

COMMUNITY DEVELOPMENT PROGRAM

Ranking # _____

Luzerne County, Pennsylvania

Municipal Capital Improvement Project Grant

LOCAL NEEDS QUESTIONNAIRE FOR PROPOSED ACTIVITIES

This questionnaire is to be completed, indicating your community's priority Community Development project. The proposed activity will be considered as a priority need, and will be used in planning of future Community Development programs. This form must be completed and returned to the Luzerne County Office of Community Development (54 West Union Street, Wilkes-Barre, PA 18701) no later than (Dependent on Funding) IF THE PROJECT MUST QUALIFY AS A LOW TO MODERATE INCOME BENEFICIARY ACTIVITY, THE ELIGIBILITY MUST BE DETERMINED PRIOR TO SUBMITTING THE APPLICATION.

PLEASE NOTE: A SEPARATE LOCAL NEEDS QUESTIONNAIRE SHOULD BE COMPLETED FOR EACH PRIORITY ACTIVITY. IF SUBMITTING MULTIPLE APPLICATIONS PLEASE RANK YOUR PRIORITIES. ALL APPLICATIONS MUST INCLUDE A RESOLUTION DULY ADOPTED BY THE APPLICANT'S GOVERNING BODY FORMALLY REQUESTING THE GRANT AND IDENTIFYING THE GRANT AMOUNT.

APPLICANT:

ADDRESS:

TELEPHONE NUMBER:

Contact Person:

BRIEFLY DESCRIBE THE PROPOSED PROJECT, ATTACHING ADDITIONAL PAGE, IF NECESSARY:

PROJECT LOCATION AND SERVICE AREA (SEE ATTACHED GUIDELINES):

A copy of a municipal map outlining the boundaries of the service area must be attached.

Describe below the area and people who will benefit from this project, and how they will benefit.

Provide below written justification to explain how the municipality determined the above described boundaries of the service area and the people who will benefit from the project.

ESTIMATED COST AND SOURCES OF FUNDING:

Community Development Funds Allocation Approximation \$
(To be determined contingent upon project eligibility)
Local Revenues \$
Other Federal or State Grants \$
Other Funding (Clarify Source: _____) \$

TOTAL ESTIMATED COST OF PROJECT: \$

WHAT IS THE SOURCE OF YOUR COST ESTIMATES?

IF THE PROJECT INVOLVES PUBLIC IMPROVEMENTS, HAS ARCHITECTURAL/ENGINEERING WORK BEEN INITIATED? ____ YES ____ NO

IF YES, STATE PERCENTAGE OF COMPLETION ____% AND COST \$_____

Note: Design costs are an eligible expense if a valid RFP process is completed.

DOES THE PROJECT REQUIRE ACQUISITION? ____ YES ____ NO

HAVE OPTIONS BEEN OBTAINED? ____ YES ____ NO

WILL CONDEMNATION BE REQUIRED? ____ YES ____ NO

COMMENTS, IF ANY:

DOES THE PROJECT REQUIRE RELOCATION? ____ YES ____ NO

IF YES, NUMBER OF FAMILIES _____, OWNERS _____, TENANTS _____.

NUMBER OF INDIVIDUALS _____, OWNERS _____, TENANTS _____.

NUMBER OF INDIVIDUALS _____, OWNERS _____, TENANTS _____.

NUMBER AND TYPE OF BUSINESSES:

DOES THE PROJECT REQUIRE DEMOLITION? ____ YES ____ NO

IF YES, NUMBER OF RESIDENTIAL STRUCTURES _____, NON-RESIDENTIAL STRUCTURES _____.

NUMBER OF DWELLING UNITS _____

ESTIMATED SCHEDULE FOR COMPLETION OF PROJECT:

Commence Work _____

Complete Work* _____

*Project must be completed within 1 year from the date of approval.
(Waivers will be considered on a case-by-case basis when the scope of work cannot realistically be completed in 1 year)

ADDITIONAL COMMENTS (USE REVERSE SIDE, IF NECESSARY):

SIGNATURE: _____ DATE: _____

TYPED NAME AND TITLE OF ABOVE: _____

CONTACT PERSON AND PHONE NUMBER AFTER OFFICE HOURS (Only needed if the Municipality does not maintain regular office hours.): _____