

## SECTION 4 – REQUIRED FORMS

### **RFP #122057 2023 CDBG-CV Public Services Checklist**

To be eligible for CDBG-CV funding, projects must be located in, or provide services to residents of one of the member communities of the Dane County Urban County Consortium (See Appendix A). The funds **must be used to prevent, prepare for, and respond to the COVID-19 pandemic.**

**This form is the coversheet for your proposal response. Please use it to double check that your proposal is complete. Incomplete proposals may be rejected.**

**Please submit all required documents as ONE file and use the following naming convention for your file:**

**RFP#122057ORGANIZATION NAME**

**The following forms have been complete and are attached to the application file:**

- Reviewed the RFP as new changes were implemented including the Application Review Criteria.
- Vendor Information Form
  - Is the Vendor Information Form signed?
- DANE COUNTY APPLICATION FOR 2023 CDBG-CV Public Services
  - Is the Application Form signed?
  - Did you use the format provided by Dane County?
  - Did you complete all question (this includes board member information, financial information and budgets)?
  - Are resumes attached?
  - Is there a complete budget?

Direct all inquiries to Megan Rogan at [rogan.megan@countyofdane.com](mailto:rogan.megan@countyofdane.com)

**SECTION 4 – REQUIRED FORMS – ATTACHMENT A**

|                           |
|---------------------------|
| <b>VENDOR INFORMATION</b> |
|---------------------------|

**VENDOR NAME:** \_\_\_\_\_

| Vendor Information (address below will be used to confirm Local Vendor Preference) |  |                  |  |
|--|--|------------------|--|
| <b>Address</b>   |  |                  |  |
| <b>City</b>  |  | <b>County</b>    |  |
| <b>State</b>   |  | <b>Zip+4</b>     |  |
| <b>Vendor Rep. Name</b>  |  | <b>Telephone</b> |  |
| <b>Title</b>   |  |                  |  |
| <b>Email</b>   |  |                  |  |
| <b>Dane County Vendor #</b>  |  |                  |  |

|   |
|---|
| <b>Local Vendor Preference Does Not Apply To This Bid</b><br><i>(Reference General Guidelines #1.6)</i> |
|---|

|   |
|---|
| <b>Local Content Vendor Preference Does Not Apply To This Bid</b><br><i>(Reference General Guidelines #1.7)</i> |
|---|

| Fair Labor Practice Certification <i>(Reference General Guidelines #1.9)</i>  |
|---|
| <input type="checkbox"/> Vendor has not been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed. |
| <input type="checkbox"/> Vendor has been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed.     |

| Addenda – we hereby acknowledge receipt, review and use of the following addenda, if applicable. |                                      |                                      |                                      |                               |
|--|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Addendum #1   | <input type="checkbox"/> Addendum #2 | <input type="checkbox"/> Addendum #3 | <input type="checkbox"/> Addendum #4 | <input type="checkbox"/> None |

| Signature Affidavit   |
|---|
| <p>In signing this bid, we certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a bid; that this bid has been independently arrived at without collusion with any other bidder, competitor or potential competitor; that this bid has not been knowingly disclosed prior to the opening of bids to any other bidder or competitor; that the above statement is accurate under penalty of perjury.</p> <p>The undersigned, submitting this bid, hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Bid, and declares that the attached bid and pricing are in conformity therewith.</p> |

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

**DANE COUNTY APPLICATION FOR  
2023 CDBG-CV FUNDS: PUBLIC SERVICES**

**APPLICATION SUMMARY**

|  |  |   |
|--|--|---|
| <b>ORGANIZATION NAME</b>   |  |   |
| <b>MAILING ADDRESS</b><br>If P.O. Box, include Street Address on second line |  |   |
| <b>TELEPHONE</b>   |  | <b>LEGAL STATUS</b>   |
| <b>FAX NUMBER</b>  |  | <input type="checkbox"/> Municipality<br><input type="checkbox"/> Private, Non-Profit<br><input type="checkbox"/> Private, For Profit<br><input type="checkbox"/> Other: LLC, LLP, Sole Proprietor<br>Federal EIN: _____<br>Unique Entity Identification Number:<br>_____ |
| <b>NAME CHIEF ADMIN/ CONTACT</b>   |  |   |
| <b>INTERNET WEBSITE (if applicable)</b>                                      |  |   |
| <b>E-MAIL ADDRESS</b>  |  |   |

**PROJECT NAME:** Please list the project for which you are applying.

| PROJECT NAME | PROJECT CONTACT PERSON | PHONE NUMBER | E-MAIL |
|--------------|------------------------|--------------|--------|
|              |                        |              |        |

**FUNDS REQUESTED:** Please list the amount and source of funding for which you are applying.

| TOTAL PROJECT COST | AMOUNT OF CDBG FUNDS REQUESTS | PERCENT OF CDBG FUNDS TO TOTAL PROJECT COST |
|--------------------|-------------------------------|---|
| \$                 | \$                            | \$  |

\_\_\_\_\_  
Signature of Chief Elected Official/Organization Head

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Failure to sign this form may result in the application to be ineligible for funding and may not be scored.**

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

### PROJECT ELIGIBILITY

A. **PROJECT ELIGIBILITY:** Check the appropriate statement below that best describes the service to be offered as part of this application. **(All services are for residents in the Dane County Urban County Consortium excluding the City of Madison as identified in Appendix A. )**

- 1. This is a new service that has not been offered before to residents of Dane County.
- 2. This is an existing service that has been funded with CDBG dollars in 2022.
- 3. This is an existing service that has not been funded with State or local government funds in the 12 months prior to November 15, 2019.
- 4. This is an existing service that has been funded in the 12 months prior to November 15, 2020 with State or local government funds. If this box is checked, complete the following:  
\_\_\_\_\_ Number of units provided in 2021.  
\_\_\_\_\_ Number of units expected to be provided in 2022.  
\_\_\_\_\_ Number of units expected to be provided in 2023.

B. **NATIONAL OBJECTIVE:** Check the appropriate statement (1 or 2) below that best describes the national objective that will be met by this project. If statement 2 is selected, then indicate how the Limited Clientele criteria will be met.

- 1. This is an area benefit activity that is offered to all residents of an area where at least 51% of the residents are low-and-moderate income. The service area is primarily residential in nature.
- 2. This is a limited clientele activity that is targeted to a specific group of persons of which at least 51% are low-and-moderate income. In order to meet the low-and-moderate income Limited Clientele criteria, the project will (check one):
  - Collect information on beneficiary family size and income; **OR**
  - Have income-eligibility requirements that limit the service to persons meeting the low-and-moderate income requirement, as evidenced by the administering agency's procedures, intake/application forms, income limits, and other sources of documentation; **OR**
  - Serve a group primarily presumed to be low-and-moderate income such as abused children, battered spouses, elderly persons, severely disabled adults<sup>1</sup>, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers; **OR**
  - Be of such a nature and in a location that it may be concluded that the activity's clientele are low-and-moderate income, for example a daycare center that is designed to serve residents of a public housing complex.

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<sup>1</sup> Persons are considered severely disabled if they: use a wheelchair or another special aid for 6 months or longer; are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs or walking; needing assistance with activities of daily living (bathing, transferring, toileting, eating) or instrumental activities of daily living (preparing meals, doing light housework, using the phone, keeping track of money or bills); are prevented from working at a job or doing housework; have a selected condition including autism, cerebral palsy, Alzheimer's disease, dementia, or developmental disability; or are under 65 years of age and are covered by Medicare or receive SSI.

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### NEED AND JUSTIFICATION

- C. **PROJECT NEED:** In the space below, the applicant must identify, in detail, a significant increase in demand for existing services or a need for a new service directly as a result of COVID-19; and includes the number of people served pre-COVID-19 vs. the number proposed or currently served. Project clearly addresses needs resulting from COVID-19 or measures implemented to prevent, prepare for, and respond to the COVID-19 pandemic.

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

### BENEFICIARIES

- D. **POPULATION TO BE SERVED:** In the space below, provide a brief description of the population that will benefit from this project. **(All services are for residents in the Dane County Urban County Consortium excluding the City of Madison as identified in Appendix A)**

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

E. **LOW-AND-MODERATE INCOME BENEFIT:** In the space below, describe the efforts that will be taken to assure that at least 51% of the beneficiaries are low-and-moderate income.

F. **GEOGRAPHIC SERVICE AREA:** In the space below, provide a brief description of the location(s) where the project or services will take place. Maps may be included as separate attachments.

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- G. **Urban County Consortium (UCC-Appendix A):** Persons served by this project must reside OUTSIDE the City of Madison. Explain specifically how your organization will track beneficiary information in order to ensure that those served reside in the UCC (and not the City of Madison)?



## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

### PROJECT APPROACH

H. **PROJECT DESCRIPTION:** In the space below, describe what the program will do; how it will be implemented, operated, and administered within a realistic time period; how it will be provided; and how low-income participants will access services.

The description should include:

1. A description of the work that will be undertaken to address the identified problem related to preventing, preparing for, and responding to the COVID-19 pandemic.
2. A work plan for how the program will be organized, implemented, operated, and administered, and the timeline and milestones from initiation to completion.
3. Partnerships identified that have been or will be formed to ensure the success of the project.
4. Include information regarding the referral/application process, eligibility criteria, capacity, and waiting list process.



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J. **OUTREACH AND MARKETING INITIATIVES:** In the space below, provide a description of the outreach and marketing initiatives that will be undertaken to inform potential participants of the project, eligibility criteria, and method(s) by which they may participate.

K. **OUTCOMES/PROPOSED ACCOMPLISHMENTS:** Provide information regarding the unduplicated number of people to be served **OR** the number of unduplicated families to be served **OR** if this is a housing related program, the number of households to be served. For transportation programs, also provide the number of rides or one-way trips to be provided using the CDBG funds.

- \_\_\_\_\_ Number of unduplicated people to be served **OR**
- \_\_\_\_\_ Number of unduplicated families to be served. **OR**
- \_\_\_\_\_ Number of households to be served. (Housing programs only)
- \_\_\_\_\_ Number of rides (one-way trips) to be provided. (Transportation programs only).

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L. **OTHER NARRATIVE REGARDING OUTCOMES/PROPOSED ACCOMPLISHMENTS:** In the space that follows, please answer the following questions:

1. Provide a description of the outcomes or expected benefits of this project for the population to be served.
2. Is this a new or an existing program?
3. Describe the risks to undertaking this project and your plans to address them.
4. Will this project involve the displacement of families, households, partnerships, businesses, etc. from their homes or businesses? If yes, describe the notices and assistance your organization expects to provide and the amount of funds allocated to do so.

## SECTION 4– REQUIRED FORMS – ATTACHMENT B

### EXPERIENCE AND QUALIFICATIONS

M. **EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of your organization related to the proposed project.

N. **SERVICE IMPROVEMENT:** Describe any recent initiatives or best practices, programmatically or administratively, that have improved your organization's ability to deliver services.

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- O. **STAFF EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualification of key staff to be assigned to the project. Be sure to **attach resumes for key staff** to the application.

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

**P. PERSONNEL SCHEDULE**

Please complete the Personnel Schedule for all staff who will be assigned to this project.

- Column 1) Each individual staff position by title.
- Column 2) Indicate the full time equivalent (FTE) of each position in the noted year.
- Column 3) Indicate the estimated total salary for that staff position for noted year.
- Column 4) indicate the estimated number of hours that this staff person will work on this project.
- Column 5) For each staff person whose time will be charged to this project, please indicate the amount of funds being requested for this individual through the CDBG Program. Do not include payroll taxes or benefits in this table.

| 1) POSITION TITLE | 2023 ESTIMATED |                 | CDBG-FUNDED                        |                                   |
|-------------------|----------------|-----------------|------------------------------------|-----------------------------------|
|                   | 2) FTE         | 3) TOTAL SALARY | 4) ESTIMATED HOURS ON THIS PROJECT | 5) CDBG – FUNDED AMOUNT OF SALARY |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |

Q. **LIST PERCENT OF STAFF TURNOVER \_\_\_\_\_%** Divide the number of resignations or terminations in calendar year 2021 by the total number of budgeted positions. Do not include seasonal positions. Explain if you had 20% or more turnover in a certain staff position/category. Discuss any other noteworthy staff retention issues, or policies to reduce staff turnover.

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R. **AGENCY/ORGANIZATION GOVERNING BODY:** How many Board meetings has your governing body or Board of Directors scheduled for 2022? \_\_\_\_\_

Please list your current Board of Directors or your organization's governing body. Include names, addresses, primary occupation and board office held. If you have more members, please copy this page.

|                               |                            |                                    |                       |                            |                          |
|-------------------------------|----------------------------|------------------------------------|-----------------------|----------------------------|--------------------------|
| <b>Board President's Name</b> |                            | <b>Board Vice-President's Name</b> |                       | <b>Name</b>                |                          |
| <b>Home Address</b>           |                            | <b>Home Address</b>                |                       | <b>Home Address</b>        |                          |
| <b>Occupation</b>             |                            | <b>Occupation</b>                  |                       | <b>Occupation</b>          |                          |
| <b>Representing</b>           |                            | <b>Representing</b>                |                       | <b>Representing</b>        |                          |
| <b>Term of Office</b>         | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY)           | <b>Term of Office</b> | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) |
|                               |                            |                                    |                       |                            |                          |
| <b>Board Secretary's Name</b> |                            | <b>Board Treasurer's Name</b>      |                       | <b>Name</b>                |                          |
| <b>Home Address</b>           |                            | <b>Home Address</b>                |                       | <b>Home Address</b>        |                          |
| <b>Occupation</b>             |                            | <b>Occupation</b>                  |                       | <b>Occupation</b>          |                          |
| <b>Representing</b>           |                            | <b>Representing</b>                |                       | <b>Representing</b>        |                          |
| <b>Term of Office</b>         | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY)           | <b>Term of Office</b> | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) |
|                               |                            |                                    |                       |                            |                          |
| <b>Name</b>                   |                            | <b>Name</b>                        |                       | <b>Name</b>                |                          |
| <b>Home Address</b>           |                            | <b>Home Address</b>                |                       | <b>Home Address</b>        |                          |
| <b>Occupation</b>             |                            | <b>Occupation</b>                  |                       | <b>Occupation</b>          |                          |
| <b>Representing</b>           |                            | <b>Representing</b>                |                       | <b>Representing</b>        |                          |
| <b>Term of Office</b>         | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY)           | <b>Term of Office</b> | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) |
|                               |                            |                                    |                       |                            |                          |
| <b>Name</b>                   |                            | <b>Name</b>                        |                       | <b>Name</b>                |                          |
| <b>Home Address</b>           |                            | <b>Home Address</b>                |                       | <b>Home Address</b>        |                          |
| <b>Occupation</b>             |                            | <b>Occupation</b>                  |                       | <b>Occupation</b>          |                          |





**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

**S. STAFF/BOARD/VOLUNTEERS DESCRIPTORS:** For your organization's **2022** staff, board and volunteers, indicate by number and percentage the following characteristics.

| DESCRIPTOR                       | STAFF  |             | BOARD  |             | VOLUNTEER |             |
|----------------------------------|--------|-------------|--------|-------------|-----------|-------------|
|                                  | Number | Percent     | Number | Percent     | Number    | Percent     |
| <b>TOTAL</b>                     |        | <b>100%</b> |        | <b>100%</b> |           | <b>100%</b> |
| <b>GENDER IDENTITY</b>           |        |             |        |             |           |             |
| GENDER:                          |        |             |        |             |           |             |
| GENDER:                          |        |             |        |             |           |             |
| GENDER:                          |        |             |        |             |           |             |
| GENDER:                          |        |             |        |             |           |             |
| <b>AGE</b>                       |        |             |        |             |           |             |
| LESS THAN 18 YRS                 |        |             |        |             |           |             |
| 18 – 59 YRS                      |        |             |        |             |           |             |
| 60 AND OLDER                     |        |             |        |             |           |             |
| <b>RACE</b>                      |        |             |        |             |           |             |
| WHITE                            |        |             |        |             |           |             |
| BLACK                            |        |             |        |             |           |             |
| HISPANIC                         |        |             |        |             |           |             |
| NATIVE AMERICAN                  |        |             |        |             |           |             |
| ASIAN / PACIFIC ISLANDER         |        |             |        |             |           |             |
| MULTI-RACIAL                     |        |             |        |             |           |             |
| <b>ETHNICITY</b>                 |        |             |        |             |           |             |
| HISPANIC                         |        |             |        |             |           |             |
| NON-HISPANIC                     |        |             |        |             |           |             |
| <b>PERSONS WITH DISABILITIES</b> |        |             |        |             |           |             |

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

**FINANCIAL INFORMATION**

T. **ORGANIZATION BUDGET. 2022 and 2023 Proposed Budget.** Identify the 2022 and proposed 2023 budget for your *entire* organization by source and use of revenue. (You may change row headings to make them applicable to your organization.) .

| <b>ACCOUNT CATEGORY</b><br><b>Source</b> | <b>2022</b><br><b>REVENUE</b><br><b>SOURCE</b><br><b>TOTAL</b> | <b>PERSONNEL</b> | <b>OPERATING</b> | <b>SPACE</b> | <b>SPECIAL</b><br><b>COSTS</b> |
|--|--|------------------|------------------|--------------|--------------------------------|
| DANE CO HUMAN SERV                       |  |                  |                  |              |                                |
| DANE CO CDBG                             |  |                  |                  |              |                                |
| MADISON COMM SERV                        |  |                  |                  |              |                                |
| MADISON CDBG                             |  |                  |                  |              |                                |
| UNITED WAY ALLOC                         |  |                  |                  |              |                                |
| UNITED WAY DESIG                         |  |                  |                  |              |                                |
| OTHER GOVT                               |  |                  |                  |              |                                |
| FUND RAISING                             |  |                  |                  |              |                                |
| USER FEES                                |  |                  |                  |              |                                |
| OTHER                                    |  |                  |                  |              |                                |
| TOTAL                                    |  |                  |                  |              |                                |

| <b>ACCOUNT CATEGORY</b><br><b>Source</b> | <b>2023</b><br><b>REVENUE</b><br><b>SOURCE</b><br><b>TOTAL</b> | <b>PERSONNEL</b> | <b>OPERATING</b> | <b>SPACE</b> | <b>SPECIAL</b><br><b>COSTS</b> |
|--|--|------------------|------------------|--------------|--------------------------------|
| DANE CO HUMAN SERV                       |  |                  |                  |              |                                |
| DANE CO CDBG                             |  |                  |                  |              |                                |
| MADISON COMM SERV                        |  |                  |                  |              |                                |
| MADISON CDBG                             |  |                  |                  |              |                                |
| UNITED WAY ALLOC                         |  |                  |                  |              |                                |
| UNITED WAY DESIG                         |  |                  |                  |              |                                |
| OTHER GOVT                               |  |                  |                  |              |                                |
| FUND RAISING                             |  |                  |                  |              |                                |
| USER FEES                                |  |                  |                  |              |                                |
| OTHER                                    |  |                  |                  |              |                                |
| TOTAL                                    |  |                  |                  |              |                                |

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- U. **2023 COST EXPLANATION** *(Complete only if significant financial changes are anticipated between 2022 and 2023.)* Explain specifically, by revenue source and/or account category, any noteworthy change in the 2023 request. For example, unusual cost increase, program expansion, Living Wage requirements, or loss of revenue.
- V. **OTHER SOURCES OF FUNDS LEVERAGED:** Describe the sources and amounts of any funds that will be contributed by your organization and through other funding sources for this project in the space below.

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

W. **FUNDS NEEDED:** In the space below, please describe why CDBG funds are needed to ensure the viability of this project.

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

### X. DETAILED PROJECT BUDGET

Following the description of allowable costs that may be charged to the CDBG Program is the Project Budget. Items not detailed on the list of allowable costs may not be charged. Complete the budget identifying the amount and source of all funds and their uses. Use additional pages as necessary. An Excel file may be submitted in lieu of this Project Budget provided that it contains all of the same column and row headers.

**Column 1** TOTAL PROJECT BUDGET. This is the total amount budgeted for this project.

**Column 2** CDBG FUNDED. This is the County CDBG funded portion of the total project budget.

**Column 3 & 4** Please identify the source and use of other funds being used for this project.

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

**CDBG Allowable Activity Costs**

| Item   |  | Activity Related Costs |
|--|--|------------------------|
| <b>a. Activity Hard Costs</b>                                    |  |                        |
| 1.   | These are detailed in the program standards and defined under 24 CFR 570.201, 202, 203, and 204. Depending on the activity this may include: acquisition; disposition; clearance and remediation activities; acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements; public services; homeownership assistance; economic development, etc.   | X                      |
| <b>b. Activity Personnel Costs</b>                               |  |                        |
| 2.   | Staff and overhead costs <b>DIRECTLY</b> related to carrying out the activity specified in 24 CFR 570.201-204, such as providing direct services to consumers, work specifications preparation, loan processing inspections, and other services related to assisting potential clients, owners, tenants, and homebuyers. This may include staff time spent supervising staff who are carrying out the activities specified in 24 CFR 570.201-204 when that time is spent addressing a direct consumer, service, or property issue. It does not include supervisory time spent on such functions as employee evaluations. | X                      |
| <b>c. Related Soft Costs/Operating Costs</b>                     |  |                        |
| 3.   | <b>PUBLIC SERVICES ONLY:</b> Operating and maintenance expenses associated with public service activities, interim assistance, and office space for program staff employed in carrying out the CDBG program. <sup>2</sup> 24 CFR 570.207 (b) (2)   | X                      |
| 4.   | Architectural, engineering, or related professional services required to prepare plans, drawings, specifications, or work write-ups.   | X                      |
| 5.   | Costs to process and settle the financing for a project, such a private lender origination fees, credit reports, fees for title evidence, fees for recordation and filing of legal documents, building permits, attorneys fees, private appraisal fees, and fees for an independent cost estimate, builders or developers fees.  | X                      |
| 6.   | Costs of a project audit   | X                      |
| 7.   | Costs to provide activity related information services, such as affirmative marketing and fair housing information to prospective homeowners and tenants.  | X                      |
| 8.   | Impact fees that are charged to all projects within Dane County.   | X                      |
| 9.   | Environmental Reviews.   | X                      |
| <b>d. Relocation costs for persons displaced by the project.</b> |  |                        |
| 10.  | Relocation payments – replacement housing payments, moving expenses, and payments for reasonable out-of-pocket costs incurred in the relocation of persons.  | X                      |
| 11.  | Other relocation assistance – staff and overhead costs directly related to providing advisory and other relocation services to persons displaced by the project, including timely written notices to occupants, referrals to comparable and suitable replacement property, property inspections, counseling, and other assistance necessary to minimize hardship assistance.   | X                      |

<sup>2</sup> For example the use of CDBG funds to pay the allocable costs of operating and maintaining a facility used in providing a public service would be eligible under 570.201 (e), even if no other costs of providing such a service are assisted with such funds. 24 CFR 570.207 (b) (2).

**SECTION 6 – REQUIRED FORM – ATTACHMENT A**

**Detailed Project Budget**

Include the dollar amount and all sources of funding for the project.

| Line Item                             | Total Project Budget<br>(B+C+D) | CDBG-Funded Project Costs<br>(B) | Source C: | Source D: |
|---------------------------------------|---------------------------------|----------------------------------|-----------|-----------|
| <b>A. Personnel</b>                   |                                 |                                  |           |           |
| Salaries                              |                                 |                                  |           |           |
| Taxes                                 |                                 |                                  |           |           |
| Benefits                              |                                 |                                  |           |           |
| Subtotal Personnel                    |                                 |                                  |           |           |
| <b>B. Operating</b>                   |                                 |                                  |           |           |
| Insurance                             |                                 |                                  |           |           |
| Professional Fees                     |                                 |                                  |           |           |
| Audit                                 |                                 |                                  |           |           |
| Data Processing                       |                                 |                                  |           |           |
| Postage, Office, and Program Supplies |                                 |                                  |           |           |
| Equipment/Furnishings                 |                                 |                                  |           |           |
| Depreciation                          |                                 |                                  |           |           |
| Telephone                             |                                 |                                  |           |           |
| Training/Conference                   |                                 |                                  |           |           |
| Food/Household Supplies               |                                 |                                  |           |           |
| Auto Allowance                        |                                 |                                  |           |           |
| Vehicle Costs                         |                                 |                                  |           |           |
| Other 1:                              |                                 |                                  |           |           |
| Other 2:                              |                                 |                                  |           |           |
| Subtotal Operating                    |                                 |                                  |           |           |
| <b>C. Space</b>                       |                                 |                                  |           |           |
| Rent                                  |                                 |                                  |           |           |
| Utilities                             |                                 |                                  |           |           |
| Maintenance                           |                                 |                                  |           |           |
| Mortgage Interest, Depreciation       |                                 |                                  |           |           |
| Property Taxes                        |                                 |                                  |           |           |
| Subtotal Space                        |                                 |                                  |           |           |
| <b>D. Other Activity Costs</b>        |                                 |                                  |           |           |
| Assistance to Individuals             |                                 |                                  |           |           |
| Other 1:                              |                                 |                                  |           |           |
| Other 2:                              |                                 |                                  |           |           |
| Subtotal Special Costs                |                                 |                                  |           |           |
| <b>TOTAL</b>                          |                                 |                                  |           |           |