

PY2017 APPLICATION CYCLE

Community Development Block Grant

Public Facilities

Acquisition, Construction, and Renovation



CDBG PROGRAM OFFICE

121 Haynes Street

Marietta, GA 30060

APPLICATION FOR CITY OF MARIETTA



Program Year 2017

Community Development Block Grant
Submission Requirements



2017 Public Facilities Grant Application Instructions COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

INTRODUCTION

The United States Department of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) program provides communities with resources to address a wide range of unique community development needs. The CDBG Program provides annual grants on a formula basis to Entitlement Communities as a means to support viable communities by providing decent housing, a suitable living environment, and opportunities to expand economic opportunities, principally for low-and moderate-income persons.

The CDBG Program has three national objectives:

- Provide a direct benefit(s) to low to moderate income households
- Prevent or eliminate slum or blight
- Address an urgent need or problem within the community

Annually, the Cobb County CDBG Program Office requests proposals from local non-profit organizations and government entities to carry out eligible activities in the County. This funding application is for the period beginning January 1, 2017 through December 31, 2017.

A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the Chairman and Cobb County Board of Commissioners (BOC). Recommendations for grant awards will be provided to the Chairman and BOC on or before Tuesday, November 8, 2016.

Please note: Incomplete Applications will ***NOT*** be considered for funding; therefore please be sure to complete all sections of the applications and provide all requested documentation.

FUNDING AVAILABILITY

This program is funded and regulated at the federal level by the U.S. Department of Housing and Urban Development (HUD) and administered locally by the Cobb County CDBG Program Office. It is authorized under Title I of the Housing and Community Development Act of 1974, as amended.

Funding for this application cycle is contingent upon the availability of HUD funding for the CDBG Program and there is no guarantee that any funds will be allocated to Cobb County from HUD. Submission of an application does not guarantee funding. Costs associated with the preparation of this application shall be the responsibility of the Applicant. Applications will become the property of Cobb County.

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ELIGIBILITY REQUIREMENTS

- A. The Application must be submitted by or on behalf of a non-profit organization or governmental entity wholly located within Cobb County, requesting CDBG funds to undertake eligible activities.
- B. Proposed activities must benefit low and moderate income residents or communities
- C. All proposed projects must serve families with incomes at or below 80% (See Attachment "A" Income Guidelines).
- D. There must be no adverse impacts to the environment in proposed activities; to be determined through an Environmental Review.

TECHNICAL ASSISTANCE

Technical assistance questions should be directed to the CDBG Program Office Staff at 121 Haynes St., Marietta, GA 30060 or 770-528-1455.

SUBMITTAL INSTRUCTIONS

Provide **1 ORIGINAL AND 1 COPY** of your complete CDBG application with attachments. Only **1 COPY** of your audited financial statements is needed. All applicants must meet the requirements set forth in this application. Please plan to attend one of the five application workshops (*shown below*) that will be held throughout the County for the PY2017 Funding Cycle.

Applications must be submitted to the CDBG Program Office no later than 5:00 pm on Friday, April 8, 2016.

Office/Mailing Address

CDBG Program Office
121 Haynes Street
Marietta, GA 30060
Attn: PY2017 Application for Funding

APPLICATION WORKSHOPS

<p>Friday, February 5, 2016 at 2:30 p.m. Cobb County Board of Commissioners Room 100 Cherokee St., Marietta, GA</p>
<p>Wednesday, February 10, 2016 at 2:00 p.m. Vinings Public Library 4290 Paces Ferry Rd., Atlanta, GA</p>
<p>Wednesday, February 17, 2016 at 10:30 a.m. Mountain View Regional Library 3320 Sandy Plains Rd., Marietta, GA</p>
<p>Thursday, February 25, 2016 at 1:00 p.m. South Cobb Regional Library 805 Clay Rd., Mableton, GA</p>
<p>Tuesday, March 1, 2016 at 11:00 a.m. Charles D. Switzer Public Library 266 Roswell St., Marietta, GA</p>

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SUBMISSION REQUIREMENTS	DOCUMENTATION	
1. The applicant must <ol style="list-style-type: none"> have nonprofit status for at least one (1) full year, or have two (2) full years of operating experience under another nonprofit entity, or be a local governmental entity or agency (governmental agencies can skip to line 4) 	Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant	<input type="checkbox"/>
2. The applicant must be registered to conduct business in the State of Georgia at the time of application. (Not applicable to governmental agencies)	Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov	<input type="checkbox"/>
3. The applicant must have audited financial statements prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each audited financial statement must be submitted with the application. Reviews and Compilations will not be accepted. Audit findings will make the applicant ineligible to receive assistance. (Not applicable to governmental agencies)	Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable.	<input type="checkbox"/>
4. Non-profit organizations must have an active Board of Directors within the last 12 months. (Not applicable to governmental agencies)	Provide list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of Conflict of Interest Statement.	<input type="checkbox"/>
5. The applicant must have at least twelve (12) months experience directly related to the proposed project or program.	Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant's previous related program activities.	<input type="checkbox"/>
6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.	Provide a copy of the agency's written financial management procedures, and a current organization chart.	<input type="checkbox"/>
7. The applicant must agree to abide by all policies, regulations, ordinances, or statutes as required by HUD or Cobb County.	Provide a signed statement that the organization acknowledges its responsibilities in the Certification.	<input type="checkbox"/>
8. CDBG programs must benefit low to moderate income clientele or occur in communities with at least 51% low and moderate income residents.	Provide a project map that includes Census Tracts where services will take place, or provide a description of clientele to benefit from project.	<input type="checkbox"/>
9. Each applicant must submit one original and one copy of their application unbound .	Provide an original and one copy unbound .	<input type="checkbox"/>
10. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker's Compensation	Provide a copy of Certificate of Insurance	<input type="checkbox"/>
11. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit www.sam.gov	Provide proof of registration with the U.S. System for Award Management.	<input type="checkbox"/>



ATTACHMENT A

MAXIMUM HOUSEHOLD INCOME LIMITS [COBB COUNTY, GEORGIA]

FY2015 Income Limits
Effective: March 6, 2015

NOTE: Updated Income Limits for 2016 have not been released by HUD. As such, the current limits remain in effect until 2016 limits are released. Cobb County is part of the **Atlanta-Sandy Springs-Marietta, GA HUD Metro FMR Area**, so all information presented here applies to all of the **Atlanta-Sandy Springs-Marietta, GA HUD Metro FMR Area**.

Family/Household Size	Extremely Low 30%	Very Low Income 50%	Low Income 80%
1	\$14,350	\$23,900	\$38,200
2	\$16,400	\$27,300	\$43,650
3	\$20,090	\$30,700	\$49,100
4	\$24,250	\$34,100	\$54,550
5	\$28,410	\$36,850	\$58,950
6	\$32,570	\$39,600	\$63,300
7	\$36,730	\$42,300	\$67,650
8	\$40,890	\$45,050	\$72,050
Ea. Additional Member	Extremely Low 30%	+ \$2,850	+\$4,550

*Source: U.S. Department of Housing & Urban Development [HUD]

Extremely Low Income = 30% of Median Household Income

Very Low Income = 50% of Median Household Income

Low Income = 50% - 80% of Median Household Income

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EXECUTIVE SUMMARY

Proposing
Agency: _____

Project Name: _____

Please check the appropriate box for the type of Public Facilities Construction or Renovation and provide a detailed description of the project you intend on proposing in this application:

- Brand-New Facility (Construction of _____)
- Renovation of an Existing Facility
- Acquisition of a Facility
- ADA Improvements to an Existing Facility
- Water/Sewer/Curb and Gutter/Sidewalk Project (NEW)
- Water/Sewer/Curb and Gutter/Sidewalk Project (REPLACEMENT)
- Other: _____

<p>If PY2016 funds were available, would you want to be considered for these funds?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please let us know how soon after signing an agreement would your project could start?</p> <p><input type="checkbox"/> Immediately (within first 30 days) <input type="checkbox"/> 2-4 months <input type="checkbox"/> 5-7 months</p> <p>Please also include anticipated completion date:</p>
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Summary: Summarize your grant request. This includes a brief description of the project, the need or problem to be addressed, the program goals and objectives for meeting those needs, and the funding request for the project. Please also discuss the total budget for this project and how much funding is already secured.

Please include additional pages as needed and label accordingly.

Response:

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I. ORGANIZATION INFORMATION

Organization Name: _____
Legal Name of Organization

Mailing Address: _____
Street Address State Zip Code

Telephone Number: () _____ Email: _____

Contact Person _____ Title: _____

DUNS Number: _____ Tax ID #: _____
Dun & Bradstreet, Inc. provides this number at no charge.

II. PROJECT INFORMATION

Project Title: _____

Project Location: _____
Street Address City State ZIP Code

Brief Project Description: _____
(A detailed project description will be attached later)

III. REQUESTED FUNDING

Percentage of CDBG Investment (Total Amount/Total Project Cost)	Total CDBG Request	
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IV. LEVERAGING & COLLABORATION [FUNDING SUPPORT]

Please list all funding secured for this Project currently and additional funding awarded in the past three years. Do not include other CDBG funding received from Cobb County CDBG Program Office.

Year Awarded	Agency	Funding Type	Amount

If you have been awarded CDBG funds previously, what percentage of CDBG funds awarded to your agency was unspent at the end of the 2015 program year?

V. AGENCY INFORMATION

1. What is your organization's mission statement?	
2. How long has the Organization existed in its current form?	
3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A?	
4. How many years has the Organization conducted the project/program for which it is requesting funding?	

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5. ORGANIZATION CAPACITY	
1. What percentage of the Organization's budget is grant funded?	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 31-50% <input type="checkbox"/> 51-60% <input type="checkbox"/> 61-70% <input type="checkbox"/> 71-80% <input type="checkbox"/> More than 80%
2. How many program staff persons are dedicated to this project (ie. Case Managers, Intake Coordinators)?	
3. Does the organization have administrative staff (ie. Accountants, Executive Director) dedicated to this grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has the organization secured funding for the administrative staff for this project?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. PROJECT ENVIRONMENTAL REVIEW	
Was the proposed site a current or former site of:	a) <input type="checkbox"/> Gasoline Service Station: b) <input type="checkbox"/> Bulk gasoline or oil dealer: c) <input type="checkbox"/> Dry cleaners: d) <input type="checkbox"/> Chemical dealer or chemical storage area: e) <input type="checkbox"/> Chemical production plant f) <input type="checkbox"/> Pesticide and/or herbicide production or storage facility g) <input type="checkbox"/> Wood products treatment plant (creosote plants, pressure-treated wood plants, etc.): h) <input type="checkbox"/> Landfill or hazardous waste disposal site/facility:
Is the proposed site adjacent to any of the types of environmental hazards identified in Item 15? If "yes," please specify the type of hazard from 15A-15H, or any other hazard not listed	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the proposed project in a designated Historic District? If "yes," identify and locate on the attached project map.	<input type="checkbox"/> yes <input type="checkbox"/> no
Will the proposed project affect an historic structure/property, which has already been designated or is eligible for designation to the National Register of Historic Places? If "yes," identify and locate the property to be affected on the attached project map.	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the proposed project in a federally designated floodplain? If "yes," indicate efforts to be taken to insure compatibility of the proposed project with the floodplain? Check [<input type="checkbox"/>] to indicate additional page(s) attached.	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the proposed site contain any federal, state or locally designated wetlands areas? If "yes," attach a map defining wetlands area and its relationship to the site.	<input type="checkbox"/> yes <input type="checkbox"/> no
Has an Environmental Assessment or an Environmental Impact Statement been prepared for the proposed project?	<input type="checkbox"/> yes <input type="checkbox"/> no
Check if an Environmental Assessment attached	<input type="checkbox"/>
Check if an Environmental Impact Statement attached.	<input type="checkbox"/>

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7. PROJECT SCHEDULE

Project Schedule (Total Months to Complete):		Maximum number of months allowed is 18 months. The contract period for the project, if approved, will begin January 1, 2017 and end not later than June 30, 2018.
Please attach a projected work plan with an estimated time line of proposed activities along with a two year budget projection for PY 2017.		Check here <input type="checkbox"/> if work plan is attached

8. METRICS

Total Number of Persons to benefit:		Total number of low and moderate income persons to benefit:	
Racial/Ethnic breakdown projections by the number of persons			
Senior Citizens		Adults with disabilities	Abused Spouses
Female Headed Households		Homeless Persons	Abused/Neglected Children

9. PERFORMANCE MEASUREMENT METRICS

Please outline the total number of persons your organization plans on serving by this proposed project for the next five (5) years. These numbers are merely projections, but attempt to be realistic in your assessment.

2017	2018	2019	2020	2021
What performance measurement outcome does your project best exemplify? (If all relevant, please rank from			What performance measurement objective does your project best exemplify?	
<input type="checkbox"/>	Improving Availability / Accessibility	<input type="checkbox"/>	Suitable Living Environment	
<input type="checkbox"/>	Improving Affordability	<input type="checkbox"/>	Decent Housing	
<input type="checkbox"/>	Improving Sustainability	<input type="checkbox"/>	Creating Economic Opportunity	

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PROJECT PROPOSAL

The following information shall be included in your response. This outline is not all-inclusive and respondents may add information as deemed appropriate. In order to ensure a uniform review process, responses must be organized and submitted in the following format:

A. Project Description

Please provide a description of the proposed project for funding. If response exceeds this page, please attach additional pages and label. If an existing service, please also include detailed information on how existing service will be expanded if CDBG funds are awarded; the estimated increase of persons receiving the service and/or discussion of additional service to be provided through project/program.

B. Service Area of Project

Please list specific Census Tracts to be served by the project activities describe the methods used to identify these census tracts.

C. Service Population and Selection Process

Indicate the target population this project will serve and indicate if your project will serve the following groups: Seniors, Adults with disabilities, Abused Spouses, Female Headed Households, Homeless persons, Abused/Neglected Children. Also describe why you have chosen that population. Describe the need the project will address. Describe the methods used to identify the need(s) for the proposed project (i.e. community input, surveys, input from other agencies).

D. Performance: Reporting, Monitoring, and Record-Keeping

The CDBG Program Office will require organizations to submit monthly reports pertaining to expenditure of CDBG-funded activities. Describe and discuss any experiences you have in reporting, monitoring, and/or record-keeping compliance requirements with CDBG and other funding agencies.

E. Project Implementation Schedule

Detail your project implementation schedule and list the major activity accomplishments and expenditure requests anticipated for each quarter.

F. For construction projects

Please indicate if the applicant *currently owns the real property on which the project will be constructed?* If "no" to (a), does the applicant agencies propose to lease the property on which the project will be constructed? If "yes" to (b), the lease must be for a minimum of 15 years, per HUD requirements. Please attach a copy of the proposed or executed lease. Is a copy of the lease attached?

G. For Renovation Projects

- a. If the proposed project is seeking Cobb County CDBG funds for renovation of an existing building or other public facility, provide any photographs, aerial photographs, design specifications, plans/blueprints, elevation drawings, site surveys, etc. to detail information about the proposed renovation.
- b. If the proposed project is seeking Cobb County CDBG funds for renovation of an existing building or other public facility, built prior to 100% has the building(s) been tested for lead-based paint?

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- c. HUD requires proper removal and disposal of lead-based paint as a part of CDBG-assisted renovation/rehabilitation of public facilities built prior to 1978. Please indicate the year built
- d. If the proposed project is seeking Cobb County CDBG funds for renovation of an existing building or other public facility, is the building(s) currently accessible to persons with disabilities, in compliance with the Americans with Disabilities Act [ADA] of 1990/Section 504?
- e. If "no," will any CDBG funds requested in this application be used to provide improved accessibility to persons with disabilities, in compliance with the Americans with Disabilities Act of 1990/Section 504?
- f. If "yes," how much CDBG money would be used for ADA/Section 504 accessibility?

BUDGET PROPOSAL

The following information shall be included in your response. This outline is not all-inclusive and respondents may add information as deemed appropriate. In order to ensure a uniform review process, responses must be organized and submitted in the following format:

- H. What is the total budget for this project and how much funding do you already have in place for this project? If this project is not funded with CDBG, does your organization have the financial means to support the proposed project?
- I. Please indicate itemized costs in a budget sheet and label Community Development Block Grant Budget. Budget sheet should include the following:
 - a. Staff and overhead expenses must be directly related to carrying out the proposed project/activity.
 - b. Matching funds (other non-CDBG agency resources) that are immediately accessible and firmly committed to the project. Matching funds can include a combination of cash, loans or in-kind resources available to finance the project costs.
 - c. In-kind contributions must have a specific dollar value established in accordance with generally accepted accounting principles. The basis of determining the value for personal services and donated materials and supplies must be identified. Volunteer services may be counted if the service is an integral and necessary part of the project. To determine in-kind volunteer contributions, use the estimated amount of what a paid worker would earn doing the same type of work (verification documentation may be requested).
 - d. Collaboration and Resource Leveraging represents the resources the proposing agency will bring to the project to supplement the funds being requested. Collaboration/resource leveraging can be in the form of monetary resources or in-kind services. Please include other resources in the budget summary and provide a narrative regarding collaboration and resource leveraging.

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Conflict of Interest Acknowledgement

- A. Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members? If yes, please explain in detail.

- B. Do any family relationships (by blood or marriage) exist between staff in your organization and/or Cobb County Board of Commissioners? If yes, please explain in detail. Please be sure to include organization Conflict of Interest Statement as indicated in the Application Submission Requirements.

Certification:

The application should be signed by the individual who has been authorized by the Board of Directors. The person who prepares the application **cannot sign** as the Authorized Representative.

I certify that the applicant meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c)(3) non-profit organization.

Preparer

Authorized Representative

Printed Name

Printed Name

Signature

Signature

Date

Date

COMMUNITY DEVELOPMENT BLOCK GRANT

Grant Request Amount:
\$

RATING FORM

Applicant Name:	Reviewer:				
Project Type:	Date:				
Program Description:	Eligible: (Y/N)				
Meets National Objective (Y/N):	Total Score Public Services: /				
PY2016 Funds Requested (Y/N):	Total Score Public Facilities: /				
Application Completeness		Yes	No	Comments	
Did the organization provide an original and one copy of the application unbound?					
Did the organization provide a copy of current IRS 501(c) (3) status?					
Did the organization provide a copy of certification from the Georgia Secretary of State?					
Did the organization provide the two most recent audited financial statements?					
Did the organization provide audited financial statements that are clear of any findings/concerns?					
Did the organization provide a list of board members and a copy of board meeting minutes authorizing the submittal of this application?					
Did the organization provide resumes of principal staff and personnel directly working on the project?					
Did the organization provide a description of previous related experience?					
Did the organization provide written financial management procedures along with current organization chart?					
Did the organization provide a signed statement that the organization acknowledges its responsibilities in the Certification?					
Did the organization provide a project map that includes detailed Census Tracts for project location or a description of clientele to benefit from project?					
Did the organization provide a Certificate of Insurance?					
Did the organization provide proof of registration with the System for Award Management?					
Did the organization provide a DUNS Number?					
Did the organization complete the Organization Information section?					
Is the application complete based on required submittal documentation? If yes, proceed with scoring. If no, please do not proceed; further review is required prior to scoring.					
ELIGIBILITY		Yes	No	Score	
Criteria				Max Points	Total Received
Does the project address one of the Consolidated Plan priorities? Yes = 5 points No = zero points.				5	
Will the project start within 1 month of signed agreement? Yes = 5 points 2-4 months = 4 points, 5-7 months = 1 point, 8 or more months = zero points				5	
Is the activity located in an area with at least 51% low and moderate income persons or will the activity serve only low and moderate income persons? Yes = 5 points No = zero points				5	
Will the project address the need(s) of a target population? Yes = 5 points No = zero points.				5	
Total Eligibility Profile Points				20	

PROJECT PROPOSAL	Yes	No	Score	
Did the applicant provide a detailed project description of how the project will address one of the CDBG program priorities and does the project meet one of the priority needs? 0 – 5 points with 5 being highest rating.			5	
Did the organization include the number of low/moderate income persons to benefit? Include the number of persons here _____. Do costs appear reasonable? Calculate ratio of funds requested to number of clients served _____. 0 - 5 points with 5 being highest rating.			5	
Will the project serve presumed benefit populations such as seniors, abused women, children etc.? Yes = 5 points No = zero points.			5	
Does the organization have experience submitting timely performance reports, monitoring and record-keeping? 0 - 5 points with 5 being highest rating.			5	
Does the organization have staff members dedicated to this project? Yes = 5 points. No = zero points.			5	
Was the organization awarded CDBG funds previously? If so, were 100% of the funds awarded spent before the end of that program year? Yes = 5 points No = zero points.			5	
Does the project implementation schedule reflect accurate planning within the allotted timeframe for the expenditure of these funds? Yes = 5 points No = zero points			5	
Refer to the organization budget. If less than 30% of the organization budget is generated from grant revenue, award 5 points. If 31-50%, award 3 points. If more than 51%, award zero points.			5	
Does the organization already have some funding secured for the project? Yes = 5 points No = zero points			5	
Does the organization show some collaboration and leveraging? 0 – 5 points with 5 being highest rating.			5	
Is equipment listed and detailed? Yes = 5 points No = zero points			5	
Are quantities and an estimated unit price listed? Yes = 5 points No = zero points			5	
Is there a cost/price analysis? Yes = 5 points No = zero points .			5	
DISCUSSION ITEMS ONLY. NO POINTS AWARDED. MAKE NOTES IN COMMENT SECTION.				
Does the organization have fiscally sound management and all required documentation to show good faith in spending and planning? Review audited financial statements and note any findings or concerns.				
Does the project total cost include proposed match sources from non-federal funding sources? Do the matched sources equal at least 25% total match of grant request?				
Do any family relationships (by blood or marriage) exist between organization staff members and/or Agency Board members?				
Do any family relationships (by blood or marriage) exist between staff and/or Cobb County BOC?				
Total Project Proposal Points			65	
PUBLIC FACILITIES ONLY				
	Yes	No		
Does the application include an Environmental Assessment? Yes = 5 points No = zero points			5	
Is a properly prepared appraisal attached? Discussion item. No points awarded. Make notes in comment section.				
Construction Applications Only (For other application types, enter N/A)				
Are there any supporting attachments to show best efforts for planning? Yes = 5 points No = zero points			5	
Are design services, construction costs, etc. reasonable and planned? Discussion item. No points awarded. Make notes in comment section.				
Renovation Applications Only (For other application types, enter N/A)				
Are there supporting attachments to show best efforts for planning? Yes = 5 points No = zero points			5	

