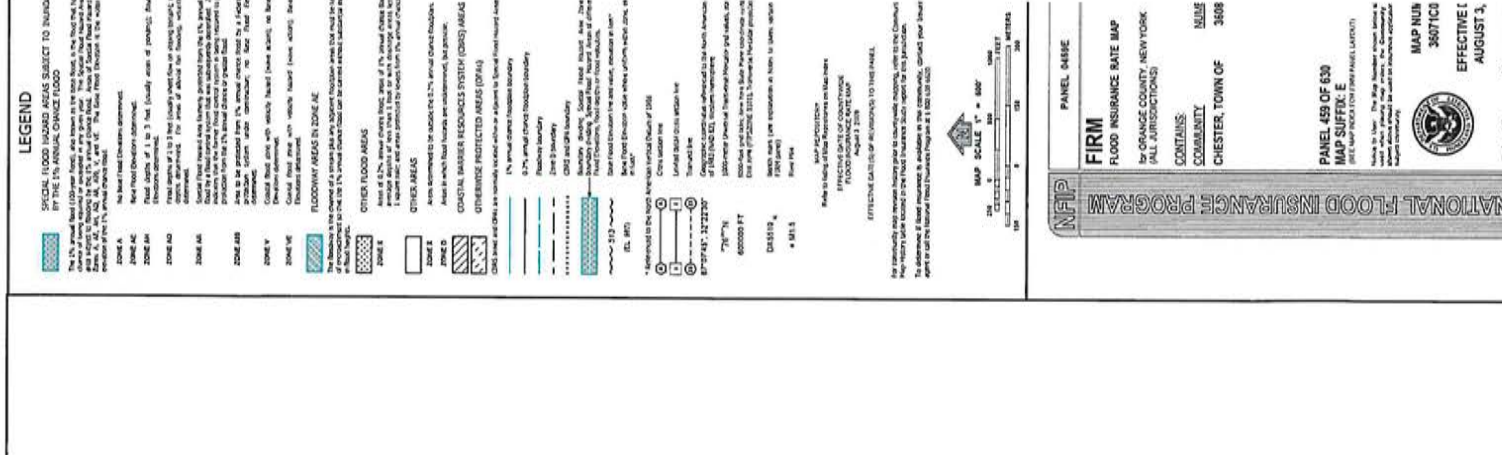
on updated topographic information, the map reflects more detailed and less stream channel configurations and floodplain delineations than shown on the previous FIRM for the jurisdiction. As a result, the Flood and Flooding Data tables in the Flood Insurance Study Report (which is an authoritative hydraulic data) may reflect stream channel distances that are not shown on this map. Also, the road to floodplain relationships for

red diamonds may differ from what is shown on previous maps.

is the FEMA Map Service Center at 1-800-353-6615 for information on FEMA products associated with the FEMA. Available products may include the National Flood Insurance Study, Flood Insurance Study report, and/or various editions of this map. The FEMA Map Service Center may also handle requests for information on FEMA products and services.

Have questions about this map or questions concerning the National Flood Insurance Program in general, please call 1-877-FEMA MAP (1-877-356-2617) or a FEMA website at <http://www.fema.gov>.

100



Federal Emergency Management Agency

PART IX
RESIDENTIAL HOUSING REHABILITATION

FY-2019/PART IX RESIDENTIAL HOUSING REHABILITATION

A general rehabilitation fund will be set aside for use by any consortium member on a first come, first served basis, limited to \$50,000. Additional cases will require approval by the Orange County Advisory Committee on a “case by case” basis.

All eligible applicants will be processed by the Orange County Community Development Office. Under present guidelines, each rehabilitation case is limited to \$20,000. Cases which require assistance in excess of \$20,000 will require approval by the Orange County Advisory Committee. The Municipality will receive notification on each case that is approved.

Please contact the Community Development Office at (845) 615-3820 for further information on this program.

APPENDIX

INCOME SURVEY SUMMARY N/A

Income limits detailed on the “Income Survey Form” are subject to revision-verify current limits with the Community Development Office prior to conducting an Income Survey.

Section I. **Low/Moderate Benefit - Area Basis**
(Example: Street, Sidewalk Improvements, Water/Sewer Improvements)

Summarize the results of the Income Survey Forms and complete the information listed below. Copies of each individual Income Survey Form must be attached to this summary.

Low/Moderate Calculation:

- a. Calculate the number of people who indicate their income is above the income limit threshold for their family size. _____
- b. Calculate the number of people who indicated their income is below the income limit threshold for their family size. _____
- c. The total number of people surveyed (sum of lines A & B). _____
- d. Low/Moderate Percent (Line B as a percent of Line C). _____

Service Area Calculation:

- a. The Total number of people located within the service area boundaries _____
- b. The number of people responding to the survey _____
- c. Percentage of respondents to the survey (line B as a percent of Line A) _____

ORANGE COUNTY COMMUNITY DEVELOPMENT PROGRAM
POPULATION INCOME SURVEY FORM - LOW/MOD AREA BENEFIT

Project Name: _____

Municipality: _____

Print Name and Title of Interviewer Completing This Form: _____

Date: _____ TAX ID #: _____ Section _____ Block _____ Lot _____ Street Address _____ Interviewer's Signature: _____ Tel #: _____

Tel #:

SECTION I: FAMILY INCOME

For statistical purposes only, in the chart below, please circle the number of persons in the family (on the top row); then circle whether the total family income is above or below the listed amount under that family size. Please include any related, dependent person over 65 or working dependent children over 18. *Total yearly income includes all sources of income for all family members residing in the household.
EXAMPLE: If your family consist of 2 people and your total yearly income is \$37,500; you would circle "2 PERSON AND Row (1) - "Equal to or Less Than \$37,850".

Number In Household)	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
{1} Equal to or Less Than	\$33,150	\$37,850	\$42,600	\$47,300	\$51,100	\$54,900	\$58,700	\$62,450
{2} Equal to or Less Than	\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450	\$89,200	\$94,950
{3} Greater Than	\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450	\$89,200	\$94,950

Do you or anyone in the family: *Receive Child Support/Alimony? Yes ☐ No ☐ *Receive rental income from this property or other properties owned? Yes ☐ No ☐ If Yes, indicate how many _____
Number of people in family over 62 years of age? _____ Are any family members physically disabled? Yes ☐ No ☐ Owner ☐ Renter ☐ Yes ☐ No ☐ If Yes, indicate how many _____
Tenancy: Indicate if you are the Owner of this property or a Renter, Owner ☐ Renter ☐ How many families currently reside at this address? _____ (if more than one family, each family must complete a separate questionnaire).

RACIAL AND ETHNIC GROUPS - See Page 2 of this form for Racial and Ethnic Group Definitions.

CDBG Program require both racial and ethnic information for all beneficiaries. From the list below, check (0) the racial and ethnic group that most closely reflects your ethnic origins.

Please check the ethnic group to which you belong: Hispanic or Latino ☐ Not Hispanic or Not Latino ☐

White ☐ Black/African American ☐
Asian ☐ Black/African American & White ☐
Asian & White ☐ Native Hawaiian/Other Pacific Islander ☐
Other Multi Racial ☐

American Indian/Alaska Native ☐
American Indian/Alaska Native & White ☐
American Indian/Alaska Native & Black/African American ☐

*Revised Section 8 Income Limits - Effective April 2018 Notice HUD PDR

ORANGE COUNTY COMMUNITY DEVELOPMENT PROGRAM
POPULATION INCOME SURVEY FORM

ETHNIC GROUP DEFINITION:

HISPANIC OR LATINO:

A person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish Culture or origin, regardless of race

RACIAL AND ETHNIC GROUP DEFINITIONS:

WHITE:

A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK/AFRICAN AMERICAN:

A person having origins in any of the black racial groups of Africa.

BLACK/AFRICAN AMERICAN & WHITE:

A person having these multiple race heritages as defined above.

ASIAN:

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

ASIAN & WHITE:

A person having these multiple race heritages as defined above.

AMERICAN INDIAN/ALASKA NATIVE:

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.

AMERICAN INDIAN/ALASKA NATIVE & WHITE:

A person having these multiple race heritages as defined above.

AMERICAN INDIAN/ALASKA NATIVE & BLACK/AFRICAN AMERICAN:

A person having these multiple race heritages as defined above.

NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:

A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

OTHER MULTI RACIAL:

For reporting individual responses that are not included in any of the other categories listed above.

INCOME SURVEY SUMMARY N/A

Income limits detailed on the "Income Survey Form" are subject to revision-verify current limits with the Community Development Office prior to conducting an Income Survey.

Section I. **Low/Moderate Benefit – Limited Clientele**
(Example: Public Service Projects, Community Centers)

Summarize the results of the Income Survey Forms and complete the information listed below. Copies of each individual Income Survey Form must be attached to this summary.

Low/Moderate Calculation:

- a. Calculate the number of people who indicate their income is above the income limit threshold for their family size. _____
- b. Calculate the number of people who indicated their income is below the income limit threshold for their family size. _____
- c. The total number of people surveyed (sum of lines A & B). _____
- d. Low/Moderate Percent (Line B as a percent of Line C). _____

Program Calculation – Include one (1) summary sheet for each program offered

- a. The Total number of people enrolled in program. _____
- b. The number of people responding to the survey. _____
- c. Percentage of respondents to the survey (line B as a percent of Line A). _____
- d. Program percentage compared to overall Programs offered at facility. _____

**ORANGE COUNTY COMMUNITY DEVELOPMENT PROGRAM
PROGRAM PARTICIPATION INCOME SURVEY FORM - LIMITED CLIENTELE**

Facility Name: _____

Program Name: _____

Date: _____ Facility Address: _____

Participant's Place of Resident-Town/Village of: _____

Number of Family Members Enrolled in Program: _____

Participant's Address (Residence) _____

Enrollment Date: _____

SECTION I: INCOME

For statistical purposes only, in the chart below, please circle the number of persons in the family (on the top row); then circle whether the total family income is above or below the listed amount under that family size. EXAMPLE: If your family consist of 2 people and your total yearly income is \$37,500; you would circle "2 PERSON AND Row (1) - "Equal to or Less Than \$37,850".

Number In Household)	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
(1) Equal to or Less Than	\$33,150	\$37,850	\$42,600	\$47,300	\$51,100	\$54,900	\$58,700	\$62,450
(2) Equal to or Less Than	\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450	\$89,200	\$94,950
(3) Greater Than	\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450	\$89,200	\$94,950

SECTION II: MISCELLANEOUS STATISTICAL INFORMATION

Do you or anyone in the family: *Receive Child Support/Alimony? Yes ☐ No ☐ *Receive rental income from this property or other properties owned? Yes ☐ No ☐ If Yes, indicate how many _____
 Number of people in family over 62 years of age? _____ Are any family members physically disabled? Yes ☐ No ☐ If Yes, indicate how many _____
 Tenancy: Indicate if you are the Owner of this property or a Renter, Owner ☐ Renter ☐
 How many families currently reside at this address? _____ (if more than one family, each family must complete a separate questionnaire).

RACIAL AND ETHNIC GROUPS - See Page 2 of this form for Racial and Ethnic Group Definitions.

CDBG Program requires both racial and ethnic information for all beneficiaries. From the list below, check (0) the racial and ethnic group that most closely reflects your ethnic origins.

Please check the racial group to which you belong: Hispanic or Latino ☐ Not Hispanic or Not Latino ☐

☐ White
☐ Asian
☐ Asian & White
☐ Other Multi Racial

☐ Black/African American
☐ Black/African American & White
☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaska Native
☐ American Indian/Alaska Native & White
☐ American Indian/Alaska Native & Black/African American

Print Name and Title of Interviewer Completing This Form: _____

Revised Section 8 Income Limits - Effective April 2013, Notice HUD PDR _____

Interviewer's Signature: _____

PROGRAM PARTICIPATION INCOME SURVEY FORM

ETHNIC GROUP DEFINITION:

HISPANIC OR LATINO:

A person of Cuban, Mexican, Puerto Rican, South or Central American, other Spanish Culture or origin, regardless of race

RACIAL AND ETHNIC GROUP DEFINITIONS:

WHITE:

A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK/AFRICAN AMERICAN:

A person having origins in any of the black racial groups of Africa.

BLACK/AFRICAN AMERICAN & WHITE:

A person having these multiple race heritages as defined above.

ASIAN:

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

ASIAN & WHITE:

A person having these multiple race heritages as defined above.

AMERICAN INDIAN/ALASKA NATIVE:

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.

AMERICAN INDIAN/ALASKA NATIVE & WHITE:

A person having these multiple race heritages as defined above.

AMERICAN INDIAN/ALASKA NATIVE & BLACK/AFRICAN AMERICAN:

A person having these multiple race heritages as defined above.

NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:

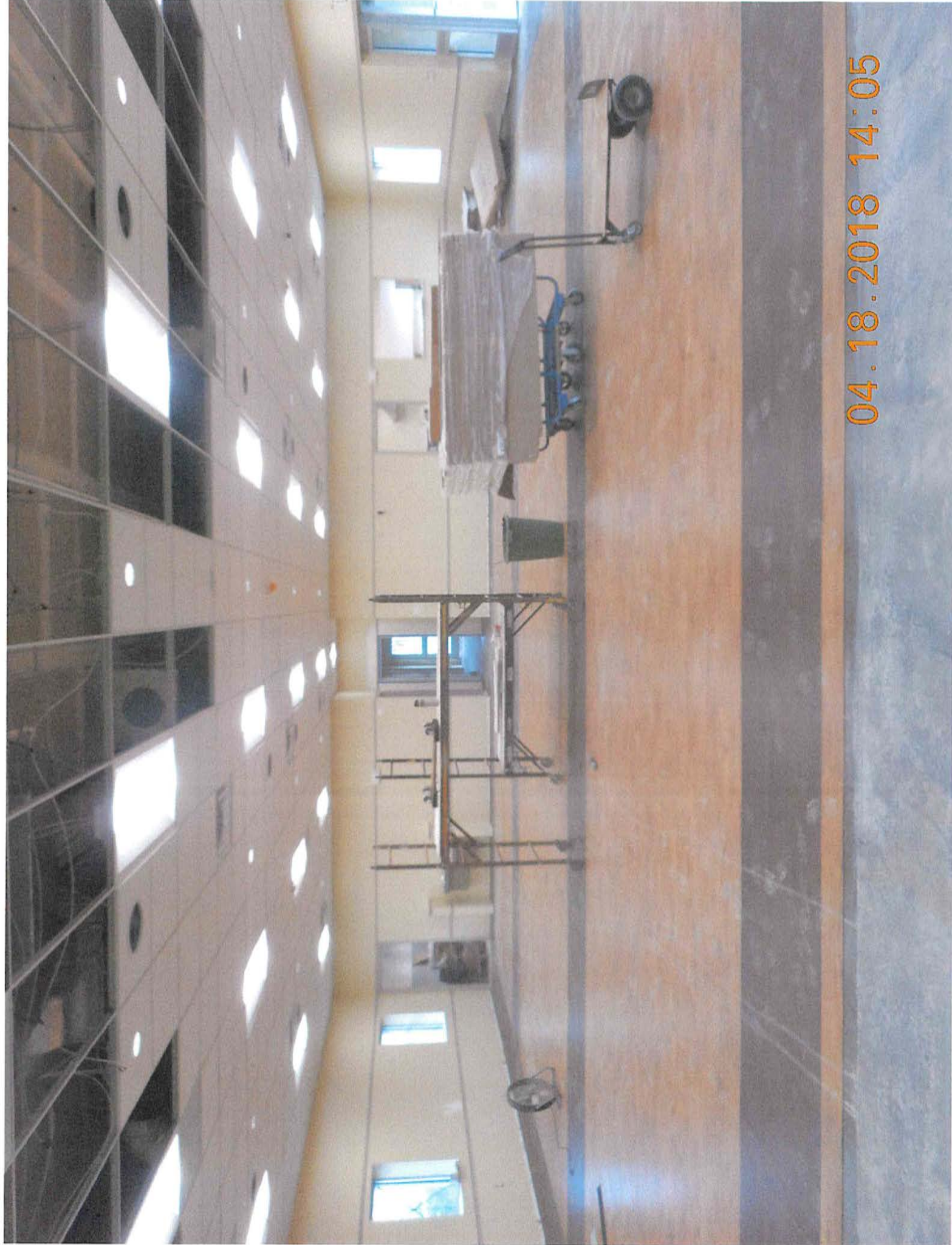
A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

OTHER MULTI RACIAL:

For reporting individual responses that are not included in any of the other categories listed above.

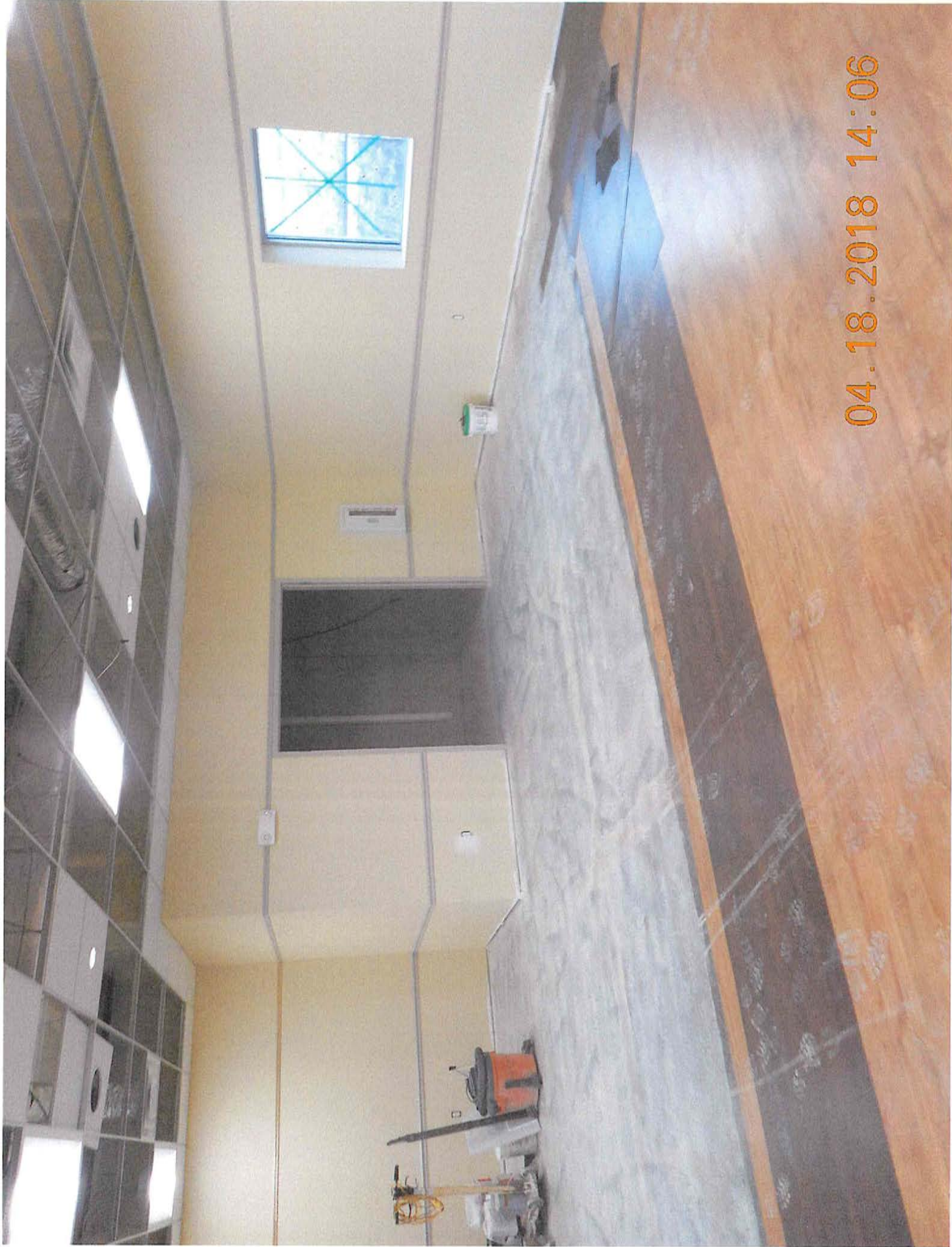
FY-2019 MUNICIPAL APPLICATION CHECKLIST

<input checked="" type="checkbox"/>	Submit One (1) Original and Two (2) copies of Application each in a (1") binder. Mark" Original" – REQUIRED
<input checked="" type="checkbox"/>	E-mail One (1) PDF Scan of complete application to ddistefano@orangecountygov.com – REQUIRED
<input checked="" type="checkbox"/>	Town/Village map and site/service area map. Use census and tax maps.
<input type="checkbox"/>	Evidence of commitment from other funding sources.
<input checked="" type="checkbox"/>	Cost Estimate from design professional.
<input type="checkbox"/>	Income Survey Summary and Income Survey Forms, including tax map indicating parcels surveyed and service area boundaries.
<input type="checkbox"/>	Building Conditions Survey (For Slum & Blight Projects only) and Resolution adopted by governing body.
<input type="checkbox"/>	Justification for Urgent Need Projects
<input type="checkbox"/>	Environmental Concerns explanation, if applicable.
<input checked="" type="checkbox"/>	Project Photos Attached.
<input checked="" type="checkbox"/>	Newspaper copy of Public Hearing notice and Affidavit of Publication.
<input checked="" type="checkbox"/>	Minutes of Public Hearing.
<input checked="" type="checkbox"/>	Written comments from citizens or agencies, if applicable.
<input checked="" type="checkbox"/>	Resolution of governing body authorizing Application.
	IF APPLYING ON BEHALF OF A SUBRECIPIENT:
<input type="checkbox"/>	Resolution of Support from Governing Body
<input type="checkbox"/>	Financial Statements
<input type="checkbox"/>	Program Budget
<input type="checkbox"/>	Matching Funds-Source Documentation
<input type="checkbox"/>	Detailed Fund-Raising Activities (If Applicable)

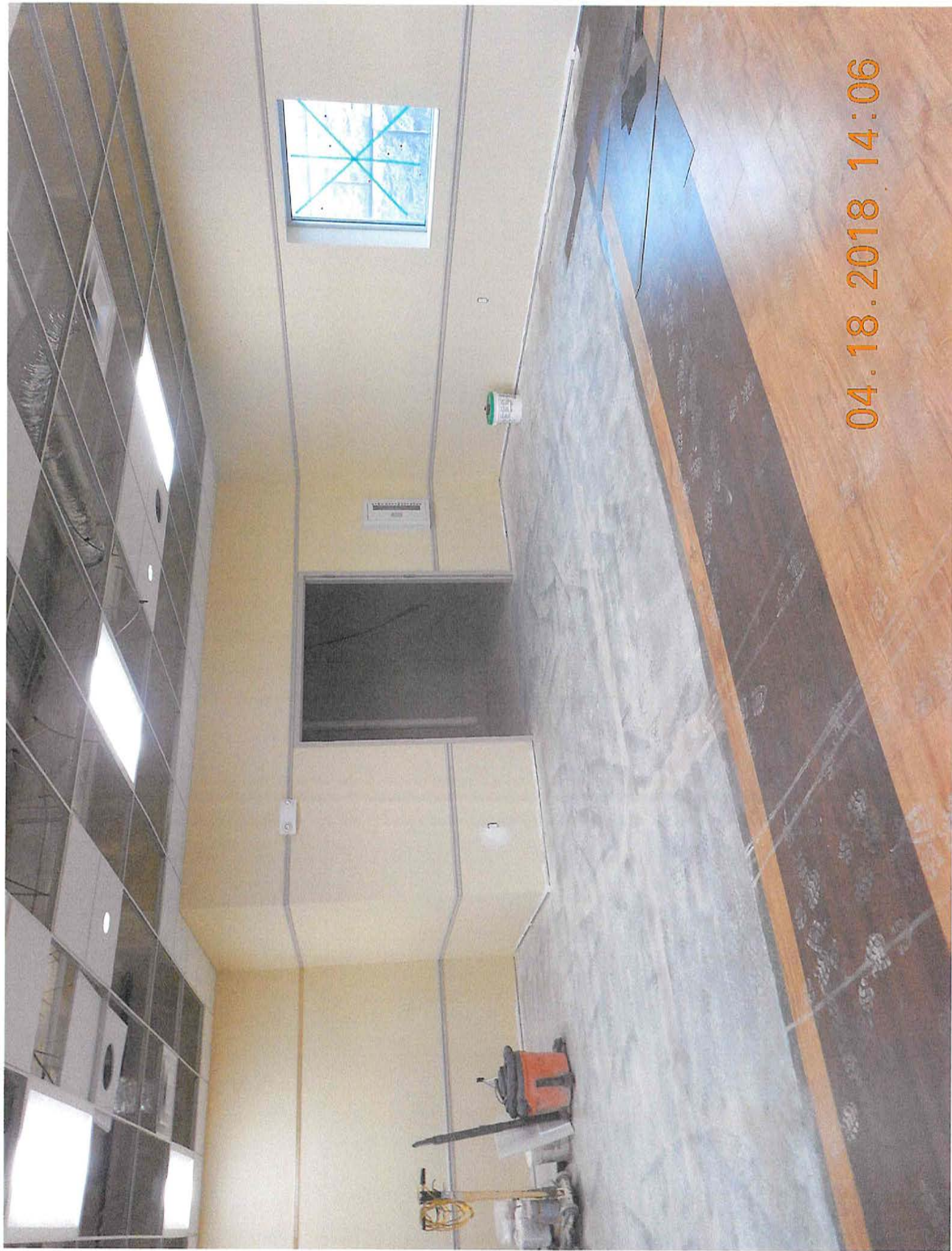


04.18.2018 14:05

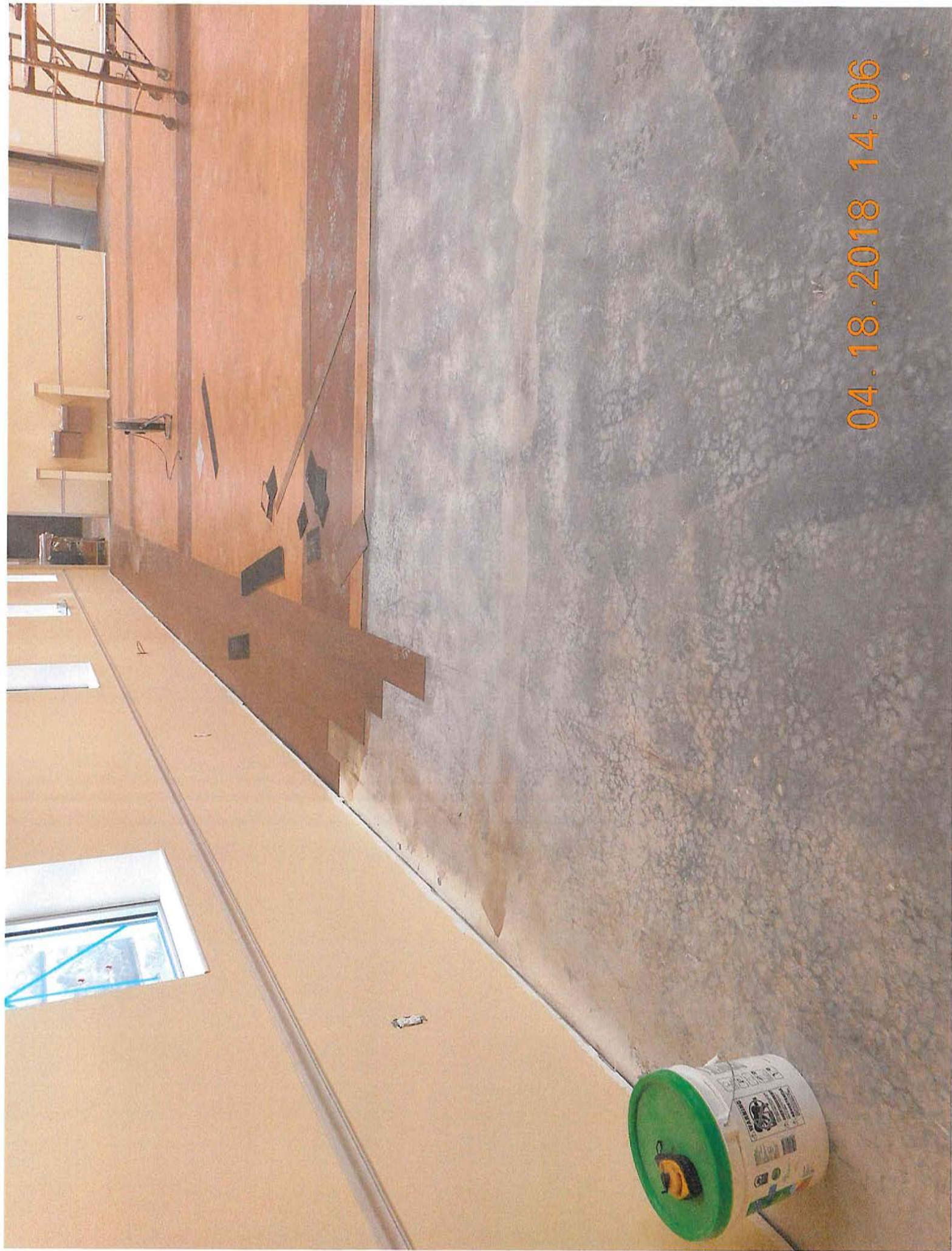
A photograph of a large, empty room with a wooden floor and a drop ceiling. The room appears to be under renovation or maintenance. There are various items scattered on the floor, including boxes, a red fire extinguisher, and a yellow caution tape. A date and time stamp '04.18.2018 14:06' is visible in the bottom right corner.



04.18.2018 14:06



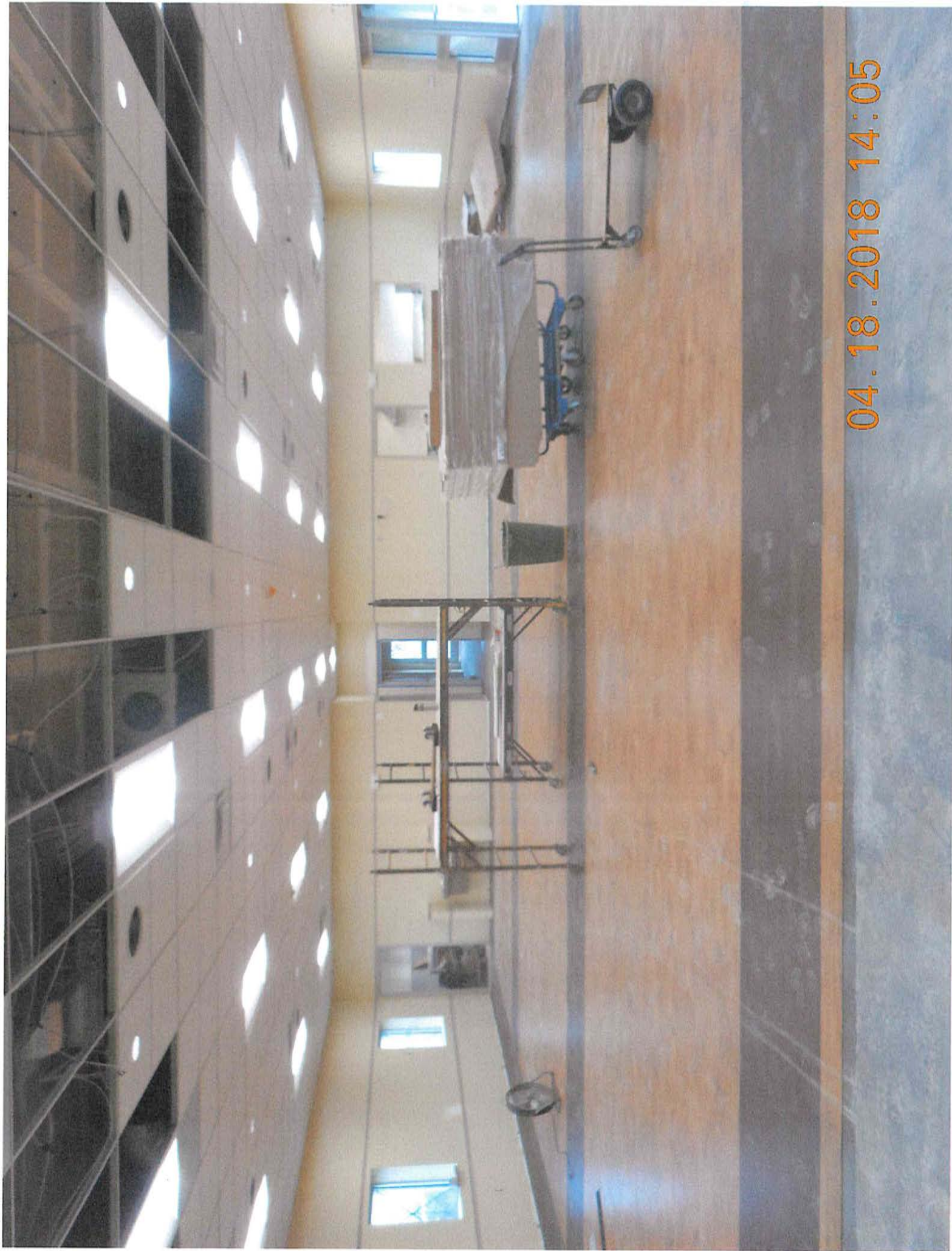
04.18.2018 14:06



04.18.2018 14:06



04.18.2018 14:06



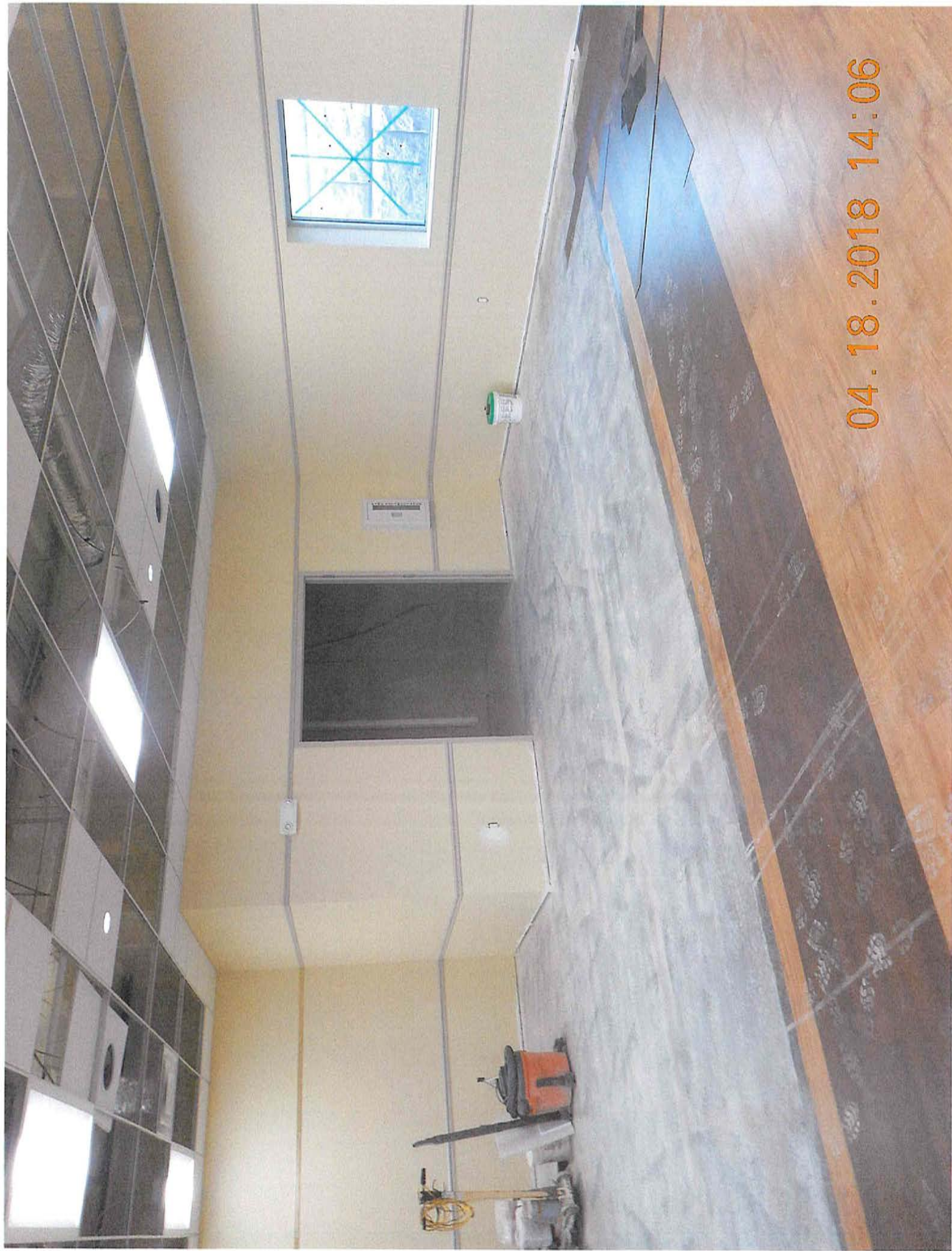
04.18.2018 14:05



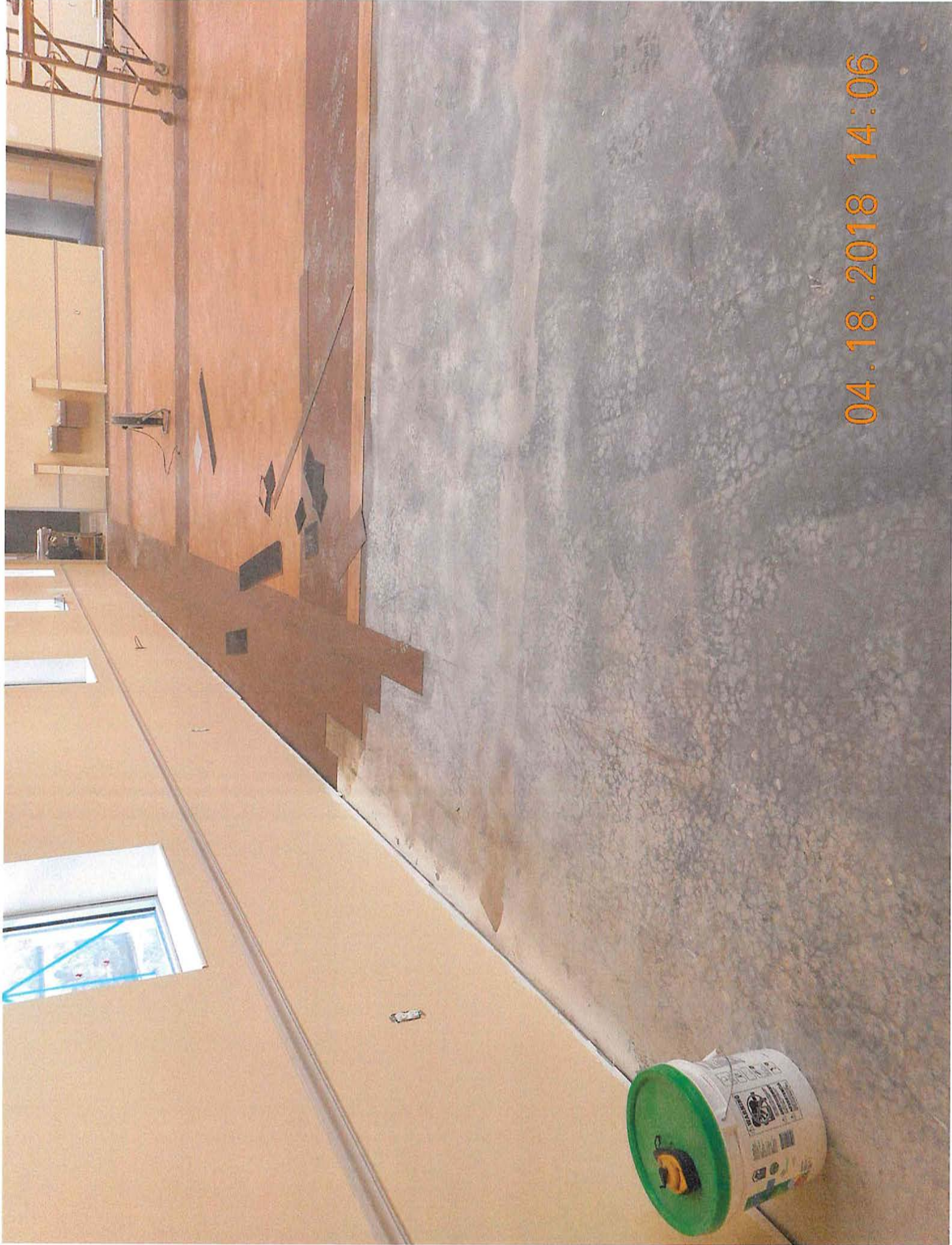
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04.18.2018 14:06



04.18.2018 14:06



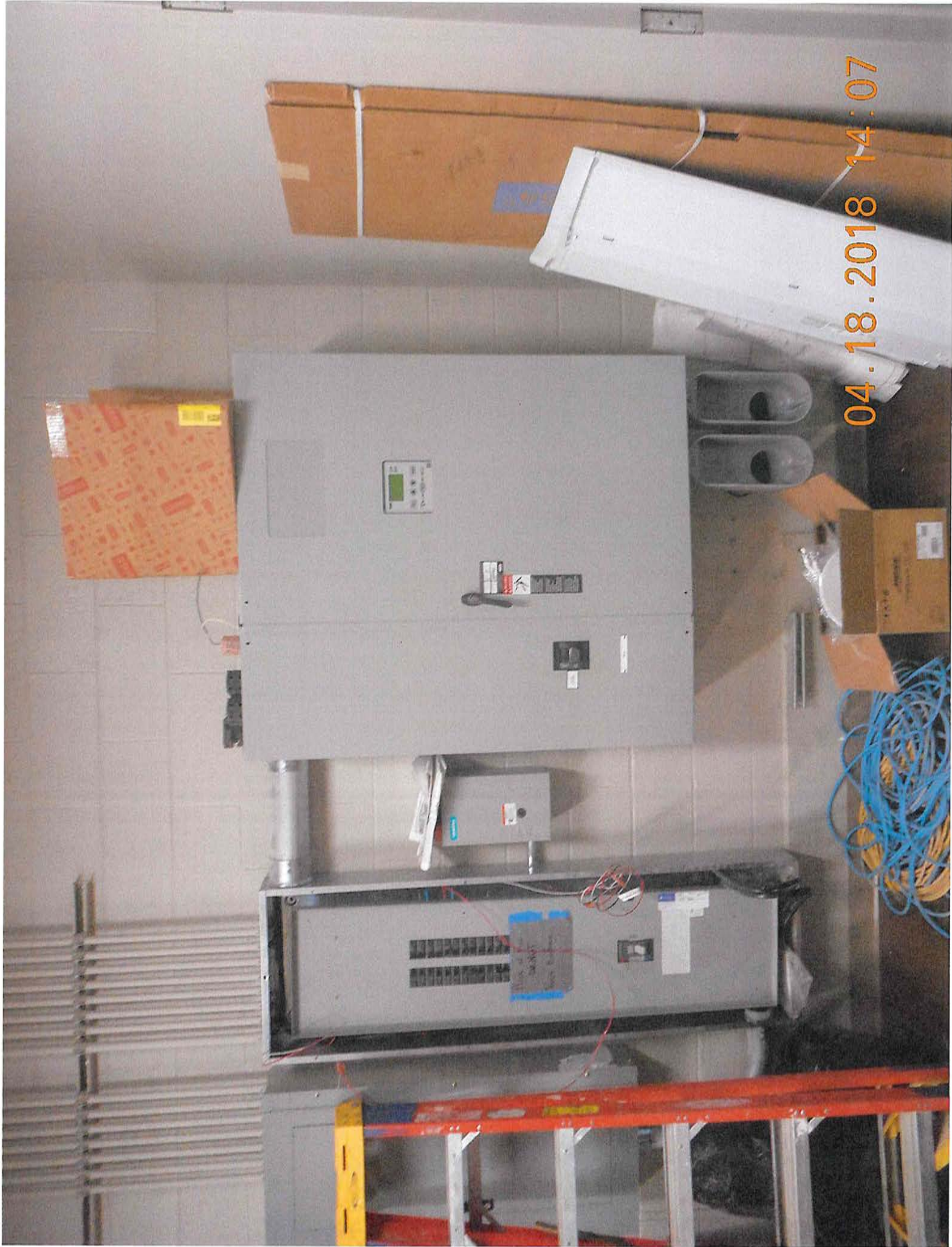
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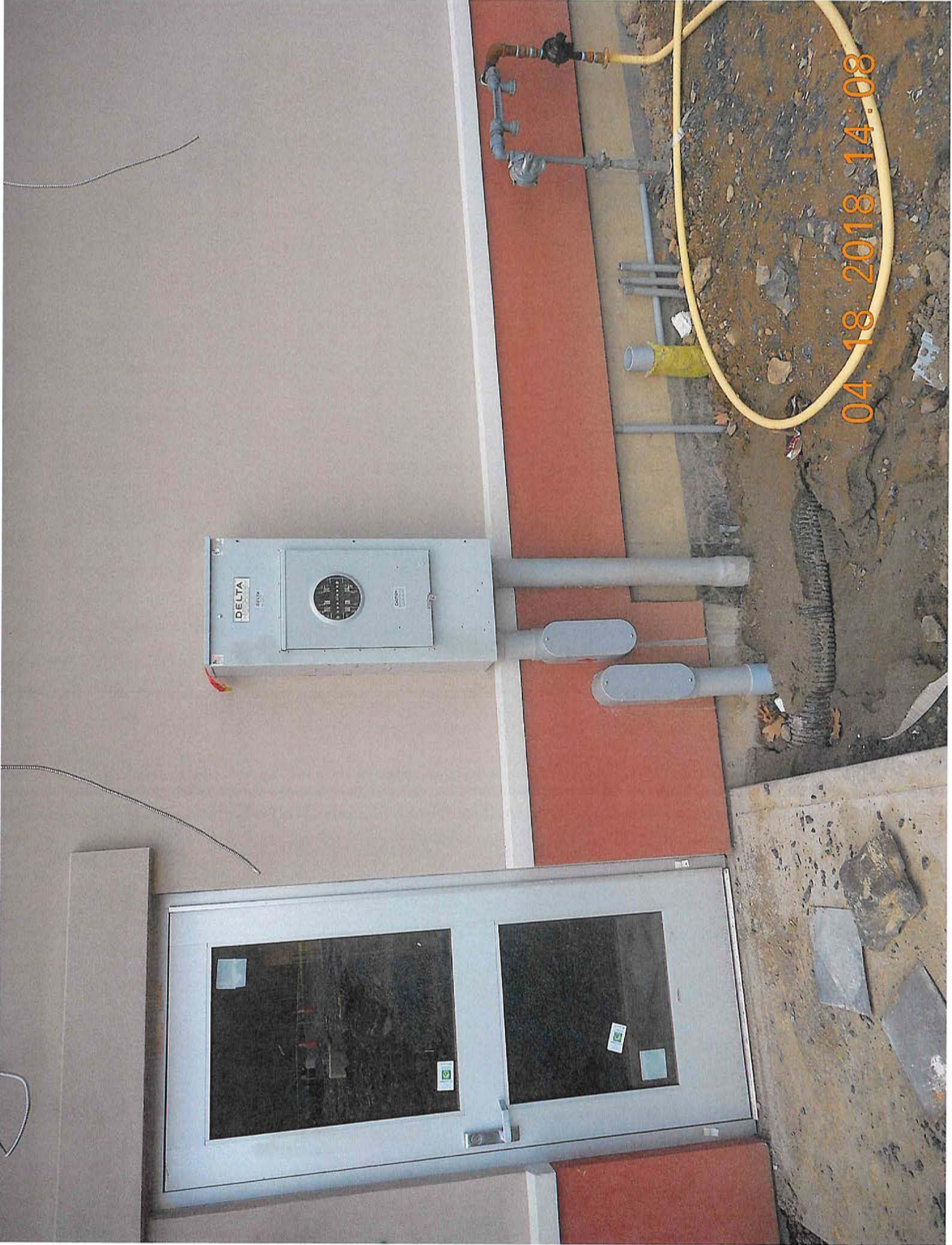


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04.18.2018 14:07

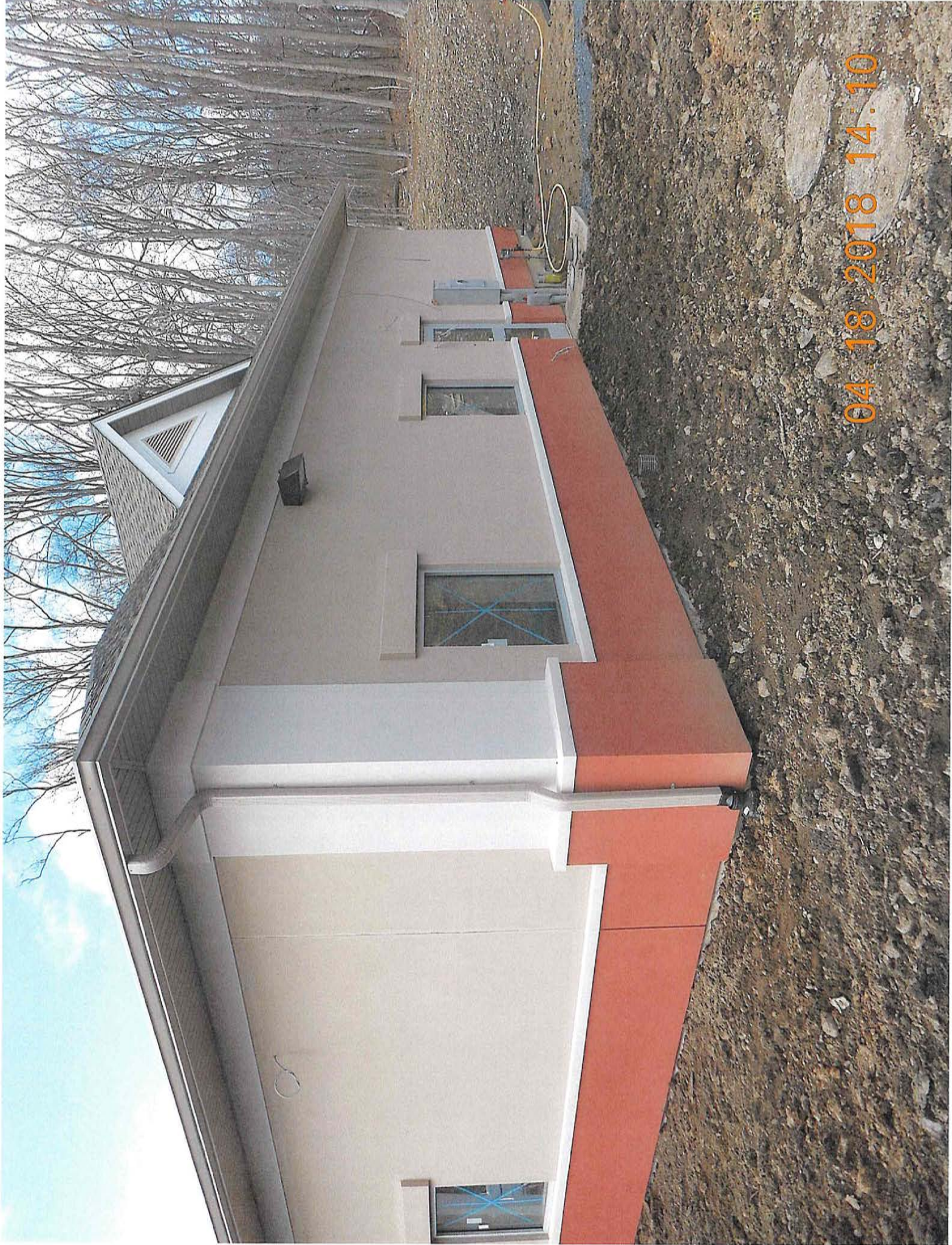




04.18.2018 14:08



04.18.2018 14:08



04.18.2018 14:10