

# 2024 Small Cities Development Program Application Coversheet

Complete **one** coversheet for all activities and a separate program application for each activity being applied for.

Refer to the “Checklist” for the required attachments and the order of the documents. The submitted application packet must contain the required attachments listed for the application, the specific project(s) and any other pertinent information.

## Application Information

Applicant:

Primary contact for application:

Secondary contact for application:

SCDP Amount Requested: $

Amount of Other Funds: $

Committed SCDP Program Income: $

Estimated Total Project Cost: $

## Application Components

Please indicate if this is (choose one):

Single Purpose Application

Comprehensive Application

Which activities are included in this application packet (choose all that apply, and complete the individual application for each selected activity and one full budget as found on the [SCDP website](https://mn.gov/deed/government/financial-assistance/community-funding/small-cities.jsp)):

Owner Occupied Rehab

Single Family Rental

Multi-Family Rental

Mixed Use (use for buildings containing residential rental units in commercial buildings)

Duplex Rental

Commercial (Must be part of comprehensive application)

Public Facility – Infrastructure

Public Facility – Community Center

Public Facility – Street Scape

## Full Application Description

Briefly summarize the Full Application for the following:

1. A description of the project(s):

**Narrative Answer:**

1. Source of committed leverage:

**Narrative Answer:**

1. Describe any other existing or planned economic development or community development activities in the community that will have a positive effect on the viability of the proposed project(s).

**Narrative Answer:**

1. Describe the community’s SCDP grant(s) history (within the last six (6) years) and how this grant application could build on past grants.

Narrative **Answer:**

1. What is the applicant’s or grant administrator’s (if applicable) plan for outreach to minority, underserved, veteran or disabled community members?

**Narrative Answer:**

1. Describe how the program will be marketed to contractors in the area.

**Narrative Answer:**

## Signature Page

By signing below, the Applicant certifies to the best of their knowledge that the data and information provided in the Application is true and correct.

### Signature of Authorized Official (Primary Community):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Official:

### Signature of Authorized Official (Partnering Community – if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Official (Partnering Primary Community):

### Signature of Authorized Official (Partnering Community – if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Official (Partnering Community – if applicable):

### Signature of Primary Administrator (if available)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Primary Administrator:

### Signature of Secondary Administrative Entity (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Secondary Administrative Entity (if applicable):

### Signature of Engineering firm for Public Facility Projects (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Engineering Firm (if applicable):

## Grantee Summary Information Sheet (GSIS)

Small Cities Development Program – State of Minnesota

Please complete all sections that apply to the proposed activities. If the same person is responsible for multiple duties, please list their name for each duty they are assigned to for this application. Contact information only needs to be listed once. If a category is not applicable to your grant, please indicate as not applicable.

### Authorized Official and Environmental Certifying Officer Information (mayor or board chair)

All information in this section is required, unless otherwise directed.

Name:

Title:

Address:

City, State, ZIP:

Phone:

Primary Email:

Secondary Email (if applicable):

Federal ID#:

State ID#:

State Vendor #:

Applicant Unique Entity Identifier (UEI)#:

### Applicant (proposal) Author

Name:

Title:

Address :

City, State, ZIP:

Phone:

Email:

### Primary Implementation Agency

Name of Organization:

Primary Contact:

Title:

Address:

City, State, ZIP:

Phone:

Email:

### Secondary Implementation Agency (if applicable)

Name of Organization:

Primary Contact:

Title:

Address:

City, State, ZIP:

Phone:

Email:

### Environmental Review Coordinator *(required for all project types)*

Name of Organization:

Name:

Title:

Address:

City, State, ZIP:

Phone:

Email:

List experience with federal or state rehabilitation programs:

### Fair Housing/Equal Opportunity Coordinator *(required for all project types)*

Name of Organization:

Name:

Title:

Address:

City, State, ZIP:

Phone:

Email:

List experience with federal or state rehabilitation programs:

### Rehabilitation Coordinator

Name of Organization:

Name:

Title:

Address:

City, State, ZIP:

Phone:

Email:

List experience with federal or state rehabilitation programs:

### Labor Standards Coordinator *(if applicable)*

Name of Organization:

Name:

Title:

Address:

City, State, ZIP:

Phone:

Email:

List experience with federal or state rehabilitation programs:

### Property Inspector

Name of Organization:

Name:

Title:

Address:

City, State, ZIP:

Phone:

Email:

List experience with federal or state rehabilitation programs:

### Income Verification Coordinator

Name of Organization:

Name:

Title:

Address:

City, State, ZIP:

Phone:

Email:

List experience with federal or state rehabilitation programs:

### Rent Limit and Rental Notice Coordinator *(if applicable)*

Name of Organization:

Name:

Title:

Address:

City, State, ZIP:

Phone:

Email:

List experience with federal or state rehabilitation programs:

### Co-funding contact information *(if applicable)*

List all agencies also supporting the proposed project, both committed and pending (examples may include: MN Housing, Greater MN Housing, Public Facilities Authority, Rural Development, and local sources of if other than applicant).

#### Agency #1

Agency Name:

Name of primary point of contact:

Address:

Phone:

Email:

#### Agency #2

Agency Name:

Name of primary point of contact:

Address:

Phone:

Email:

#### Agency #3

Agency Name:

Name of primary point of contact:

Address:

Phone:

Email: