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Applicable Laws and Regulations

12/5/2023

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Number: 2501-0017
Expiration Date: 1/31/2026

Public Reporting Burden Statement: This collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed HUD-2880 forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

Applicant/Recipient Information

* UEI Number:

* Report Type:

1. Applicant/Recipient Name, Address, and Phone (include area code)

* Applicant Name:

* Street 1:

Street 2:

City:

State Abbreviation:

* Zip Code:

County:

* Country:

* Phone:

2. Employer ID Number (do not include individual social security numbers):

3. HUD Program Name:

4. Amount of HUD Assistance Requested/Received: \$

5. State the name and location (street address, City and State) of the project or activity

Project Name:

* Street 1:

Street 2:

City:

State Abbreviation:

* Zip Code:

County:

* Country: USA: UNITED STATES

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity?

These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. For further information see 24 CFR Sec. §4.3.

☐ Yes

☐ No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR §4.9.

☐ Yes

☐ No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds. Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name	Department/State/Local Agency Name
* Government Agency Name:	* Government Agency Name:
Government Agency Address:	Government Agency Address:
* Street 1:	* Street 1:
Street 2:	Street 2:
City: State Abbreviation: * Zip Code:	City: State Abbreviation: * Zip Code:
County:	County:
Country:	Country:
* Type of Assistance:	* Type of Assistance:
* Amount Requested/Provided: \$	* Amount Requested/Provided: \$
* Expected Uses of the Funds:	* Expected Uses of the Funds:

Note: For Part 1, use additional pages if necessary. Add Attachment:

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for assistance or in the planning, development, or implementation of the project or activity.

* Alphabetical list of all persons with a reportable financial interest in the project or activity (for individuals, give the last name first)	* Unique Entity ID	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)			
			\$			%
			\$			%
			\$			%

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (for individuals, give the last name first)	* City of Residence	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)			
			\$			%
			\$			%
			\$			%

Note: For Part 2, use additional pages if necessary. Add Attachment:

Certification:

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct.

Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

* Signature:

* Date: (mm/dd/yyyy):

Kansas Small Cities Program Community Development Block Grant 2023 Application Summary	FOR COMMERCE USE ONLY Date Received: _____ Application No. _____
---	--

1. APPLICANT Name: _____ STREET ADDRESS: _____ PO BOX: _____ City: _____ Zip + 4: _____ County: _____ Telephone: _____ Fax: _____ Email: _____ DUNS#: _____	2. LOCAL CONTACT PERSON Name: _____ Title: _____ Address: _____ City: _____ Zip Code: _____ Telephone: _____ Application Preparer: _____
--	--

3. PROJECT TYPE [select one or more] <input type="checkbox"/> Infrastructure <input type="checkbox"/> Business Finance <input type="checkbox"/> Section 108 Guarantee	4. CITIZEN PARTICIPATION Date of Public Hearing: _____ Publication In: _____ Date of Publication: _____ ✓Affidavit of Publication must be attached
--	--

5. **PROJECT DESCRIPTION:**

6. **PROPOSED FUNDING**

Business Finance.....	\$ _____
Infrastructure.....	\$ _____
Grant Administration.....	\$ _____

Funds to be supplied by other sources: **✓ A Resolution or documentation of Commitment of Funds must be attached**

	<u>Source</u>	<u>Contact Person</u>	<u>Telephone</u>	<u>Amount</u>
a)	_____	_____	()	\$ _____
b)	_____	_____	()	\$ _____
c)	_____	_____	()	\$ _____
d)	_____	_____	()	\$ _____
e)	Total funds supplied by other sources.....			\$ _____
f)	Total project funding.....			\$ _____

The total project funding and CDBG amount requested must match what appears in the public hearing notice.

7. PROJECT BENEFIT Total Persons Benefiting: _____ Total LMI Benefiting: _____ Percent LMI Benefiting: _____	8. Proposed Beginning Date: _____ Estimated Ending Date: _____ Duration of Project: _____
--	--

9. **CDBG DISCLOSURE REPORT** (See Application Guidelines)

10. STATE REPRESENTATIVE:

Name: _____
District #: _____

STATE SENATOR:

Name: _____
District #: _____

U.S. REPRESENTATIVE:

Name: _____
District #: _____

The applicant certifies that the information contained in the Application Summary is true and correct and the document has been duly authorized by the governing body. The applicant agrees that, if approved, this with the attached Certifications will become a part of the agreement for activities and services authorized under the Housing and Community Development Act of 1974, as amended.

Typed Name and Title of Chief Elected Official:

Name: _____ Title: _____

Signature: _____ Date: _____

STATEMENT OF ASSURANCES AND CERTIFICATIONS

The applicant hereby assures and certifies with respect to the grant that:

- (1) It possesses legal authority to make a grant submission and to execute a community development and housing program.
- (2) Its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the person identified as the official representative of the grantee to submit the final statement, all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the grantee to act in connection with the submission of the final statement and to provide such additional information as may be required.
- (3) That prior to submission of its application to Commerce, the grantee has met the citizen participation requirements, prepared its application of Community Development objectives and projected use of funds, and made the application available to the public, as required by Section 104(a)(2) of the Housing and Community Development Act of 1974, as amended, and implemented at 24 CFR 570.486.
- (4) It has developed its final statement (application) of projected use of funds so as to give maximum feasible priority to activities that benefit low- and moderate-income families or aid in the prevention or elimination of slums or blight; the final statement (application) of projected use of funds may also include activities which the grantee certifies are designed to 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, and other financial resources are not available.
- (5) Its chief executive officer or other officer of the grantee approved by Commerce:
 - (a) Consents to assume the status of a responsible federal official under the National Environmental Policy Act of 1969 and other provisions of federal law as specified in 24 CFR 58.1(a);
 - (b) Is authorized and consents on behalf of the grantee and himself/herself to accept the jurisdiction of the federal courts for the purpose of enforcement of his/her responsibilities as such an official; and
- (6) The grant will be conducted and administered in compliance with the following federal and state regulations (see Appendix A: Applicable Laws and Regulations):
 - (a) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), and implementing regulations issued at 24 CFR Part 1;
 - (b) Fair Housing Amendments Act of 1988, as amended, administering all programs and activities relating to housing and community development in a manner to

- affirmatively further fair housing; and will take action to affirmatively further fair housing in the sale or rental of housing, the financing of housing, and the provision of brokerage services;
- (c) Section 109 of the Housing and Community Development Act of 1974, as amended; and the regulations issued pursuant thereto (24 CFR Section 570.602);
 - (d) Section 3 of the Housing and Urban Development Act of 1968, as amended; and implementing regulations at 24 CFR Part 75;
 - (e) Executive Order 11246, as amended by Executive Orders 11375 and 12086 and implementing regulations issued at 41 CFR Chapter 60;
 - (f) Executive Order 11063, as amended by Executive Order 12259 and implementing regulations at 24 CFR Part 107;
 - (g) Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended and implementing regulations when published for effect;
 - (h) The Age Discrimination Act of 1975, as amended, (Pub. L. 94-135), and implementing regulations when published for effect;
 - (i) The relocation requirements of Title II and the acquisition requirements of Title III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended and the implementing regulations at 24 CFR 570.488;
 - (j) Antidisplacement and relocation plan requirements of Section 104(d) of Title I, Housing and Community Development Act of 1974, as amended;
 - (k) Relocation payment requirements of Section 105(a)(11) of Title I, Housing and Community Development Act of 1974, as amended;
 - (l) The labor standards requirements as set forth in 24 CFR 570.603 and HUD regulations issued to implement such requirements;
 - (m) Executive Order 11988 relating to the evaluation of flood hazards and Executive Order 11288 relating to the prevention, control, and abatement of water pollution;
 - (n) The regulations, policies, guidelines and requirements of OMB Circular Nos. A-87, A-110 and A-122 as they relate to the acceptance and use of federal funds under this federally assisted program;
 - (o) The Americans With Disabilities Act (ADA) (P.L. 101-336: 42 U.S.C. 12101) provides disabled people access to employment, public accommodations, public services, transportation and telecommunications;

- (7) The conflict of interest provisions of 24 CFR 570.489 apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, or of a unit of general local government, or of any designated public agencies, or subrecipients which are receiving CDBG funds. None of these persons may obtain a financial interest or benefit from the activity, or have an interest or benefit from the activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter, and that it shall incorporate or cause to be incorporated, in all such contracts or subcontracts a provision prohibiting such interest pursuant to the purpose of this certification.
- (8) It will comply with the provisions of the Hatch Act that limits the political activity of employees.
- (9) It will comply with the provisions of 24-CFR-200.
- (10) It will give the state, HUD, and the Comptroller General or any authorized representative access to and the right to examine all records, books, papers, or documents related to the grant.
- (11) It will comply with the lead paint requirements of 24 CFR Part 35 Subpart B. issued pursuant to the Lead-Based Paint Hazard Elimination Act (42 U.S.C. 4801 et seq.).
- (12) The local government will not attempt to recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing properties owned and occupied by low- and moderate-income persons unless: (a) CDBG funds are used to pay the proportion of such assessment that relates to non-CDBG funding or; (b) the local government certifies to the state that, for the purposes of assessing properties owned and occupied by low- and moderate-income persons who are not very low-income, that the local government does not have sufficient CDBG funds to comply with the provision of (a) above.
- (13) It accepts the terms, conditions, selection criteria, and procedures established by this program description and that it waives any right it may have to challenge the legitimacy and the propriety of these terms, conditions, criteria, and procedures in the event that its application is not selected for CDBG funding.
- (14) It will comply with the regulations, policies, guidelines, and requirements with respect to the acceptance and use of federal funds for this federally assisted program.
- (15) It will comply with all parts of Title I of the Housing and Community Development Act of 1974, as amended, which have not been cited previously as well as with other applicable laws.

The applicant hereby certifies that it will comply with the above stated assurances.

Signature, Chief Elected Official	Name (typed or printed)
Title	Date

B. Project Administration and Re-use of CDBG Funds:

Name of Applicant: _____

1. List previous CDBG Economic Development projects:

Grant ID No.	Company Name	Percent Complete	Jobs Proposed	Jobs Actual	Was there a debt rescheduling?	Was foreclosure/ liquidation necessary

2. Explanatory Narrative (if needed):

3. What party other than community personnel, if any, helped prepare this application?

4. Does the community expect to contract with an outside party for administrative services?

C-1. Project Low- and Moderate-Income Benefit Form (Jobs Created):

Name of Applicant: _____

[illegible]

C-2. Project Low- and Moderate-Income Benefit Form (Jobs Retained):

Name of Applicant: _____

[illegible]

D. Project Business Description Form:

Name of Applicant: _____

1. Business Name/Address/Phone/Contact Person/NAICS Code:

2. Legal Structure:

3. Business Ownership:

4. Business Management:

5. Business and Professional Affiliations:

6. Business History:

7. Operation and Product Line:

8. Markets:

9. Employment History at this location: (In the appropriate space, give the number of full-time equivalent (FTE) employees for each of the most recent 12 months.)

Starting Month													Average Monthly Employment
FTE Employees													

E-1. Project's Need for CDBG Assistance (Business Finance):

Name of Applicant: _____

Narrative - items that must be addressed include, but are not limited to, the following:

1. Explain why the owners are unable to use personal financial resources or other business holdings to fund the proposed project.

2. Describe efforts to obtain financing from private lending institutions. (Provide documentation including denial letters.)

3. Describe efforts to obtain funding from other federal, city, county or regional Economic Development sources. (Please list all funding sources contacted.)

4. Explain how CDBG's share of total project costs and collateral position was determined.

5. If the project involves job retention, describe corrective actions taken by company and applicant to rectify the problem.

(Attach additional sheets if necessary)

E-2. Project's Need for CDBG Assistance (Infrastructure):

Name of Applicant: _____

1. Explain why the business is unable to finance all or part of the infrastructure improvement.
2. Explain why the community is unable to finance the infrastructure improvements through reserve funds, the capital improvements process or through a bond issue.
3. Describe any efforts the community has made to obtain funds for the project from EDA, USDA Rural Development or other sources.

(Attach additional sheets if necessary)

F. Project Source and Use Form:

Name of Applicant: _____

1. CDBG Funds Requested:	Amount	Rate	Term	Collateral	Lien Position
a) Business Finance	\$ _____	% _____	_____ yrs*	_____	_____
b) Infrastructure	\$ _____				
c) Administration	\$ _____				

2. Other Sources of Funds:	Source				
a) _____	\$ _____	% _____	_____ yrs	_____	_____
b) _____	\$ _____	% _____	_____ yrs	_____	_____
c) _____	\$ _____	% _____	_____ yrs	_____	_____
d) _____	\$ _____	% _____	_____ yrs	_____	_____

3. Total Project Funding: \$ _____

*Includes principal moratorium of _____ months on business finance loan

4. Use of Funds (in thousands)	TOTAL COST	CDBG	Source A	Source B	Source C	Source D
a) Administration						
b) Planning/Design						
c) Infrastructure						
(1) Water						
(2) Sewer/Storm Drainage						
(3) Streets/Roads						
(4) Other						
d) Real Property Acquisition						
(1)						
(2)						
e) Site Work						
(1) Improvements						
(2) Clearance/Demolition						
f) Building						
(1) New Construction						
(2) Rehabilitation						
g) Working Capital						
(1) Payroll						
(2) Inventory						
(3) Other						
h) Machinery/Equipment						
(1)						
(2)						
(3)						
i) Other (specify)						
(1)						
(2)						
TOTAL PROJECT COST						

G. Itemized Summation of Expenditures Form:

Name of Applicant: _____

1. Provide an itemized breakdown of specific expenditures to occur in each of the categories of the Project Source and Use Form. Be very specific when addressing the working capital category. Documentation supporting the amount shown in each spending category must be attached.

H. Aging of Accounts Receivable and Payable:

Name of Applicant: _____

COMPANY NAME: _____
AS OF: / / _____

Period	Accounts Receivable	%	Accounts Payable	%
Under 30 Days				
30 - 59 Days				
60 - 89 Days				
90 - 119 Days				
120 Days and Over				
Uncollectable				
Total				

I. List of Existing Obligations:

Please list all long-term leases, notes and mortgages payable and reconcile with figures on Balance Sheet. Include any debt owed by the business. Do not include Trade Payables.

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity	Monthly Payment	Collateral Securing Loan

List of Proposed Obligations

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity	Monthly Payment	Collateral Securing Loan

J. Resume:

Please fill in all spaces, use full first, middle and maiden names. If an item is not applicable, please so indicate. All owners and key managers, with 20 percent or greater stakes, should complete this form.

PERSONAL

Name	_____	SSN	_____
	First Middle Maiden Last		
Date of Birth	_____	Place of Birth	_____
Residence Telephone	_____		
Residence Address	_____		
	Street	City	State Zip
Previous Address	_____		
	Street	City	State Zip
Lived there from	_____	to	_____ (month and year)
Spouse's Name	_____	SSN	_____
	First Middle Maiden Last		

Are you a U.S. citizen? ☐ Yes ☐ No

If no, give Alien Registration Number _____ and a copy of green card, front and back.

Have you ever declared bankruptcy? ☐ Yes ☐ No If yes, furnish details in a separate exhibit.

Are you a named party in any current litigation? ☐ Yes ☐ No If yes, furnish details in a separate exhibit.

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation? ☐ Yes ☐ No If yes, furnish details in a separate exhibit.

Are you presently under indictment, on parole or probation? ☐ Yes ☐ No If yes, furnish details in a separate exhibit.

EDUCATION

Type of Degree	Name and Location of Institution	Dates From/To	Major	Did You Graduate?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MILITARY SERVICE BACKGROUND

Branch	_____	From	_____	To	_____
Honorable Discharge	_____	Rank at Discharge	_____		

WORK EXPERIENCE (List chronologically, beginning with present employment)

From _____ To _____ Title _____
Duties _____

Company Name/Location: _____

From _____ To _____ Title _____
Duties _____

Company Name/Location: _____

From _____ To _____ Title _____
Duties _____


Company Name/Location: _____

From _____ To _____ Title _____
Duties _____

Company Name/Location: _____

NOTE: You may include additional relevant information on a separate exhibit.

Signature _____ Date _____

	OMB APPROVAL NO. 3245-0188 EXPIRATION DATE: 3/31/2008				
PERSONAL FINANCIAL STATEMENT					
U.S. SMALL BUSINESS ADMINISTRATION					
As of _____					
Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.					
Name	Business Phone				
Residence Address	Residence Phone				
City, State, & Zip Code					
Business Name of Applicant/Borrower					
ASSETS	LIABILITIES				
(Omit Cents)	(Omit Cents)				
Cash on hand & in Banks	Accounts Payable				
Savings Accounts	Notes Payable to Banks and Others				
IRA or Other Retirement Account	(Describe in Section 2)				
Accounts & Notes Receivable	Installment Account (Auto)				
Life Insurance-Cash Surrender Value Only	Mo. Payments \$				
(Complete Section 8)	Installment Account (Other)				
Stocks and Bonds	Mo. Payments \$				
(Describe in Section 3)	Loan on Life Insurance				
Real Estate	Mortgages on Real Estate				
(Describe in Section 4)	(Describe in Section 4)				
Automobile-Present Value	Unpaid Taxes				
Other Personal Property	(Describe in Section 6)				
(Describe in Section 5)	Other Liabilities				
Other Assets	(Describe in Section 7)				
(Describe in Section 5)	Total Liabilities				
Total \$	Net Worth				
	Total \$				
Section 1. Source of Income					
Salary	Contingent Liabilities				
Net Investment Income	As Endorser or Co-Maker				
Real Estate Income	Legal Claims & Judgments				
Other Income (Describe below)*	Provision for Federal Income Tax				
	Other Special Debt				
Description of Other Income in Section 1.					
*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.					
Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

L. START OF PROJECT SPENDING ACKNOWLEDGMENT:

I, _____, understand that project funds (public or private)
Print Name

may not be expended until the Department of Commerce issues an award letter and environmental clearance entitled "Notice of Request for Release of Funds and Certification Approval." Expenditure of any project funds (public or private) prior to the signing of the Award Letter and approval of the Request for Release of Funds will jeopardize the grant of CDBG funds. This includes real property acquisition, site preparation work, construction of new buildings, repair or renovation of existing buildings and purchase of machinery and equipment.

Name of Company: _____

Title: _____

Signed: _____

Date: _____

Authorization for Credit Check

I, _____ , hereby authorize the Kansas Department
Print Name
of Commerce to request and review a credit report on myself.

Signed: _____

Date: _____

I, _____ , hereby declare that I am the spouse of
Print Name
_____, above, and authorize the Kansas
Department of Commerce to request and review my credit report.

Signed: _____

Date: _____

NDC Format:

I. Balance Sheet
Date (Month/Day/Year)

1.	Cash and Marketable Securities					
2.	Accounts Receivables					
3.	Inventory					
4.	Prepaid Expenses					
5.						
6.						
7.						
8.	CURRENT ASSETS					
9.	Net Fixed Asset					
10.	Inventory in Subsidiaries					
11.	Notes Receivable					
12.	Intangibles					
13.						
14.						
15.	TOTALS					
16.	Short Term N/P - Bank					
17.	Short Term N/P - Other					
18.	Accounts Payable					
19.	Accruals					
20.	Taxes (Income)					
21.	Current Portion LTD					
22.						
23.	CURRENT LIABILITIES					
24.	Long Term Debt					
25.	Officer Debt (Subordinated)					
26.						
27.	TOTAL LIABILITIES					
28.	Common Stock					
29.	Capital Surplus					
30.	Retained Earnings					
30A.	(Less) Treasury Stock					
31.	Total Net Worth					
32.	TOTAL LIABILITIES AND N/W					
33.	Contingent Liabilities					

NDC Format:

II. Profit and Loss Statement

Number of months _____ Year pending _____

34.	- Sales					
35.	- COGS					
36.	= Gross Profit					
37.	- SGA					
38.	= Operating Profit					
39.	- Officers(s) Salary					
40.	- Depreciation Expense					
41.	- Interest Rate	CDBG				
	Non-CDBG					
42.	- Rent					
43.	+ Other Income/Expenses					
44.	= EBT					
45.	- Income Taxes					
46.	= PAT					

NDC Format:

III. Cash Flow Statement

GROSS OPERATING FUNDS					
Net Income					
+ Depr. and Other Non Cash Charges					
= Gross Funds Flow					
(+) OPR. CASH SOURCES					
Incr. (decr.) Accts. Payable					
Incr. (decr.) Accruals					
Incr. (decr.) Taxes Payable					
(=) Total Operating Sources					
(-) LESS: OPR. NEEDS/USES					
Incr. (decr.) Receivables					
Incr. (decr.) Inventory					
Incr. (decr.) Prepaid Expenses					
(=) Total Operating Needs					
= NET OP. CASH FLOW					
(-) LESS NON-OPERATING CASH NEEDS					
Capital Expenditures					
Purchase Other Assets					
Repay Short-Term Debt					
Repay Long-Term Debt					
Repay Officer Debt					
Dividends/Withdrawals					
(=) Total Non-Operating Needs					
(+) NON-OPERATING SOURCES OF FUNDS					
Incr. Short-Term Debt					
Incr. Long-Term Debt					
Incr. Officer Debt					
New Equity					
Sale/or Decrease of Other Assets					
= Total Non-Opr. Sources					
= NET INCR. (DECR.) IN CASH					

(Minimum required by all applicants for funding – must be submitted with application)

**Residential Anti-displacement and Relocation Assistance Plan
under Section 104(d) of the
Housing and Community Development Act of 1974, as Amended**

The (City/County) _____ will replace all occupied and vacant occupiable low- and moderate-income dwelling units demolished or converted to a use other than as low- moderate-income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended, as described in 24 CFR Part 570.488.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion. Before obligating or expending funds that will directly result in such demolition or conversion, the (City/County) _____ will make public and submit to the Kansas Department of Commerce the following information in writing:

1. A description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low- and moderate-income dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as Section 104(d) replacement dwelling units;
5. The source of funding and a time schedule for the provision of Section 104(d) replacement dwelling units; and
6. The basis for concluding that each Section 104 (d) replacement dwelling unit will remain a low- and moderate-income dwelling unit for at least ten years from the date of initial occupancy.

The (City/County) _____ will provide relocation assistance, as described in Section 570.488 to each low- and moderate-income household displaced by the demolition of housing or by the conversion of a low- and moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the act, the (City/County) _____ following steps to minimize the displacement of persons from their homes:

Based on initial review of project, the following occupied dwellings (by address) will be demolished with grant funds (should contain proposed demolitions):

As chief elected official of [(City/County) _____], I hereby certify that the above plan was officially adopted by (City/County) _____ of _____ on the _____ day of _____, _____.

Date: _____ Signature – Chief Elected Official: _____

Beneficiary Data:

To document compliance with Title VI of the Civil Rights Act of 1964, please provide the information in the space below.

Total Population of Applicant: _____

	Ethnicity Number		Total Population		Ethnicity Number		Total Population
	Hispanic	Non- Hispanic			Hispanic	Non- Hispanic	
White	_____	_____	_____	A	_____	_____	_____
BAA	_____	_____	_____	A/W	_____	_____	_____
BAA/W	_____	_____	_____	AI/AN/BAA	_____	_____	_____
AI/AN	_____	_____	_____	AI/AN/W	_____	_____	_____
NH/PI	_____	_____	_____	Other	_____	_____	_____

Number of Persons with Disability _____

Female Head of Household _____

*BAA-Black African American; BAA/W-Black African American and White; AI/AN-American Indian or Alaskan Native; NH/PI-Native Hawaiian or Pacific Islander; A-Asian; AW-Asian and White; AI/AN/BAA-American Indian or Alaskan Native and Black African American; AI/AN/W-American Indian or Alaskan Native and White

Kansas Department of Commerce
Community Development Block Grant (CDBG) Program
1000 S.W. Jackson St., Suite 100
Topeka, KS 66612-1354

DETERMINATION OF LEVEL OF REVIEW

ENVIRONMENTAL REVIEW RECORD (ERR)

Grantee Name & Project Number: _____

Project Location: _____

Project Description:

The subject project has been reviewed pursuant to HUD regulations 24 CFR Part 58, “Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities,” and the following determination with respect to the project is made:

Exempt from NEPA review requirements per 24 CFR 58.34(a)(____)

Categorical Exclusion NOT Subject to §58.5 authorities per 24 CFR 58.35(b)(____)

Categorical Exclusion SUBJECT to §58.5 authorities per 24 CFR 58.35(a)(____)

An Environmental Assessment (EA) is required to be performed.

An Environmental Impact Statement (EIS) is required to be performed.

The ERR (see §58.38) must contain all the environmental review documents, public notices and written determinations or environmental findings required by Part 58 as evidence of review, decision making and actions pertaining to a particular project. Include additional information including checklists, studies, analyses and documentation as appropriate.

_____ Chief Elected Official (print name/title)	_____ Chief Elected Official's Signature
_____ Date	

/12/2023

THE CITY/COUNTY OF _____, KANSAS

RESOLUTION NO. _____

RESOLUTION CERTIFYING LEGAL AUTHORITY
TO APPLY FOR THE 2023 KANSAS
SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FROM THE KANSAS DEPARTMENT OF COMMERCE
AND AUTHORIZING THE MAYOR
TO SIGN AND SUBMIT SUCH AN APPLICATION

WHEREAS, The City/County of _____, Kansas, is a legal governmental entity a
the laws of the STATE OF KANSAS, and

WHEREAS, The City/County of _____, Kansas, intends to submit an application for
from the 2023 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

THE APPLICANT hereby certifies that the City/County of _____, Kansas, is a
legal governmental entity under the status of the laws of the STATE OF KANSAS and thereby
has the authority to apply for assistance from the KANSAS SMALL CITIES COMMUNITY
DEVELOPMENT BLOCK GRANT PROGRAM.

THE APPLICANT hereby authorizes the MAYOR/COMMISSIONER of _____,
act as the applicant's official representative in signing and submitting an application
for the assistance to the COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

THE APPLICANT hereby dedicates \$ _____ in cash funds toward this project and
\$ _____ in in-kind material and/or labor for same.

APPROVED BY THE GOVERNING BODY OF THE CITY/COUNTY OF _____
this _____ day of _____

APPROVED _____
MAYOR/COMMISSIONER

ATTEST _____

(SEAL)

**STATE OF KANSAS
DEPARTMENT OF COMMERCE
EMPLOYEE CERTIFICATION FORM**

Name of Company: _____

Project #: _____

Date Employed: _____

Family Income-Total income from all family members during the prior year from all sources. This includes but is not limited to wages, salary, interest, dividends, royalties, and farm income.

In the left column below, check off the box that indicates your family size. Using the income limits on the line corresponding to your family size, check off the appropriate income box on the right side.

FAMILY SIZE	Section 1: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	10,100 TO	16,800 TO	26,950	<input type="checkbox"/> Income below Column A
2 <input type="checkbox"/>	11,550 TO	19,200 TO	30,800	
3 <input type="checkbox"/>	13,000 TO	21,600 TO	34,650	<input type="checkbox"/> Income between Column A & B
4 <input type="checkbox"/>	14,450 TO	24,050 TO	38,500	
5 <input type="checkbox"/>	15,600 TO	25,950 TO	41,550	<input type="checkbox"/> Income between Column B & C
6 <input type="checkbox"/>	16,750 TO	27,850 TO	44,650	
7 <input type="checkbox"/>	17,900 TO	29,800 TO	47,700	<input type="checkbox"/> Income Above Column C
8+ <input type="checkbox"/>	19,050 TO	21,700 TO	50,800	

RACE/ETHNICITY & DISABILITY STATUS

Do you have a handicap or disability?

☐ Yes ☐ No

Are you Hispanic?

☐ Yes ☐ No

Are you a female head of household?

☐ Yes ☐ No

RACE

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other

Does your employer offer a health care plan for this job? ☐ Yes ☐ No

Were you unemployed before taking this job? ☐ Yes ☐ No

To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the city/county or the State of Kansas. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

Job Title

Date

Print Name

Signature Required

ECONOMIC DEVELOPMENT CONTRACT PROJECT BUDGET FORM

GRANTEE NAME: _____ GRANT NO.: _____

BUSINESS NAME: _____ *UEI #: _____

ACTIVITY	CDBG FUNDS	LOCAL/OTHER FUNDS	TOTAL COST
1. Administration			
2. Planning/Design			
3. Infrastructure			
a. Water			
b. Sewer/Storm Drainage			
c. Streets/Roads			
d. Other			
4. Acquisition			
a. Land			
b. Building			
5. Site Work			
a. Improvements			
b. Clearance/Demolition			
6. Building			
a. New Construction			
b. Rehabilitation			
7. Working Capital			
a. Payroll			
b. Inventory			
c. Other			
8. Machinery/Equipment			
a.			
b.			
c.			
9. Other			
a.			
b.			
c.			
10. TOTAL PROJECT COST	\$	\$	\$

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