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**STATE OF MISSISSIPPI**

**COMMUNITY DEVELOPMENT BLOCK GRANT-  
DISASTER RECOVERY PROGRAM**

**FEMA MATCH INFRASTRUCTURE RECOVERY PROGRAM  
APPLICATION FOR FUNDING**



**DISASTER RECOVERY DIVISION  
MISSISSIPPI DEVELOPMENT AUTHORITY**

501 North West Street ■ Post Office Box 849 ■ Jackson, Mississippi 39205-0849

**MISSISSIPPI CDBG-DR PROGRAM  
FEMA MATCH INFRASTRUCTURE RECOVERY PROGRAM APPLICATION  
PROJECT OVERVIEW**

<b>APPLICANT INFORMATION</b>																																											
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## SECTION A: GENERAL INFORMATION

1. Provide a basic description of the problem(s) being addressed by the project worksheets.

\_\_\_\_\_

2. For each Project Worksheet not fully completed, please provide a status and timeline for completion.

\_\_\_\_\_

3. Funds required for this CDBG-DR project:

List sources and amounts of all other funds committed to this project in the appropriate space. Please note that certain common sources of funds are already identified. In the column headed "Status," describe the level of commitment (i.e., application submitted, approved, or committed, etc.) and attach evidence. Examples of commitment evidence would include letters from financial institutions, letters of firm commitment from other federal agencies, and/or a resolution by the local unit of government to provide funding. **PLEASE NOTE THAT COMMITMENTS OF OTHER FUNDS MUST BE FINALIZED UPON SUBMISSION OF THE APPLICATION.**

The applicant must provide a SUBTOTAL for local cash and value of in-kind contributions. A TOTAL for all other funds (including the above SUBTOTAL) must be provided as shown. CDBG-DR funds requested and the TOTAL PROJECT COST must be provided as shown.

<u>Source</u>	<u>Amount</u>	<u>Status</u>
FEMA	_____	_____
Local Cash	_____	_____
Value of Local Land Donations:	_____	_____
Other (Grants/Loans):		
<u>Grant:</u> _____	_____	_____
Loan: _____	_____	_____
_____	_____	_____
<b>SUBTOTAL A</b>		<b><u>\$0.00</u></b>
Value of In-Kind Contributions:	_____	_____
Type of In-Kind Contributions:		
_____	_____	_____
_____	_____	_____
<b>SUBTOTAL B</b>		<b><u>\$0.00</u></b>
<b>TOTAL (Subtotal A + B)</b>		<b><u>\$0.00</u></b>
CDBG-DR Funds Requested		_____
<b>TOTAL PROJECT COST</b>		<b><u>\$0.00</u></b>

## SECTION B: BENEFICIARY INFORMATION

1. Project Location \_\_\_\_\_

Census Tracts and Block Group Number(s) within the applicant's jurisdiction: \_\_\_\_\_

Census Tracts and Block Group Number(s) within the applicant's jurisdiction with majority LMI populations: \_\_\_\_\_

2. Number of beneficiaries, low/mod beneficiaries and methodology used for this determination:

**If the methodology involved a survey, the applicant is required to use the MDA-DRD Grant Survey Form. The completed Grant Survey Summary and Disclosure Form should accompany the application.**

Benefit area is townwide

Specific project area

Total Beneficiaries

Total Low-Income Beneficiaries

Total Moderate-Income Beneficiaries

Beneficiaries determined by census Y/N

Beneficiaries determined by survey Y/N

If survey, date of survey:

Survey Response Rate

Total households in project area

Total Surveyed

*If activity includes water or sewer improvements; please complete the following for the project area:*

Total number residential customers

Total number commercial customers

Total number of households in project area

Total households surveyed

Total Vacant

Total Not Home

Total No Response

3. Complete the following table regarding the number of persons who will **directly benefit** from this project.

	Total	Hispanic		Total	Hispanic
a. White			j. Other Multi-Racial		
b. Black/African American			k. Asian/Pacific Islander		
c. Asian			l. Hispanic		
d. American Indian/ Alaskan Native					
e. Native Hawaiian/Other Pacific Islander			m. Female Heads of Households		
f. American Indian/ Alaskan Native and White			n. Number of Minorities		
g. Asian and White			o. Number of Elderly (+62)		
h. Black/African American and White			p. Number of Handicapped		
i. American Indian/Alaskan Native and Black/African American			q. Number of Children 18 or Younger		

### SECTION C: GENERAL PROJECT INFORMATION

1. Will the proposed project require the acquisition of real property or easements?  Yes  No  
If yes, please provide a detailed explanation.

2. Will the proposed project result in the displacement of any families or businesses?  Yes  No  
If yes, describe the availability and type of relocation resources.

3. Will any activity(ies) take place on Sixteenth Section land?  Yes  No  
If yes, provide a detailed explanation.  
*If the applicant is in the Chickasaw Cession area of the state, place N/A in the explanation.*

4. Does any person who is an employee, agent, consultant, officer, or elected official or appointed official of the applicant(s), or of any designated public agencies have a personal or financial interest in the proposed project other than approved eligible administrative personnel costs?  Yes  No  
If yes, please provide a detailed explanation.

5. Identify how this activity addresses one or more of the following national policy objectives. (Provide a detailed explanation as to how the project will meet the selected national objective):

Benefit to low- and moderate-income families:

Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community where other financial resources are not available to meet such needs:

Alleviation of Slums and Blight:

## ATTACHMENTS TO APPLICATION

*This list is designed to aid the preparer in determining that all sections of this application have been included before signatures are attached to indicate that the application is complete.*

- Budget page
- Chief Official's Certification
- If applicable***, Application Preparer's Certification
- If applicable***, Public Participation Documentation
- Detailed Census Tract Map showing locations of FEMA PA Projects
- Survey Map - If low- and moderate-income percentages are based on survey data, the survey must be tied to a map in which the house numbers on the map and survey correspond. The map must be legible, and surveys should follow the street layout. This map and the surveys are to be maintained by the local unit of government in the event of a site inspection.
- Resolution Passed by Corporation/Non-Profit/Other Organization Approving Application Submittal
- National Objective Documentation
- Copy of Applicant's Conflict of Interest Policy
- Signed statement by the Chief Official acknowledging no duplication of federal funds
- Source and Use of Funds Disclosure Form
- If applicable***, Governmental designation of Slum/Blight





## BUDGET SPREADSHEET

COMPLETE THE FOLLOWING SPREADSHEET, LISTING EACH PROJECT WORKSHEET (PW) IN THE APPROPRIATE FEMA CATEGORY (*insert additional rows as needed*):

A	B	C	D
PW NUMBER	PW COST	BUDGETED AMOUNT	PW FULLY COMPLETED (YES/NO)
DEBRIS REMOVAL			
EMERGENCY PROTECTIVE MEASURES			
ROADS AND BRIDGES			
WATER CONTROL FACILITIES (FLOOD CONTROL/STORMWATER)			
BUILDINGS AND EQUIPMENT			



## CERTIFICATIONS

### Chief Executive Officer's Certification

To the best of my knowledge and belief, the applicant has no outstanding serious audit or monitoring findings on previously funded CDBG-DR projects, and all data contained in this application is true and correct. Its submission has been duly authorized by the governing body. I certify that all requirements of the state's citizen participation plan are being followed. I also certify that: no work on this project has been accomplished and that no work will be undertaken until environmental clearance has been obtained and a subgrant with MDA-DRD has been executed; OR, if FEMA-funded activities were completed prior to execution of a CDBG-DR subgrant with MDA-DRD, an environmental review process was conducted that adhered to the basic requirements of the National Environmental Policy Act of 1969 (NEPA) and other statutes, Executive Orders, and Federal regulations, and that a copy of the Environmental Review Record (ERR) and environmental clearance documentation were provided or made available to MDA-DRD.

\_\_\_\_\_  
Signature, Chief Official

\_\_\_\_\_  
Title (typed)

\_\_\_\_\_  
Name (typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Telephone Number

\_\_\_\_\_  
Home Telephone Number

### **Application Preparer's Certification (if applicable- enter "N/A" if no outside preparer was used)**

I certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the Community Development Block Grant Program, and I also affirm that all data contained in this application is true and correct.

\_\_\_\_\_  
Signature, Application Preparer

\_\_\_\_\_  
Company

\_\_\_\_\_  
Name (typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Telephone Number