



Northern Marianas Housing Corporation Community Development Block Grant – Mitigation (CDBG-MIT) Program



CDBG-MIT Project Application Form (Scope, Eligibility, and Budget)

Company/Agency Name: _____

Project Name: _____

Northern Marianas Housing Corporation
Main Office
P.O. Box 500514
Saipan MP, 96950
Phone (670)234-6866

Northern Marianas Housing Corporation
CDBG-DR
(670)233-9447

GENERAL DESCRIPTION FORM INSTRUCTIONS

Mark the appropriate box at the top of the form to indicate whether this is the original application or amended application. An amended application must be submitted each time there is a change to the project. Please enter the amendment number that corresponds to each change. (ex: *First change to the original approved application would be Amended Application #1*)

1. In the **Applicant Name** box indicate the entity's name (ex: *Northern Marianas Housing Corporation*), the person in the applicant's office to be contacted regarding this application, address, phone numbers of the entity requesting funds and contact person, and e-mail address of contact person.
2. **Program.** Select program your proposed project falls under.
3. In the **Project Name** box indicate the name of the project (ex: *Building of Low/Mod Rental Units*).
4. In the **Architectural/Engineering Firm** box indicate the name, address, phone number, and e-mail address of the architectural/engineering firm for this project if one was hired by the applicant.
5. In the **Environmental Firm** box indicate the name, address, phone number, and e-mail address of the environmental firm for this project if one was hired by the applicant.
6. **Tie to the Disaster.** Provide a detailed explanation on how your project is tied to Super typhoon Yutu and/or Typhoon Mangkhut. **Note:** *Please provide before and after pictures if applicable, reports or data received to support your proposed activity.*
7. **Project Description.** Provide a concise description of the project for which you are requesting funds. The description should tell the entire story of the proposed project that will enable NMHC to make a sound decision on the eligibility of the project. Please respond to as many questions as possible that pertain to the proposed project in this section. If the question does not apply to the project, please enter "N/A".
8. In the **National Objective** box indicate which national objective will be addressed by the project.
9. **Eligible Activities.** Select the appropriate eligible activity that your proposed project will fall under. Most CDBG-MIT appropriations require funds to be used for necessary expenses for activities related to disaster relief, long-term recovery, restoration of infrastructure and housing, and economic revitalization in the most impacted and distressed areas.

The activity must be CDBG-MIT eligible or allowed via a waiver, address a disaster-related impact in a Presidentially declared county, and meet a national objective. Disaster-related activities are those that demonstrate (1) a logical connection to the disaster, (2) correlation to Housing; and (3) how the activity will contribute to long-term recovery. **Note:** *Grantee must determine what documentation is sufficient and reasonable to show how activities respond to disaster-related impact.*
10. **Duplicate of Benefits.** Provide information that may be seen as an additional funding source (ex. Insurance, monetary donations, FEMA, SBA) for the intended project.

Note: *The applicant's Organizational Head must initial the appropriate pages, sign and date the completed application and the project budget to signify approval. Type the **Organizational Head's** name and title in the appropriate boxes. A signature signifies the approval by the Organizational Head.*

Please attach additional sheet(s) if extra space is needed.

General Description Form

Place a check mark in the appropriate box:

☐ Original Application

☐ Amended Application # _____

1. Applicant Name, Contact Person's Name, Address, Phone Number, and Email Address:

2. Program:

☐ Infrastructure ☐ Public Services/Public Facilities

3. Project Name:

4. Name, Address, Phone Number, and Email Address of Architectural/Engineering Firm: *(if applicable)*

5. Name, Address, Phone Number, and Email Address of Environmental Firm: *(if applicable)*

Date of ERR:
(if applicable)

6. Project Description *(Answer the questions below)*

a. Based on the CNMI action plan and the program selected in section 2 of this form, describe the proposed project to be funded with CDBG-MIT funds. This section should include the project timeline.

b. Briefly explain the needs to be addressed with the proposed project

c. Show that the project considers and/or proposes a mitigation plan to minimize damage in the event of future floods or typhoons.

d. How extensive is the proposed construction? Is there site work, digging/earthwork, etc.?

e. Identify the proposed improvements, location of the proposed improvements, and/or project (making sure to answer who owns the property, what is near and around i.e. landmarks, and where it is located). Current size/capacity of and area served by the project, etc.

f. Describe whether the project will require the acquisition of property, easements, or right-of-way and the approximate number of parcels to be acquired.

g. Describe how the project relates to existing infrastructure. For example, if you plan to install new sewage collection lines, then can the treatment plant handle the increase?

h. Is there green infrastructure or other sustainability design components? To complete this section, green infrastructure is defined as the integration of natural systems and processes, or engineered systems that mimic natural systems and processes, into investments in resilient infrastructure. "Green Infrastructure" takes advantage of the services and natural defenses provided by land and water systems such as wetlands, natural areas, and vegetation, while contributing to the health and quality of life of those in recovering communities.

i. Describe how people will benefit from the project and indicate whether the benefits will be direct and/or indirect.

j. Identify who will retain ownership of the system/project deliverables after the completion of the project. Describe the method by which the applicant can ensure that adequate revenues will be available to operate and maintain the proposed project. The description must identify the source and the estimated amount of funds that will be generated for this purpose.

k. Describe the physical boundaries of the target area(s) in relation to the beneficiaries of the project.

l. If the property was built before 1978, is it exempt from lead-based paint abatement? If yes, list the reason. If no, has the property been evaluated? Please indicate if the property needs remediation. **Note:** *Attach record indicating year of construction and proof of exemption.*

m. For rehabilitation projects, has there been an evaluation of asbestos hazards? Does the property need Asbestos remediation?
Note: *Provide a copy of the reports.*

7. Describe in detail, your project's physical loss or social impact or economic impact or loss in function of a system, that will serve as a "Tie to the Disaster" and Housing:

8. National Objectives to be addressed (check one).

To be eligible for the CDBG-MIT funding, a project must meet at least one of the national objectives outlined in Title 24, Section 570.208 of the Code of Federal Regulations. Select from below the national objective(s) to be met by this project.

☒ Activities Benefiting Low/Moderate Income Persons

- ☐ *Area benefit activities* are one that benefits all residents of low to moderate-income in a particular area, which 51% of the residents are low to moderate-income persons. **(Note:** This selection is applicable only if the project will be located in a neighborhood or census tract where more than 51% of the persons or households qualify as low to moderate-income. *Please refer to the census maps attached at the end of the application*
- ☐ *Limited Clientele.* Limited to a specific group of persons and at least 51% of them qualify as low to moderate-income.
- ☐ *Housing activities.* An eligible activity carried out for a purpose of providing or improving permanent residential structures which, upon completion, will be occupied by low- and moderate-income households.
- ☐ *Job creation or retention activities.* An activity designed to create or retain permanent jobs where at least 51% of the jobs, computed on a full-time equivalent basis, involve the employment of low- and moderate-income persons.

☒ Urgent Need

9. Eligible Activities

To be eligible for funding, a proposal must include one or more of the activities described in Title 24 570.200 to 570.206 of the Code of Federal Regulations. Select from the listing below the activity this proposed project entails.

- ☐ Public Facilities and Improvements 201
- ☐ Clearance and remediations 201(d)
- ☐ Public Services 201

- ☐ Rehabilitation and Preservation 202(a), (b), (c), (d), l, (f)
- ☐ General management, oversight and coordination 206(a)
- ☐ Public information 206(b)
- ☐ Fair Housing Activities 206l
- ☐ Indirect Costs 206l
- ☐ Section 17 of the U.S. Housing Act of 1937 206(h)

10. Duplication of Benefits.

Did the applicant file an insurance claim (or receive other funding) for the damages referenced in this application? If yes, what were the proceeds used for? If the funds were not used what will the funds be used for? Provide the dollar amounts in the High-Level Budget section of this application

☐ Yes ☐ No

HIGH LEVEL BUDGET INSTRUCTIONS

Indicate the total dollar amount of Project Funds expected from each funding source. Round all amounts to the nearest dollar. The **TOTAL FUNDS** amount should equal the total project cost. Identify the funding source and the status of each of those funds (*committed, applied for, etc.*).

Once the budget table is completed, provide the responses to the below question.

Note: *A cost analysis must be completed for this entire project to complete the budget. A detailed budget/cost summary will be required once your project is deemed eligible.*

CDBG-MIT funding is the funding of last resort; therefore, if the proposed project activities were formerly part of your organization's annual budget please identify and indicate the amount below. Also, identify all other funding sources you have pursued and will become available to you during the life of the project. If your project will generate Program Income during the life of project, please indicate as well below. (Attach an additional sheet if more space is required.)

Project Funds	Amount	Funding Source	Status of Funds
CDBG-MIT			
Local Funds			
Private Funds			
Insurance Proceeds			
Federal Funds (ie. FEMA)			
Other Funds			
Program Income			
TOTAL FUNDS			

1. Please explain how your organization will generate program income, if applicable. Program income is defined as ...

PROJECT BUDGET INSTRUCTIONS

Section I – Project Information

- a. Please enter the perspective applicant name.
- b. Please enter the Intergovernment Agreement Number (Leave blank until the number has been assigned and communicated upon executed intergovernment agreement.)
- c. Please enter the Project Number (Leave blank until the number has been assigned and communicated upon an executed Project Addendum)
- d. Provide the project name that will budgeted in Section II.

Section II – Budget Information

Fill out the section that applies and add additional lines as needed. The categories are defined below. (**Note:** *Subsequent payment requests will be required to be submitted by budgeted line items. Any increases or decreases in budgeted line item will have to be requested and approved by the Grantee.*)

1. **Program Administration:** Costs associated with the administration, financial requirements, reports, documentation and compliance records, monitoring and oversight. **Note:** *This cost must be allowed by the Grantee in the Intergovernment/Developer's agreement.*
2. **Project Cost (Direct):** This refers to both the hard and soft costs of the project, including design, environmental and construction services. This also includes any planned equipment purchased, which must be identified on a separate line item as a budget item.
3. **Project Cost (Activity Delivery Costs):** All project related implementation activities per a written agreement between the grantee and/or agency. It may include personnel cost for employees directly related to the day to day specific oversight and implementation of CDBG-MIT eligible activities. Personnel cost must be based on records that accurately reflect the work performed. 2 CFR 200.430(i) and should include timesheets and activity logs signed and dated by staff and their supervisor. The time sheet should have a description of the work performed. If time is split between multiple programs, the time sheet should accurately reflect the time split and no time should be left un-allocated.
4. **Indirect Cost:** Indirect costs are costs used by multiple activities, and which cannot therefore be assigned to specific cost objects. As noted in 2CFR Section 200.331(a)XIII, the subaward should include, "Indirect cost rate for Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs)". Additionally, Section 200.331 (a)(4), requires "an approved federally recognized indirect cost rate negotiated between the fund recipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the fund recipient (in compliance with this part), or a de minimis indirect cost rate as defined in §200.414 Indirect (F&A) costs, paragraph (f).

Acceptance of the 10 percent de minimis rate is predicated upon the following conditions: (1) the non-Federal entity has never received a Negotiated Indirect Cost Rate Agreement (NICRA) from a Federal agency and is therefore eligible for the 10percent de minimis rate; (2) that no costs other than those incurred by the non-Federal entity will be recovered by using the 10 percent de minimis rate and such costs are legal obligations of the non-Federal entity; (3) that the same costs that have been treated as indirect costs have not been claimed as direct costs; and (4) that similar types of costs have been accorded consistent.

Section III – AUTHORIZATION

1. The applicant's **Organizational Head** must sign and date the form to signify the approval. Type the **Organizational Head's** name and title in the appropriate box.
2. **NMHC ONLY.** NMHC will review for approval.

Organizational Head Initials _____

NMHC Initial _____

PROJECT BUDGET FORM

Effective Date:

FORM: CDBGMIT-PBUDGT-XX-XX-XX

SECTION I – PROJECT INFORMATION

Agency/Developer Name:		Project Name:	
Agreement Number:		Project Number:	

(Complete the below detailed budget. Attach a second sheet if additional space/detail is needed. **Include the cost analysis when submitting the application.**)

SECTION II – BUDGET INFORMATION

CATEGORY	CDBG-MIT BUDGET	OTHER SOURCES OF FUNDS			TOTAL COSTS
Program Administration <i>(At the discretion of the grantee)</i>					
Administrative and Legal Expenses					
Subtotal Program Administration					
Project Costs (Direct)					
A&E Fee					
Other A&E Fee					
Site Work					
Demolition and Removal					
Construction					
Subtotal Program Administration					
Project Costs (Activity Delivery Cost)					
Project Inspection Fee					
Subtotal Project Cost (Activity Delivery Cost)					
TOTAL PROJECT COST					
Indirect Cost					
TOTAL PLANNING COST					
GRAND TOTAL IN COST	Amount Being Applied For				

Organizational Head Initials _____

NMHC Initial _____

SECTION III – AUTHORIZATION

The applicant agrees to substantially abide by the above budget in the utilization of funds provided under the Intergovernment/Developer Agreement.

Organizational Head:	
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Print Name and Official Title

Signature	Date
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NMHC-CDBG-DR Use Only

Reviewed by CDBG-DR Compliance Manager:	
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Print Name and Official Title

Signature	Date
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Reviewed by CDBG-DR Project Manager:	
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Print Name and Official Title

Signature	Date
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Reviewed by CDBG-DR Finance Manager:	
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Print Name and Official Title

Signature	Date
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Approved / Rejected by NMHC Corporate Director:	
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Print Name and Official Title

Signature	Date
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PROJECT DISBURSEMENT SCHEDULE INSTRUCTIONS

Section I – Project Information

- Please enter the perspective agency/developer name.
- Provide the project name of the specific project.
- Please enter the Intergovernment Agreement Number (*Leave blank until the number has been assigned and communicated upon an executed intergovernment agreement.*)
- Please enter the Project Number (*Leave blank until the number has been assigned and communicated upon an executed Project Addendum.*)

Section II – Disbursement Schedule

1. **Project Amount:** The Project Amount refers to the total CDBG-MIT funded part of the project budget
2. **Cumulative Amount:** The Cumulative Amount is a quarter over quarter projection of the projected costs.
3. **Milestones:** If a milestone is Not Applicable (NA) to your project, please mark as such. If you have an additional milestone critical to your project, please add.
4. **Duration:** The Grant Expenditure Period for the CBDG-DR program is six (6) years. It began on November 25, 2020, with the signing of the Grant Agreement with HUD and ends November 24, 2026. If your project will take more than two years to complete, please add additional sheets.
5. **Quarters:** Please mark the Quarter when the activity starts with an "X".

Note: *Complete the appropriate disbursement schedule for the proposed project.*

PROJECT DISBURSEMENT SCHEDULE (CONSTRUCTION)

SECTION I – PROJECT INFORMATION

Agency/Developer Name:		Project Name:	
Intergovernment/Developer Number:		Project Number:	

SECTION II – DISBURSEMENT SCHEDULE

Milestone	Amount	2022											
		Quarter			X Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Environmental Clearance													
Execution of Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work in progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close Out													
Cumulative Drawdown		\$0.00											

Milestone	Amount	2023											
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Environmental Clearance													\$0.00
Execution of Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													\$0.00
Solicitation and Selection of Architect													\$0.00
Design or Development of Scope of Work in progress													\$0.00
Solicitation and Selection of Contractor													\$0.00
Construction work in progress													\$1,000,000.00
Final Inspection and Close Out													\$0.00
Cumulative Drawdown													

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PROJECT DISBURSEMENT SCHEDULE (PUBLIC SERVICES)

SECTION I – PROJECT INFORMATION

Agency/Developer Name:		Project Name:	
Interagency/Developer Agreement Number:		Project Number:	

SECTION II – DISBURSEMENT SCHEDULE

Milestone	Amount	2024											
		Quarter			Quarter			Quarter			Quarter		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Environmental Clearance													
Execution of Agreement or Memorandum of Understanding and the Issuance of the Notice to Proceed													
Solicitation and Selection of Architect													
Design or Development of Scope of Work in progress													
Solicitation and Selection of Contractor													
Construction work in progress													
Final Inspection and Close Out													
Cumulative Drawdown													

ACTIVITY BENEFICIARY FORM INSTRUCTIONS

Objective: The Activity Beneficiary Form reports information for actual beneficiaries of intended CDBG-MIT activities.

1. Mark the appropriate checkbox that applies (Grantee or Agency/Developer) and enter the name of the Grantee or Agency/Developer.
2. Enter the Interagency/Developer/Project ID assigned by NMHC CDBG-MIT.
3. Enter Activity Name assigned by NMHC CDBG-DR

Part I – BENEFICIARY INCOME INFORMATION

- A. Based upon the location of the project, enter the number and percentage of individuals benefitting by income level.
- B. Enter the data source(s) (e.g.) HUD American Community Survey, household survey) and any additional information describing how the beneficiaries were determined.

Part II – AREA INFORMATION *(If the activity is a direct benefit activity, leave this Part II area blank)*

- A. Enter whether the project is target area or communitywide and the census block groups of the project area. Please list each census tract(s) and/or block group(s) that define the area; separating each census tract with a “;”. Please continue on another page, if necessary. This information should be determined using the 2010 Census data attached at the end of this document.
- B. Enter the exact location of the geographical center of the project by identifying the latitude and longitude numbers. This information may have been initially reported on the supplemental information page in the approved project application.

Part III – DIRECT BENEFIT DEMOGRAPHIC INFORMATION *(If the activity is an area wide benefit, leave this Part III area blank)*

- A. Enter the total individuals who will benefit by racial and ethnicity and by income level. This total for LMI is any person 80% or below the area median income and Non-LMI are 81% or higher of the area median income. The LMI and Non-LMI total should equal the population total in Part I-A.

Race and ethnicity are independent of each other and should be counted separately. For instance, if the activity served 20 White persons, 15 of which are not of Hispanic/Latino ethnicity and 5 of which are of Hispanic/Latino ethnicity, the information to be added into row “A. Race and Ethnicity, 1. White” should be 20 for Total and 5 for Hispanic/Latino”.

- B. Enter female headed households for those LMI (80% or below area median income) and those non-LMI (above 80% area median income).

Project Maps

A map (or maps) that delineate(s) the following items for each target area must be included in the application package:

1. Existing Conditions Map: Provide a detailed map of the existing improvements. The map should delineate such items as the location of project and/or size of waterlines, elevated water tanks, sewer lines, manholes, location of treatment plants, etc.
2. Proposed Improvements Map: Provide a detailed map showing the location of project, sizes, etc. of the proposed improvements.
3. Census tracts and/or block groups (by number) and/or logical records numbers.
4. Location of concentrations of low- and moderate-income persons, showing numbers and percent by census tracts and/or block groups and/or logical record number.
5. Boundaries of areas in which the activities will be concentrated; and
6. The specific location of each activity.

Note: *The Existing Conditions map and the Proposed Improvements map may be combined into one map if all the information shown can be depicted in such a way as to easily determine the difference between the existing and proposed.*

NMHC COMMUNITY DEVELOPMENT BLOCK GRANT – DISASTER RECOVERY ACTIVITY BENEFICIARY FORM						
1. <input type="checkbox"/> Grantee <input type="checkbox"/> Interagency/Developer			2. Int./Dev./Project ID			
3. Activity Name:						
PART I – BENEFICIARY INCOME INFORMATION						
A. Income Levels			Total	Percentage		
1. Total number of persons less than or equal to 50% Area Median Income						
2. Total number of persons over 50% not greater than 80% Area Median Income						
3. Total number of persons over 80% Area Median Income						
Total Population						
A. Source(s) for Determining Beneficiary Data:						
PART II – AREA INFORMATION <i>(Skip Part II if this is a direct benefit project)</i>						
A. Indicate whether the completed project was target area(s) specific or community-wide						
<input type="checkbox"/> Target Area(s) <input type="checkbox"/> Community-Wide						
List Census Tract(s) and/or Block Group(s): _____ _____ _____ _____						
B. Provide Latitude/Longitude for the project location at or near geographical center:						
Latitude: _____ Longitude: _____						
PART III – DIRECT BENEFIT DEMOGRAPHIC INFORMATION <i>(Skip Part III if this is an area wide benefit project)</i>						
A. Race and Ethnicity			Total		Hispanic/Latino	
			LMI	Non-LMI	LMI	Non-LMI
1. White						
2. Black/African American						
3. Asian						
4. American Indian/Alaskan Native						
5. Native Hawaiian/Other Pacific Islander						
6. American Indian/Alaskan Native and White						
7. Asian and White						
8. Black/African American and White						
9. American Indian/Alaskan Native and Black/African American						
10. Other multi-racial						
11. Unknown						
Total Persons						
B. Head of Household			LMI		Non-LMI	
1. Female-Headed Households						

OTHER FUNDS SUPPLEMENTAL DOCUMENTATION

Some projects may cost more than is available under the approved NMHC action plan programs. The applicant may propose to use other funds in conjunction with the CDBG-MIT funds. These other funds must be identified and must be available and ready to spend. If these funds involve loans or grants from other local, federal, or private sources, the monies must have already been awarded. To substantiate the immediate availability of the other funds, one of the following items of supporting documentation will be required:

1. Letter and adopted resolution from the local governing body stating the specific source, amount, and location of local cash;
2. A line of credit letter from a financial institution such as a bank stating the amount available as a loan;
3. Specific evidence of funds to be received from a tax or bond election that has already passed; or
4. A letter from another funding agency stating that the funds have been awarded and are currently available for expenditure.

Note: *Attach the supporting documentation to this application.*

AUTHORIZATION

In the event that the NMHC or HUD determines that any funds were expended by the Agency/Developer for unauthorized or ineligible purposes or the expenditures constitute disallowed costs in any other way, then NMHC or HUD may order repayment of the same. The Agency/Developer shall remit the disallowed amount to NMHC within thirty (30) days of written notice of the disallowance.

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I agree to substantially abide by the above budget in the utilization of funds provided under this Intergovernment/Developer Agreement. I certify under penalty of perjury that : (1) the information provided in this Community Development Block Grant Mitigation Project application is true and correct as of this date and that any intentional or negligent misrepresentation may result in civil liability, including monetary damages, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec 1001, et seq.; and (2) the property will not be used for any illegal or prohibited purpose or use.

Organizational Head:	
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Print Name and Official Title

Signature	Date
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NMHC-CDBG-DR Use Only	
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Reviewed by CDBG-DR Compliance Manager:	
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Print Name and Official Title

Signature	Date
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Reviewed by CDBG-DR Project Manager:	
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Print Name and Initials

Signature	Date
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Reviewed by Finance Manager:	
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Print Name and Initials

Signature	Date
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Approved / Rejected by NMHC Corporate Director:	
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Print Name and Official Title

Signature	Date
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