

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION
FISCAL YEAR 2019-2020

Agency & Project Summary Information	
I. Contact Information (If application is completed by a Collaborative, provide the contact information for the lead entity only)	
Agency/Organization Housing Corporation of Arlington	Project Name HCA Capital Improvements continuation
Contact Pam Hallett	Title Executive Director
Mailing Address 252 Massachusetts Ave Arlington, MA 02474	Project Location 252,258-260 Mass Ave Arlington, MA 02474
Email phallett@housingcorporarlington.org	Phone 781 859-5211
Anticipated Start Dates July 20, 2019	Anticipated End Dates September 30 2019
Amount of Request 200,000	Registered on SAM.gov? yes (all applicants must be registered here to receive federal funding)
Please Identify the Type of Organization Applying for Funds (<i>Note: More than one may apply</i>) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <input checked="" type="checkbox"/> 501(c)3 </div> <div style="width: 20%;"> <input type="checkbox"/> For-profit authorized under 570.201(o) </div> <div style="width: 20%;"> <input type="checkbox"/> Faith-based Organization </div> <div style="width: 20%;"> <input type="checkbox"/> Unit of Government </div> <div style="width: 20%;"> <input type="checkbox"/> Institution of Higher Education </div> </div>	
Determining Eligibility This project/activity must meet ONE of the HUD National Objectives listed below. Please check ONE box below. <div style="margin-top: 10px;"> <input type="checkbox"/> Low/Moderate Income Area Benefit (LMA): the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on page 6 in part I, to determine if your activity is located within an eligible area. <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Census Tract and Block:</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Low/Moderate Limited Clientele (LMC): the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Low/Moderate Housing (LMH): The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Slum or Blighted Area (SBA): the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Spot Blight (SBS): the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. </div>	
Does your program benefit any of the following? <div style="margin-top: 5px;"> <input type="checkbox"/> Abused children <input checked="" type="checkbox"/> Elderly persons (age 62 and older) <input checked="" type="checkbox"/> Battered spouses <input checked="" type="checkbox"/> Homeless persons <input type="checkbox"/> Severely disabled adults (as defined by Bureau of Census*) <input type="checkbox"/> Illiterate adults <input type="checkbox"/> Persons living with AIDS <input type="checkbox"/> Migrant farm workers <input type="checkbox"/> Other (please specify): </div>	DUNS #: <div style="margin-top: 20px;">(Note: All entities receiving federal assistance are required to have a DUNS #)</div> <div style="margin-top: 5px;">849577213</div>

II. General Description

1. Brief Project Description (please avoid using abbreviations)

To continue HCA's Capital Improvement Program by replacing a two roofs, siding one or two buildings, other improvements

2. Consolidated Plan Goals and Objectives

*Maximize Affordable housing opportunities by creating and preserving affordable rental and homeownership housing.

- Improve housing conditions through the operation of housing rehabilitation programs.

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

Town Wide

III. Attachments

The following attachments must accompany this proposal:

- 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- One (1) copy of agency's most recent financial audit
- One (1) copy; MA Certificate of Good Standing

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies.

N/A

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

This project is a continuation of HCA's capital improvements projects on the portfolio to maintain and improve Arlington's affordable housing inventory to house low income households in safe sanitary conditions.

1. b) Will all clients be residents of Arlington? If not, please provide a percentage of non-Arlington residents.

Yes all clients will be residents of Arlington.

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

The capital improvements will be negotiated, overseen, managed and administrated by HCA staff with the expertise to accomplish the work.

HCA staff work and live in the Arlington community so are very familiar with the community need.

The population are currently HCA tenants occupying the units or will become HCA tenants after completion of the proposed work.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

NO.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program:
\$10,000 funding request /100 people served= \$100/person.

$200000/12=\$16666.67$

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

Yes, we will be leveraging funding from other sources such as the capital reserves of each building

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funding after one year? After a few years?

Yes, there should be no need for future CDBG funding for this particular project.

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

No but the service is not available from any other provider

Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
	200000	50000	250000
Other:			
TOTAL PROPOSED BUDGET	200000	50000	250000

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction	200000	50000	250000
Acquisition			
Appraisals			
Design			
TOTAL PROPOSED BUDGET			

**Summary of Other Funding - please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)*

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:	capital reserves	50000	committed
Other:			
Total:		50000	

MEASURING ACCOMPLISHMENTS TABLE

PLEASE AVOID ABBREVIATIONS

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program
HCA units are older buildings which need upgrades such a new roofs, new siding, upgraded electric, etc	Hire contractors to replace roofing, installing new improved siding, and install upgraded electric	Staff time and skills to administer the program, negotiate the scope of work, the bids, oversee the work.	Skilled staff enable the organization to accomplish its mission of creating housing for low and moderate income households.	Safe, secure, sanitary affordable units	ST immediate improvements to existing affordable housing units so they are safe secure and sanitary dwelling units LT Insure the long term viability of the affordable housing portfolio by maintaining th units in a safe sanitary and secure manner.

Nationally Reportable Outputs

Please indicate the number of outputs expected

Businesses Assisted	9	Persons Served	12
Households Assisted	6	Jobs Created	3

FISCAL YEAR 2019-2020

Agency & Project Summary Information	
I. Contact Information (If application is completed by a Collaborative, provide the contact information for the lead entity only)	
Agency/Organization Housing Corporation of Arlington	Project Name Solar Panels
Contact Pam Hallett	Title Executive Director
Mailing Address 252 Massachusetts Ave Arlington, MA 02474	Project Location 252,258-260 Mass Ave Arlington, MA 02474
Email phallett@housingcorporation.org	Phone 781 859-5211
Anticipated Start Dates July 20, 2019	Anticipated End Dates September 30 2019
Amount of Request 150,000	Registered on SAM.gov? yes (all applicants must be registered here to receive federal funding)
Please Identify the Type of Organization Applying for Funds (<i>Note: More than one may apply</i>)	
<input checked="" type="checkbox"/> 501(c)3 <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Unit of Government <input type="checkbox"/> Institution of Higher Education	
Determining Eligibility	
This project/activity must meet ONE of the HUD National Objectives listed below. Please check ONE box below.	
<input type="checkbox"/> Low/Moderate Income Area Benefit (LMA): the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on page 6 in part I, to determine if your activity is located within an eligible area.	
<div style="border: 1px solid black; padding: 5px; min-height: 30px;">Census Tract and Block:</div>	
<input type="checkbox"/> Low/Moderate Limited Clientele (LMC): the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.	
<input checked="" type="checkbox"/> Low/Moderate Housing (LMH): The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.	
<input type="checkbox"/> Slum or Blighted Area (SBA): the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.	
<input type="checkbox"/> Spot Blight (SBS): the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.	
Does your program benefit any of the following? <input type="checkbox"/> Abused children <input checked="" type="checkbox"/> Elderly persons (age 62 and older) <input checked="" type="checkbox"/> Battered spouses <input checked="" type="checkbox"/> Homeless persons <input checked="" type="checkbox"/> Severely disabled adults (as defined by Bureau of Census*) <input type="checkbox"/> Illiterate adults <input type="checkbox"/> Persons living with AIDS <input type="checkbox"/> Migrant farm workers <input type="checkbox"/> Other (please specify):	DUNS #: (Note: All entities receiving federal assistance are required to have a DUNS #) 849577213

II. General Description

1. Brief Project Description (please avoid using abbreviations)

To purchase and install solar panels on the roof of HCA Capitol Square Apartments with the intention of producing enough electricity to support the electric needs in the public areas of nine of HCA's properties as well as to provide some of the electric needs of our tenants at 20 Westminster .

2. Consolidated Plan Goals and Objectives

- *Maximize Affordable housing opportunities by creating and preserving affordable rental and homeownership housing.
- * Improve housing conditions through the operation of housing rehabilitation programs.
- *Coordinate efforts with regional homeless providers to assist in the stabilization of individuals and families at risk of homelessness.

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

Town Wide

III. Attachments

The following attachments must accompany this proposal:

- 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- One (1) copy of agency's most recent financial audit
- One (1) copy; MA Certificate of Good Standing

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies.

Holy Sage KRP LLC (owner entity of 20 Westminster)

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) **Community Need:** Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

This project make HCA's affordable housing inventory more affordable by supplying electricity to parts of our portfolio reducing the tenant electric costs and providing consistently lowered electric costs for lighting, heating, hot water and cooking.

This project will assist HCA's elderly, homeless, formerly homeless, and victims of domestic violence tenants living on a restricted incomes.

1. b) Will all clients be residents of Arlington? If not, please provide a percentage of non-Arlington residents.

Yes all clients will be residents of Arlington.

2. **Resources & Capacity:** Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

HCA has solicited bids for the work from three solar companies and has a consulting arrangement with an expert in solar and in the new Mass Save program who will evaluate the proposals and make recommendations for the best proposal and work with HCA to go through the Mass Save Program and to assist in setting up the ownership structure for HCA and our tenants to gain the greatest electrical output from the work.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

The consultant we are using is an Arlington resident and one of the firm's proposing work is from an Arlington firm.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

\$160,000/85 tenant households = 1882.35 /10 years= 188.24 per person.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

Yes, we will be leveraging Solar tax credits from the purchase of the panels which we will sell to our investors. I don't have the amount of the sales at this time.

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funding after one year? After a few years?

YEs, there should be no need for future CDBG funding for this project.

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

It is new and is not currently available from another provider.

Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction	150000	15000	165000
Acquisition			
Appraisals			
Design			
	150000	15000	165000
TOTAL PROPOSED BUDGET			

**Summary of Other Funding - please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)*

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:	solar tax credits	15000	pending
Total:			

MEASURING ACCOMPLISHMENTS TABLE

PLEASE AVOID ABBREVIATIONS

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program
high electric costs for low income tenants	install solar panels to generate electricity to share with HCA tenants to reduce costs for heating, lighting hot water and cooking.	Staff hours and expertise will over see the project, proceeds of the sale of solar tax credits to pay for part of the project	The staff hours move HCA towards the maintenance of lower costs for housing for low income tenants. The cash generated by the solar tax credits enlists investors in HCA's mission of providing affordable housing	Generation of electricity	ST generation of electricity to lower costs to low income tenants. LT the ongoing generation of electricity to maintain lower electric cost for tenants for heating, lights, cooking and hot water

Nationally Reportable Outputs

Please indicate the number of outputs expected

Businesses Assisted	2	Persons Served	99
Households Assisted	85	Jobs Created	2

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION
FISCAL YEAR 2019-2020

Agency & Project Summary Information	
I. Contact Information (If application is completed by a Collaborative, provide the contact information for the lead entity only)	
Agency/Organization Town of Arlington/ Home Rehab Loan Program	Project Name Home Rehabilitation Loan Program
Contact Jack Jones	Title Director of Housing & Disability Programs
Mailing Address 20 Academy St., Ste. # 202, Arlington, Ma. 02476	Project Location Same as Mailing Address
Email jjones@town.arlington.ma.us	Phone 781-454-9727
Anticipated Start Dates July 1, 2019	Anticipated End Dates June 30, 2020
Amount of Request 165,000.00	Registered on SAM.gov? (all applicants must be registered here to receive federal funding)
Please Identify the Type of Organization Applying for Funds (<i>Note: More than one may apply</i>) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <input type="checkbox"/> 501(c)3 under 570.201(o) </div> <div style="width: 30%;"> <input type="checkbox"/> For-profit authorized Organization </div> <div style="width: 30%;"> <input type="checkbox"/> Faith-based Organization </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Unit of Government </div> <div style="width: 30%;"> <input type="checkbox"/> Institution of Higher Education </div> </div>	
Determining Eligibility This project/activity must meet ONE of the HUD National Objectives listed below. Please check ONE box below.	
<input type="checkbox"/> Low/Moderate Income Area Benefit (LMA): the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on page 6 in part I, to determine if your activity is located within an eligible area.	
<div style="border: 1px solid black; height: 20px; margin-top: 10px;"></div>	
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<input checked="" type="checkbox"/> Low/Moderate Housing (LMH): The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.	
<input type="checkbox"/> Slum or Blighted Area (SBA): the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.	
<input type="checkbox"/> Spot Blight (SBS): the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.	
Does your program benefit any of the following? <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Abused children <input checked="" type="checkbox"/> Elderly persons (age 62 and older) <input type="checkbox"/> Battered spouses <input type="checkbox"/> Homeless persons <input type="checkbox"/> Severely disabled adults (as defined by Bureau of Census*) <input type="checkbox"/> Illiterate adults <input type="checkbox"/> Persons living with AIDS <input type="checkbox"/> Migrant farm workers <input type="checkbox"/> Other (please specify): </div>	DUNS #: <div style="border: 1px solid black; padding: 5px; text-align: center;">073802126</div> <p style="font-size: small;">(Note: All entities receiving federal assistance are required to have a DUNS #)</p>

II. General Description

1. Brief Project Description (please avoid using abbreviations)

Funding for this project will improve and upgrade the living conditions for low and moderate income homeowners by providing financial assistance in the form of low interest loans in addition to technical assistance. This project will correct building code violations that could be detrimental to the health and safety of the occupants.

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

This project will provide assistance Town wide.

III. Attachments

The following attachments must accompany this proposal:

- 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- One (1) copy of agency's most recent financial audit
- One (1) copy; MA Certificate of Good Standing

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies.

This project is not being submitted on behalf of a collaborative.

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals should be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

To improve and upgrade housing within the Town for low and moderate income residents.

1. b) Will all clients be residents of Arlington? If not, please provide a percentage of non-Arlington residents.

All clients served will be residents of Arlington.

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

The staff that will work on this project will consist of 1 technical person at 25% time and 1 Intake/Outreach worker also at 25% time.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

This project does not involve new or existing partnerships with any other service provider.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program:
 $\$10,000 \text{ funding request} / 100 \text{ people served} = \$100/\text{person}.$

\$123,466 is being requested for construction work with \$41,534 being requested for wages and health insurance. The program estimates that 10 rehab. jobs at approximately \$12,300 each will be completed.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

No other funds have been leveraged for this project.

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funding after one year? After a few years?

As long as there are income eligible tenants and homeowners in need of financial assistance to upgrade their housing there will be a need for this project.

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

No

Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Without this project low and moderate income tenants and homeowners may not be able to obtain financing through traditional lending institutions. In addition technical assistance is provided to each client that will eliminate the chance of shorty workmanship.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)	\$35,895		\$35,895
Health Ins.	\$5,639.00		\$5639.00
Other:			
TOTAL PROPOSED BUDGET	\$41,534		\$41,534

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction	\$123,466.00		\$123,466.00
Acquisition			
Appraisals			
Design			
TOTAL PROPOSED BUDGET	\$123,466.00		\$123,466.00

**Summary of Other Funding - please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)*

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

MEASURING ACCOMPLISHMENTS TABLE

PLEASE AVOID ABBREVIATIONS

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program
Correct violations of building codes.		Two staff to review bid proposals, quality control work and marketing the program.	Reduce blight and improve safety of residents.	To Improve the living conditions for households assisted.	Short Term will provide rehabilitation assistance to approximately 10 homes. Long term to continue to provide housing assistance to Arlington's low and moderate income residents.

Nationally Reportable Outputs

Please indicate the number of outputs expected

Businesses Assisted		Persons Served	10
Households Assisted		Jobs Created	

Arlington Home Rehabilitation Loan Program
CDBG Application 2019-2020

1. a) Community Need

Although the Town of Arlington has become more affluent in recent years, there is still a need for the Rehabilitation Program. There are many elderly, single parent, and moderate and fixed income households, who are able to take advantage of our program to repair and improve their properties. By aiding and correcting detrimental conditions we are at the same time improving Arlington's housing stock.

