

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**FUNDING APPLICATION FOR**

**COMMUNITY ECONOMIC REVITALIZATION FUNDING (CERF)**

**Program Year 2020**

**Release Date: Friday, June 7, 2019**

**Due Date: Wednesday, July 10, 2019, 4 pm**

Community Services Division

Federal Way City Hall

33325 8th Avenue S

Federal Way, WA 98003

Staff contact: Sarah Bridgeford, Community Services Manager, 253-835-2650 [sarah.bridgeford@cityoffederalway.com](mailto:sarah.bridgeford@cityoffederalway.com)

CDBG CERF application available on the City of Federal Way website located at: <http://www.cityoffederalway.com/node/1674>

## Application Instructions

1. Carefully review the instructions and application prior to proceeding. Contact Sarah Bridgeford at 253-835-2650 or [sarah.bridgeford@cityoffederalway.com](mailto:sarah.bridgeford@cityoffederalway.com) if you need assistance.
2. Incomplete or late applications will not be considered for funding. Application must be typed (not handwritten).
3. All applications must be received in the City of Federal Way Community Development Department by 4:00 p.m. on Wednesday, July 10, 2019.
4. Mailed applications should be posted in time to be received by the date, time, and location noted above. No faxed or emailed applications will be accepted.
5. If funding is being sought for more than one project, submit one application per project.
6. Text boxes in this document are all of a uniform size; they will adjust to the amount of text you enter.
7. Limit application pages to the 8-1/2”x11” format. Use 11 or 12 point font. Number all pages, including attachments.
8. Limit Sections 1 to 4 to a total of 25 pages or less (not including attachments).
9. Assemble the application in the following order:
   1. Application Checklist
   2. Applicant Certification
   3. Full Application (Sections 1 to 7)
   4. Attachments in checklist order
10. Submit one original, double-sided full application and attachments. Submit12 double-sided, three-hole punched copies. Do not include Section 5-7 or Section 5 and Section 7 required attachments. Do not include the CBDO application, if applicable.
11. Submit a .pdf file(s) of the full application, including all certifications and all attachments, via USB drive. The USB must be clearly labeled with the applicants’ name and indicate it is the 2020 CDBG CERF application.
12. Label packet that includes original signed documentation as the “Original” application. The original must have signatures in blue ink.
13. There are ‘hotlinks’ in the document (text with an underscore). They lead to pages within the application or to external sources.

## Applicant Certification

To the best of my knowledge and belief, the information contained in this application and in the additional required documentation submitted with this application is true and correct.

The submission of this application has been duly authorized by the governing body of the Applicant.

The Applicant agrees that if the project is awarded CDBG funding, it will comply with all Federal, state, and local statutes, regulations, policies, and requirements applicable to CDBG funding.

Sufficient funds are available from non-CDBG sources to complete the project, as described, if CDBG funds are awarded to the Applicant.

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| Signature of Authorized Applicant Representative |  | Date |

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|  |
| Name and Title of Authorized Applicant Representative (Please Print or Type) |

## 2020 CDBG CERF Application Checklist

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| --- | --- | --- |
| **N/A** | **Authorization** | |
|  |  | 1. Applicant Certification Signed by Authorized Representative *(submit one original and 12 photocopies)* |
|  | Application | |
|  |  | 1. Submit one original, double-sided full application (Section 1 – 7) and attachments. 2. Submit twelve (12) double-sided three-hole punched copies, individually bound with binder clips or rubber bands (no staples). Do not include Section 5-7 or Section 5 and Section 7 required attachments. Do not include the CBDO application, if applicable. 3. Label packet that includes original signed documentation as the “Original” application. 4. Submit a clearly labeled USB drive with a .pdf file(s) of the full application, including all certifications and all attachments. |
| N/A | Attachments – Section 1 General | |
|  |  | 1. Copy of 501(c)(3) tax exemption determination letter from the IRS *(private non-profit applicants only).* |
|  |  | 1. Copy of Articles of Incorporation and Bylaws, the documents recognized by the State as formally establishing a private corporation, business, or agency. |
|  |  | 1. Proof of registration as an active non-profit corporation in Washington State *(private non-profit applicants only).* |
|  |  | 1. Cover letter by legally responsible governing body (copy of the minutes of the meeting in which the governing body’s resolution, motion, or other official action is recorded). 2. Letter will also include names and titles of representatives authorized to negotiate for and contractually bind the organization. If more than one CDBG CERF Project is being applied for, the documentation must prioritize the applications for funding and indicate how the priorities were assigned. 3. Letter will include how the project addresses the King County Consortium 2015-19 Consolidated Plan – Strategic Plan goals and how the project addresses the specific goals and strategies in the Neighborhood Revitalization Strategy Area. |
|  |  | 1. Community Based Development Organization Application including all appropriate certifications as required by the application and any relevant resolutions or other documents. **(PLEASE PROVIDE ONE (1) ORIGINAL COPY AND ONE (1) ELECTRONIC COPY ON THE USB. THE CBDO APPLICATION IS NOT REQUIRED TO BE INCLUDED IN THE 12 COPIES.)** |
|  |  | 1. Résumés of the President/Executive Director, Chief Fiscal Officer, and Chief Program Administrator/Project Manager. |
| N/A | Attachments – Section 2 Applicant Capacity | |
|  |  | 1. Organizational chart that describes the organization’s administrative framework and staff positions, indicates where the proposed project will fit into the organizational structure, and identifies any staff positions of shared responsibility. |
|  |  | 1. Evidence of site control (if applicable) |
|  |  | 1. All data collection tools that will be used to verify achievement of goals and objectives |
|  |  | 1. Copy of **license(s) or certificate(s)** required to operate *(if applicable)* |
|  |  | 1. List of current Board of Directors, or other governing body members, which includes the name, phone number, address, and occupation or affiliation of each member and identifies the principal officers of the governing body |
|  |  | 1. Current organization budget, showing projected revenue sources and expenditures for the current year. |
| N/A | Attachments – Section 3 Project Soundness and Readiness to Proceed | |
|  |  | 1. Documentation showing how the proposed project will meet and qualify under a CDBG National Objective(may include: client intake form, homeless verification form, or a map of the service area) |
|  |  | 1. Relocation Plan *(if applicable)* |
| N/A | Attachments – Section 4 Financial Feasibility | |
|  |  | 1. Evidence of other funding commitments, if applicable. |
|  |  | 1. **Job descriptions** for positions to be supported by Federal Way CDBG funds, including a list of the duties and minimum qualifications for filling each position *(Note: administrative costs, such as a director salary, are not eligible for reimbursement if the position does not provide direct service to clients)* |
|  |  | 1. Operating budget, if appropriate. |

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| **N/A** | **Attachments – Section 5: Environmental Review** *(If seeking capital funding for acquisition, construction, rehab, and/or demolition, please provide information on the following if it is available. See Section 5 for more information.)* ***Only one original copy must be provided in addition to the copy on the USB drive.*** | |
|  |  | 1. Any legally binding contract signed prior to your intent to apply for Federal funds. |
|  |  | 1. County Assessor Property Record |
|  |  | 1. All documentation used to make the determination that the site is listed on the National Register of Historic Places, or any state or local listing of historic places, or tribal land. |
|  |  | 1. Detailed history of property use*.* |
|  |  | 1. FEMA Flood Map   (<https://msc.fema.gov/>) |
|  |  | 1. Each of the two maps found at http://www.epa.gov/enviro/ and http://www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html. For step-by-step directions on how to download the correct maps, please refer to Appendix A. |
|  |  | 1. An accurate, scaled map delineating the airport flies zone and the proposed project location. |
|  |  | 1. Construction specifications *(if available)* |
|  |  | 1. Title report *(if applicable)* |
|  |  | 1. Appraisals *(if applicable and available)* |
|  |  | 1. Vicinity map, such as an Assessor’s Parcel Map, with the site location marked (*not required if project falls under economic development or public services*.) |
|  |  | 1. Site plans and drawings *(no larger than 11 x 17)* (*Not required if project falls under economic development or public services*.)   *If the project consists of new construction or rehabilitation, include the original total square footage of the site plus square footage of new impervious surface to be added.* |
|  |  | 1. All available environmental project and site studies, investigations, reports, and project plans, including Environmental Site Assessments, wetlands or other biological investigations, hazardous materials investigations, soils and other geotechnical studies, planning reports, engineering reports, noise studies, traffic studies, etc. |
| N/A | Attachments – Section 7 Pre-Award Risk Assessment *Only one original copy must be provided in addition to the copy on the USB drive.* | |
|  |  | 1. Most recent audit. |
|  |  | 1. Audit Management Letter |
|  |  | 1. IRS Form 990 or applicable Tax Return |
|  |  | 1. Agency financial statement |
|  |  | 1. Personnel Manual |
|  |  | 1. Accounting/Financial Management Manual |
|  |  | 1. Other funder monitoring reports and certifications |

## Section 1: General Requirements

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| --- | --- | --- |
| 1. Legal Name of Applicant: |  | |
| 1. Applicant Address: |  | |
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| 1. Applicant is: | Private, Non-Profit Organization | Unit of Local Government |
|  | Municipal Corporation |  |
| 1. Type of Project: | Housing | Economic Development |
|  | Public Facilities | Infrastructure |
|  | Public Services |  |
| 1. Date of Incorporation: |  | UBI#: |
| 1. DUNS#: |  | EIN#: |

1. Contact Information:

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| --- | --- | --- | --- |
| Executive Director |  | Name: |  |
|  |  | E-Mail: |  |
|  |  | Phone: |  |
| Application Contact |  | Name/Title: |  |
|  |  | E-Mail: |  |
|  |  | Phone: |  |
| Financial Contact |  | Name/Title: |  |
|  |  | E-Mail: |  |
|  |  | Phone: |  |
| Project Manager |  | Name/Title: |  |
|  |  | E-Mail: |  |
|  |  | Phone: |  |

*Attach resumes of the President/Executive Director, Chief Fiscal Officer, and Chief Program Administrator/Project Manager*

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| 1. Project Name: |  |
| 1. Project Address: |  |

1. Summarize your proposed project in one brief paragraph.

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| 1. Has this project previously received Federal Way CDBG or King County CDBG housing, public facilities, infrastructure, or public services funding to benefit Federal Way residents? | |  | Yes  No |
| Estimated funds previously received: | | | $ |
| 1. Amount of Federal Way CDBG funding requested: |  | | $ |
| 1. Amount of Other Funding (\*Provide detail in Section 4): |  | | $ |
| 1. Total project cost: |  | | $ |
| 1. Public Services projects must be provided by a Community Based Development Organization (CBDO). If this project is a public service, is the complete CBDO application included? *(CDBO application is available at:* [*http://www.cityoffederalway.com/node/1674*](http://www.cityoffederalway.com/node/1674) 2. If applying for CBDO certification, is the applicant currently certified as a CBDO by another entity? |  | | Yes  No  N/A  Yes  No |
| 1. If yes, by what jurisdiction? |  | |  |
| 1. If funded, the earliest date the project could begin: |  | |  |
| 1. Date that this application for funding was authorized for submittal by the Applicant’s legally responsible governing body (e.g., Board of Directors): | | |  |

*Please submit documentation of this authorization (*[*Applicant Certification*](#_Applicant_Certification)*) and Cover Letter.*

## Section 2: Applicant Capacity

**Please note: Text boxes are all of a uniform size; they will adjust to the amount of text you enter. The only limits apply to the number of pages; refer to** [**Application Instructions**](#_Application_Instructions) **for page limits.**

1. What is your organization’s vision and mission statement?

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1. Describe the experience your organization has in executing this type of project funded with federal funds. Include knowledge of Federal regulations governing acquisition, procurement, Equal Employment Opportunity, and labor standards; experience administering CDBG or other Federal funds on time, within budget, and in compliance with funding requirements. If your organization does not have experience either with this type of project or administration of federal funds, then describe the relevant experience of board members or staff. This may include past experience related to the proposed project or a similar project or other experience that indicates the skills, knowledge, and ability to complete and sustain the project successfully.

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1. Describe the positions, qualifications (e.g., education, training, experience), and roles for the proposed project of the staff members who will implement the proposed project. Include staff responsible for administration; financial management; data collection, monitoring, and reporting; and service delivery, if applicable. Please indicate which staff members, if any, have experience with similar, federally funded projects.

*Attach a current organizational chart.*

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1. Describe strategies used to ensure staff at all levels receives ongoing education and training in culturally and linguistically appropriate service delivery.

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1. Will you hire a consultant to help with this project? Explain reasoning for hiring a consultant. Please note that consultants paid for with CDBG funds must be selected through a competitive process and in accordance with 24 CFR Part 84 (nonprofit organizations) and 24 CFR Part 85 (local government).

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1. List all *CDBG funded* projects awarded to your organization by Federal Way or King County in the past five years that have directly benefited Federal Way residents, and provide the status of each.

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| (1) | (2) | (3) | (4) | (5) |
| **Project Name** | **Program Year Awarded** | **Amount Awarded** | **Completed in time originally specified in contract?**  **Yes No** | **Completed within original budget?**  **Yes No** |
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1. If any answers to (4) or (5) in question No. 6 above are no, please explain.

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1. How will your organization monitor progress towards project milestones and completion and comply with record-keeping and reporting requirements?

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1. Describe the data collection process including the data to be collected; timeline/frequency of data collection; and the data collection and tracking tools and systems that will be used.

*Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives.*

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1. List any license(s) or certificate(s) your organization needs in order to operate under Federal or state law, and whether they are current.

*Attach a copy of any required licenses or certificates.*

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1. State whether your organization has general liability insurance coverage, as well as professional liability for licensed professionals, in what amount, and with what insuring agency. Proof of insurance with the City of Federal Way named as additional insured will be required at the time of contract if your application is successful and receives funding.

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1. What is your governing body’s knowledge and level of involvement with the proposed project?

*Attach a list of current Board of Directors, or other governing body members, which include the name, City they reside in, and occupation or affiliation of each member. Identify the principal officers of the governing body.*

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1. What are the major sources of support for the organization?

*Attach a copy of your organization’s current budget.*

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1. Describe how the proposed project supports your organization’s goals and strategies.

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## Section 3: Project Soundness and Readiness to Proceed

1. How does the proposed project meet and qualify under a CDBG national objective? (See NOFA, page 11 of 18)

*Attach documentation of how the project will meet and qualify under a CDBG National Objective.*

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### Project Meets Federal and Local Needs, check and respond to only one (A-E):

A. Limited Clientele Presumed Benefit Activity *(project exclusively serves a group of persons generally presumed to be principally LMI).*

**If you checked A**, **respond to the following items in questions:** **(a)** the category of persons presumed by HUD to be predominately LMI persons that the proposed project will exclusively benefit; **(b)** how the activity is designed to be used exclusively by this category of persons; and **(c)** how your organization will document the presumed benefit status (e.g., client intake form, homeless verification form).

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B. Limited Clientele Direct Benefit Activity *(project is limited exclusively to LMI persons).*

**If you checked B, respond to the following items:** **(a)** explain how your project will limit benefit exclusively to LMI persons; **(b)** describe the process your organization will use to document income eligibility; and **(c)** attach a copy of the client intake form, highlighting the questions regarding family size and income.

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C. Limited Clientele Direct Benefit Activity *(at least 51% of clientele served by the project are LMI persons).*

**If you checked C, respond to the following items:** **(a)** document the total number of clients that benefited in the past year; **(b)** specify the percentage of those clients who were LMI; **(c)** describe the income eligibility criteria that was used to determine the percentages of LMI persons; **(d)** describe the process your organization will use to document income eligibility; and **(e)** attach a copy of the client intake form, highlighting the questions regarding family size and income.

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D. Limited Clientele Nature and Location *(nature and location of project make it reasonable to conclude that the clientele will be primarily LMI).*

**If you checked D, respond to the following items:** describe how both the **(a)** nature ***and*** **(b)** location of the project demonstrate that the persons that will benefit will be primarily LMI persons. *Please contact Community Services staff for technical assistance before applying under this category*.

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E. Area Benefit Activity *(Census Tract/Block Group).*

**If you checked E, respond to the following items:** **(a)** define the boundaries of your claimed service area; **(b)** provide the basis for determining the boundaries; **(c)** attach a map of the service area and list the census tracts/block groups in your service area; and **(d)** provide the percentage of residents in the service area that are LMI based on Census data. Projects which cannot document that at least 51% of the residents in a service area are LMI at the time of application will not be considered eligible. *Please contact Community Services staff for technical assistance*.

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3. What census tracts/block groups will be served by the project?

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1. Specify how the project contributes to achieving an unmet goal of the King County Consortium 2015-19 Consolidated Plan – Strategic Plan or other identified unmet need in the City of Federal Way. (Available on the City’s website <http://www.cityoffederalway.com/node/1674>)

Priority Area:  Housing  Economic Development

Community Development (public facilities, infrastructure)

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| Strategy: |  |  | Objective: |  |

1. Will the project specifically serve the Neighborhood Revitalization Strategy Area (NRSA) and meeting a NRSA goal?  Yes  No

**IF YOU ANSWERED NO TO QUESTION 5, SKIP TO QUESTION 11.**

1. Specify what needs or issues identified in the approved Neighborhood Revitalization Strategy Area (NRSA) Plan are addressed by the project? What NRSA goal(s) and strategy(ies) are addressed? (Plan available on the City’s website at <http://www.cityoffederalway.com/node/1674>.)

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1. Is this a new or existing project?  New  Existing

**IF PROJECT IS NEW, SKIP TO QUESTION 9.**

1. If the project is an existing project, does it currently serve the NRSA? If it currently serves the NRSA, how would the project expand or increase service if funded?

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1. For new and existing projects, describe existing relationships and/or partnerships with residents, businesses, or other entities in the NRSA.

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1. Describe the overall goal(s) of the proposed project.

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1. Describe the Federal Way community need the proposed project seeks to address. Clearly state: **(1)** what the need is; **(2)** how the need was identified; and **(3)** the acuteness of the need. Use objective measures in your response (e.g., statistical data from studies, waiting lists, surveys, etc.), and note the sources for the data.

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1. Provide evidence that demonstrates how the proposed project will address the identified Federal Way community need and achieve the project’s overall goals. Refer to research, third-party program evaluations, or other objective data, and cite the sources.

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1. Describe how the proposed project will improve, enhance, and/or contribute to public safety.

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1. How is project culturally relevant and appropriate to the population to be served? Include how the racial/ethnic mix of the people to be served reflect the staff and board of the organization and how you address linguistic and cultural needs of the people you propose to serve with this project.

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1. Specify: **(1)** the target population that will benefit from the proposed project (e.g., age, gender, race/ethnicity, income level, geographic area, or other defining characteristics); **(2)** the location of the project and/or the area served; and **(3)** the percentage of those served by the proposed project who are Federal Way residents.

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1. How will residency of people served be verified and documented?

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### Outcome Performance Measurement

1. Specify the **output goals** for the proposed project. Outputs measure the amount of work accomplished.
   1. **Persons Assisted.** Complete the table below by specifying numbers of unduplicated Federal Way persons to be assisted by the proposed project. Unduplicated means that each person served by the project is counted only once during the program year.

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| --- | --- | --- | --- |
|  | **PY2017 Actual** | **PY2018 Actual** | **PY2020**  **Projection** |
| 1. Federal Way persons assisted by all funds |  |  |  |
| 2. Federal Way persons assisted by Federal Way CDBG funds only |  |  |  |
| 3. Federal Way families/households to be assisted by Federal Way CDBG funds only (subset of #2) |  |  |  |

Select the group(s) that will be served by the proposed project: *(check all that apply)*

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| Families  Individuals  Homeowners  Renters  Income less than or equal to 30% of HUD-defined median income  Income greater than 30% but less than or equal to 50% of HUD-defined median income  Income greater than 50% but less than or equal to 80% of HUD-defined median income | Homeless persons  Elderly persons(ages 62-74)  Frail elderly persons (ages 75 and older)  Persons with developmental disabilities  Persons with physical disabilities  Persons with severe mental illness  Persons with alcohol or other drug addictions  Persons with HIV/AIDS and their families  Veterans  Victims of domestic violence  Youth (specify age range: )  Public housing residents  Other: |

* 1. **Output Units Provided.** Identify and define the output unit(s) to be provided each program year. Examples of units include: emergency shelter bed nights, case management hours, meals, vouchers, medical encounters, housing units, linear feet of sidewalk, etc. Each project must track at least one output unit.

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Complete the table below for each output unit identified above, for each program year. Specify output units provided to Federal Way residents only.

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| --- | --- | --- | --- |
| **Program Year** | **Output Unit** | **Federal Way Units Provided by All Funds** | **Federal Way Units Provided by Federal Way CDBG Funds Only** |
| **PY2020** |  |  |  |
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1. Describe and quantify the **outcome goals** for the proposed project for the program year. Outcomes are the benefits or impacts that result from the project activities, and they measure a change in knowledge, attitude, skills, behavior, conditions, or status in the persons served.

Example: 10 homes previously considered substandard will be brought to local city code and pass city housing code inspections.

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|  | **Outcome Goals** |
| **PY2020** |  |

1. Describe the **outcome measures** (i.e., indicators, verifiable information, or data) that you will use to assess whether each outcome goal was actually attained.

Examples: Signed city code inspection record in project files.

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**IF PROJECT FALLS UNDER CAPITAL, SKIP TO QUESTION 21.**

### Project Timeframe and Milestones (Economic Development and Public Services Projects only)

1. Specify the timeframe of the project. Include start dates, milestones, intermediate targets, and completions dates. If a new project, include estimates of relevant development details such as program development or hiring of staff, start dates for project, and dates the project is anticipated to be 50% complete and 100% complete.

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1. Summarize any possible issues that have the potential to delay the proposed project, and describe steps that have been taken, or will be taken, to address those issues.

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**IF PROJECT FALLS UNDER ECONOMIC DEVELOPMENT OR PUBLIC SERVICES SKIP TO SECTION 4.**

1. Specify the approximate size of the project in square feet or linear feet. Describe all contemplated actions which logically are either geographically or functionally part of the project ***regardless of the source of funding.***

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1. If the project is within a structure (not a street or sidewalk), please answer the following, if not, skip to the next question.
2. Describe how the project will comply with Americans with Disabilities Act (ADA) requirements regarding accessibility.

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1. Will the facility serve as a house of worship or will it be used by a religious organization?

Yes  No

1. Does the project involve the remodeling or demolition of a structure?

Yes  No

1. Was the structure built prior to 1978?  Yes  No

If yes, will the structure be occupied by children age six (6) and under?  Yes  No

1. Describe how the project will comply with lead-based paint regulations.

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1. Federally funded projects are subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA). Acquisition of land, structures and easements (both temporary and permanent) trigger compliance with the URA.

Will the project involve acquisition of a structure, land, or easements?  Yes  No

If yes, complete the following. If no, skip to the next question.

1. Please describe your plan for acquisition.

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1. Are people or businesses currently occupying the site?  Yes  No

If yes, will they be required to move either temporarily or permanently?

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1. For each real property parcel previously acquired for the project, *or identified and intended to be acquired*, provide all of the following:
2. Street address and physical description:

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1. List the following per parcel:

|  | **Date** |  | **Property Occupied?** |  | **By Tenant or Owner?** |
| --- | --- | --- | --- | --- | --- |
| Date acquired (title vested): |  |  |  |  |  |
| Closing date stated in Purchase and Sale Agreement: |  |  |  |  |  |
| Date of purchase and sale: |  |  |  |  |  |
| Date agreement was fully executed: |  |  |  |  |  |
| Date of first formal offer to purchase: |  |  |  |  |  |
| Date of first written notice of interest to owner/seller: |  |  |  |  |  |

1. If tenants will be displaced either permanently or temporarily, ***submit a detailed Relocation Plan with this application,*** incorporating:
2. Projected number of persons to be relocated ***permanently***.
3. Projected number of persons to be relocated ***temporarily***.
4. Budget and description of all relocation costs.
5. Describe any pre-contract obligations pertaining to the project that have been mitigated or addressed prior to submission of this application.

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1. Describe the permits that are necessary in order to proceed.

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1. Provide a list of the permits described above, whether or not they have been obtained and date:

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| --- | --- | --- | --- | --- | --- | --- |
| Permit: |  |  | Yes | No | Date: |  |
| Permit: |  |  | Yes | No | Date: |  |
| Permit: |  |  | Yes | No | Date: |  |
| Permit: |  |  | Yes | No | Date: |  |
| Permit: |  |  | Yes | No | Date: |  |

1. Provide an estimate of the following project milestones (add additional lines for other milestones as needed and appropriate)

|  |  |  |
| --- | --- | --- |
|  |  | **Projected Date** |
| Applicantprovides necessary information to the Community Services Division to allow staff to complete the environmental review: |  |  |
| Contract with the City of Federal Way Community Services Division: |  |  |
| Select architect/engineer: |  |  |
| Obtain all needed permits: |  |  |
| Complete bid specifications: |  |  |
| Bid award: |  |  |
| Project 50% complete: |  |  |
| Project complete: |  |  |

1. Summarize any possible environmental or land use issues that have the potential to delay the proposed project, and describe steps that have been taken, or will be taken, to address those issues. (Any “Yes” responses in Section 5: Environmental Review may cause project delays and should be summarized here.)

|  |
| --- |
|  |

## Section 4: Financial Feasibility

1. Complete the Project Budget sources and uses tables. Please include all funding sources that are committed and requested as well as funding sources that are identified but not yet requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **A. Fund Sources** | **Committed Funds** | **Requested Funds (not committed)** | **Anticipated Funds to be Requested** |
| 2020 CBDG CERF |  | $ |  |
| Other Source of Funds (*please specify*): | $ | $ | $ |
| Other Source of Funds (*please specify*): | $ | $ | $ |
| Other Source of Funds (*please specify*): | $ | $ | $ |
| Other Source of Funds (*please specify*): | $ | $ | $ |
| \*Add additional lines or a separate sheet if needed |  |  | $ |
| Total Project Sources | $ | $ | $ |

*Attach evidence of other funding commitments, if applicable.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. Line Item Budget** | | **2020 CDBG CERF Funds\*** | **Other Sources** | |
| Personnel Services (detail below) | | $0 | $0 | |
| Office or Operating Supplies | | $0 | $0 | |
| Consultant or Purchased Services | | $0 | $0 | |
| Construction Contracts | | $0 | $0 | |
| Communications | | $0 | $0 | |
| Travel and Training | | $0 | $0 | |
| Other (specify ): | | $0 | $0 | |
| Total CDBG and Other Funds: | | $0 | $0 | |
| **TOTAL PROJECT BUDGET (CDBG and Other Sources):** | | | $ | |
|  | |  |  | |
| *\*Environmental Review costs and project delivery costs are to be determined after the application is submitted. Costs will be determined by the City of Federal Way. While costs will be part of the overall project cost, they will not be incurred by the Applicant and do not need to be included in the application budget.* | | | | |
| **C.Personnel Detail** |  |  | |  | |
| *Position Title* | *Position Full Time Equivalent* | *Annual Salary and Benefits* | | *CDBG Funds* | |
|  |  |  | |  | |
| *Add rows as needed.* |  |  | |  | |
| Totals: |  |  | |  | |

*Attach job descriptions for positions to be supported by Federal Way CDBG funds, including a list of the duties and minimum qualifications for filling each position (Note: administrative costs, such as a director salary, are not eligible for reimbursement if the position does not provide direct service to clients).*

1. Explain: **(1)** how you developed your total project cost for each program year; **(2)** why you consider your project costs to be reasonable; **(3)** any unusual budget expenditures listed in the budget forms; and **(4)** if federal or state prevailing wage is included in the project cost.

|  |
| --- |
|  |

1. If funded, will the proposed project leverage additional matching resources?  Yes  No

Provide any relevant comments below.

|  |
| --- |
|  |

1. Specify whether your project will generate program fees or program income, and if so, how (e.g., late fees, counseling fees, transitional housing rent, etc.).

|  |
| --- |
|  |

1. Describe how donated goods and services would be used to support the proposed project. Estimate the annual value of donated goods and services that would support the project and how you calculated the value.

|  |
| --- |
|  |

1. Describe how your organization is prepared to deal with unanticipated project costs (e.g., cost overruns, change orders, etc.).

|  |
| --- |
|  |

1. Explain possible funding issues that may delay the proposed project, and describe the steps that will be taken to address the issues.

|  |
| --- |
|  |

1. Define the role Federal Way CDBG funds will play in developing the project. *Do not describe the importance of the project; describe the need for the Federal Way CDBG funding to make the project viable financially.*

|  |
| --- |
|  |

1. Describe what will happen if the City is unable to provide financing at this time. Include the impact on any funds committed and on site control.

|  |
| --- |
|  |

1. Can the proposed project be phased?  Yes  No

If yes, please provide a detailed summary of each phase, in priority order, including the cost of each. If no, please explain why the project cannot be phased.

|  |
| --- |
|  |

1. FOR CAPITAL PROJECTS: Describe how service delivery costs and operation and/or maintenance of the facility, infrastructure, or improved housing will be sustained over time. Include possible funding sources and a plan with timelines.

*Attach an operating budget or pro forma, if appropriate.*

FOR ECONOMIC DEVELOPMENT OR PUBLIC SERVICES PROJECTS: Describe how operating costs and service delivery costs will be sustained over time. Include possible funding sources and a plan with timelines.

*Attach an operating budget or pro forma, if appropriate.*

|  |
| --- |
|  |

## Section 5: Environmental Review

**THIS SECTION ONLY APPLIES TO CAPITAL PROJECTS.**

**ECONOMIC DEVELOPMENT AND PUBLIC SERVICES PROJECTS WILL ALSO UNDERGO ENVIRONMENTAL REVIEW WITH INFORMATION ALREADY PROVIDED IN THIS APPLICATION.**

### Background

Federally funded City projects are subject to the National Environmental Policy Act (NEPA) and numerous other state and Federal environmental laws. All environmental laws seek to avoid adverse impacts on the environment by mandating careful consideration of the potential impacts on any development assisted with public funds. Applicants must be sensitive to any possible environmental impacts and concerns while their projects are first being planned to avoid problems, which can create uncontrollable delays, add unplanned construction or pre-development costs, or even prevent a project from being funded or implemented in a timely manner.

It is the applicant’s responsibility to complete this section fully and in compliance with the application specifications and to fully disclose any known or potential environmental concerns. The Community Services Division is responsible for assuring compliance with state and Federal regulations and seeks to avoid or mitigate adverse impacts on the natural and human environment by mandating careful consideration of the potential impacts of any development assisted with City managed funds.

All applicants must recognize and document potential environmental issues during the project planning process. The Community Services Division and Human Services Commission can make better decisions by fully understanding and carefully considering the potential environmental consequences.

This section includes a listing of subject areas relating to potential impacts on the physical or human environment. While city staff will complete an Environmental Review when funding is awarded, this section provides critical information. In most cases, applicants will be able to simply provide a brief response to the categories listed. While “unknown” is an acceptable answer, applicants should make every effort to determine an answer. Environmental information and assistance in preparing the environmental section can be obtained from a wide variety of sources, including those listed that are cited as appropriate. Other possible sources of information include the City of Federal Way Comprehensive Plan, preliminary engineering studies, state and Federal reports, local agencies (such as the planning or environmental health office), Federal agencies, and the internet.

Please contact the Community Services Division if you have any questions related to environmental issues or if you need assistance completing this section appropriately.

### Part 1

Your submission of this application triggers Federal environmental review requirements. Federal requirements mandate that the City complete an environmental review prior to any “choice limiting actions” (i.e., contract/agreement execution, acquisition, demolition, construction) being initiated on a project receiving Federal funding.

1. **Project Status.** Is your project currently underway?

Yes, acquisition and/or construction have begun.

If yes, was a legally binding contract signed prior to your intent to apply for Federal funds?

Yes (If yes, attach a copy of the contract)

No

If you have a legally binding contract in place and dated prior to the submission date of your application, you must cease ***all*** choice limiting activities ***immediately*** until environmental compliance has been reviewed and approved by the City of Federal Way. If your project is not under contract at the time of application, no construction or acquisition activities can occur until an environmental review has been completed and approved by the City of Federal Way. Failure to comply will prohibit the use of Federal funds for the project.

No, acquisition or construction activities will not begin prior to authorization from the City of Federal Way.

1. **Project Location.** Identify the project location by completing ***all*** of the following location identifiers:

|  |  |  |
| --- | --- | --- |
| Assessor Parcel Number of Project Site: |  | |
| Complete Street Address: |  | |
| Current Zoning Classification: |  | |
| Proposed Land Use: |  | |
| Current Property Owner: |  | |
| Is project consistent with current zoning designation? | | Yes  No |
| Is the project’s proposed land use consistent with the City of Federal Way Comprehensive Plan? | | Yes  No |

1. **Existing Buildings on Proposed Site.** If the site has an existing building, complete the following:

|  |  |
| --- | --- |
| Building(s) Size (square footage): |  |
| Year Building(s) Built: |  |
| *(attach Assessor’s Record)* | |
| Current Use: |  |
| Proposed Use: |  |
| Landmark Classification (if any): |  |

1. Has this specific project previously received a NEPA environmental clearance from the City of Federal Way for CDBG funds?

|  |  |  |
| --- | --- | --- |
| Yes  No  Unknown | If yes, provide the year: |  |

### Part 2

Complete the following questions fully. Staff will complete a full Environmental Review upon awarding funding. This section helps to understand timeline.

*Note: A “Yes” response to any of the following questions may cause additional delays in the review process. If you answer “Yes” to any question, please complete the following:*

* Describe how the determination was made in Part H;
* Provide supporting documentation; and
* Contact staff to discuss.

|  |  |
| --- | --- |
| 1. **Historic Preservation** | |
| 1. Is the proposed site or any project activity listed on or within a district listed on the National Register of Historic Places, any state or local listing of historic places, or tribal land? | Yes  No  Unknown |
| 1. Is any structure(s) on the proposed site of project activity 45 years old or older? | Yes  No  Unknown |
|  | |
| 1. **Floodplain Management & Flood Insurance** | |
| 1. Is the proposed property located in a flood hazard area? | Yes  No  Unknown |
|  | |
| 1. **Wetlands Protection** | |
| 1. Are there any wetlands on any part of the project site, or within 300 feet of the proposed project site and, if so, will the proposed project activity encroach or impact in any way upon any such on-site or adjacent wetland? | Yes  No  Unknown |
|  | |
| 1. **D. Air Quality** | |
| 1. Is the ambient air quality at the proposed project site presently degraded by proximity to significant pollution generators or conditions (e.g., heavy motor traffic, dusty or noxious odor producing commercial or industrial operations, etc.)? | Yes  No  Unknown |
| 1. Will the project contribute any pollution to the ambient air at project site? |  |
| * 1. During project development? | Yes  No  Unknown |
| * 1. By its use or operation after completion? | Yes  No  Unknown |
|  | |
| 1. **Noise** | |
| 1. Is the proposed project within 1,000 feet of a major roadway? | Yes  No  Unknown |
| 1. Is the proposed project within 3,000 feet of a railway? | Yes  No  Unknown |
| 1. Is the proposed project within 15 miles of a military or civil airport? | Yes  No  Unknown |
| 1. Are there any other potential noise sources in the project vicinity that could produce a noise level above HUD’s acceptable range, including but not limited to concert halls, night clubs, event facilities, etc.? | Yes  No  Unknown |
|  | |
| 1. **Hazardous Conditions** | |
| 1. **Thermal and Explosive Hazards.** Are there any visible above ground storage vessels, of more than approximately 200 gallons volume, with the exception of ***household*** propane storage tanks within a six block radius of proposed project site? | Yes  No  Unknown |
| 1. **Toxic Chemicals and Radioactive Materials.** Is the property or surrounding neighborhood listed on an EPA Superfund National Priorities or CERCLA List, or equivalent state list? | Yes  No  Unknown |
| 1. Are there any **commercial or industrial facilities** with large above-ground storage of any hazardous materials (such as a petroleum tank farm or wholesale facility, or a factory producing or using hazardous materials) within a 1/2 mile radius of project site? | Yes  No  Unknown |
| 1. **Airport Hazard Zones.** Is the proposed project site within 1/4 mile of the perimeter or boundary of any military or civil airport or air field? | Yes  No  Unknown |
|  | |
| 1. **Other Environmental Resources** | |
| 1. **Farmland Preservation.**Will the proposed project site involve conversion of any existing farmland to another use? | Yes  No  Unknown |
| 1. **Coastal Zone Management.** Is the proposed project site situated within a shoreline zone regulated under the City of Federal Way’s Shoreline Management Master Plan? | Yes  No  Unknown |
| 1. If yes, is the project permitted under those regulations? | Yes  No  Unknown |
|  | |
| **H. Explanation.** If you answered “Yes” to any of the questions above, please explain how your response was determined for each “Yes” answer. | |
|  | |
|  | |
| **I. Attach any supporting documentation.** Attach all available environmental project and site studies, investigations, reports, and project plans, including Environmental Site Assessments, wetlands or other biological investigations, hazardous materials investigations, soils and other geotechnical studies, planning reports, engineering reports, noise studies, traffic studies, etc. | |

### Part 3

Attach the following documents with the application ***for all projects***:

* Vicinity map, such as an Assessor’s Parcel Map, with the site location marked.
* Site plans and drawings (no larger than 11 x 17). If the project consists of new construction or rehabilitation, include the original total square footage of the site plus square footage of new impervious surface to be added.
* Submit one or more photos or aerial map identifying the location of the project site with the original application.

### Part 4

Acquisition of land, whether vacant or occupied by buildings, new construction, or substantial rehabilitation projects may require a Phase I Environmental Site Assessment. A Phase I Environmental Site Assessment is a professionally written assessment evaluating any hazards that may be on the land or in buildings (e.g., asbestos, lead based paint), historical use of the property or building, and any other possible hazards in the vicinity of the property.

***In order to meet the all appropriate inquiry standards, the Phase I Environmental Site Assessment must be conducted or updated within one year prior to date of acquisition, and the interviews, record reviews, site inspection, and lien search must be conducted or updated within 180 days prior to the date of acquisition.***

This assessment is helpful at application time, but is not required until funding is approved.

## Section 6: Conflict of Interest Questionnaire

Federal, State, and City law prohibits employees and public officials of the City of Federal Way from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, any of the applicant's staff, or any members of the applicant’s governing body would be in conflict of interest.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Is/Has any member of the applicant's staff or governing body been a City employee, consultant, or member of the City Council within one year of the date of this application? | | | | Yes  No |
| If yes, please list all name(s) below. Include each person’s job title or role with respect to the applicant. | | | |  |
|  |  |  |  | |
| 1. Will the CDBG funds requested by the applicant be used to pay the salaries of any applicant staff members or to award a subcontract to any individuals or business affiliates who are or have been a City employee, consultant, or member of the City Council within one year of the date of this questionnaire? | | | | Yes  No |
| If yes, please list all name(s) below. | | | |  |
|  |  |  |  | |
| 1. Are any members of the applicant's staff or governing body business partners or family members of a City employee, consultant, or member of the City Council? | | | | Yes  No |
| If yes, please list all name(s) below. Include the name of the City employee, consultant or member of the City Council with whom each person has family or business ties. | | | |  |
|  |  |  |  | |

On behalf of the applicant, I certify to the best of my knowledge and belief that the data in this questionnaire are true and correct.

The applicant agrees to abide by the provisions of 24 CFR 570.611 with respect to conflict of interest if selected as a recipient of CDBG funding.

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Authorized Official’s Name and Title: |  |
| Authorized Official’s Signature and Date: |  |

***Please submit one original signed copy as part of your “original” application packet and 12 photocopies of this questionnaire in your application package.***

## Section 7: Pre-Award Risk Assessment

**Instruction Page**

Answer all questions and comment on your answers. If you have to submit supporting documents, please verify the dates are correct, dollar amounts, the most current policies are submitted, and correct agency information are provided. Pre-Award Risk Assessments are governed by 2 CFR Part 200.

**Financial Stability**

1. An example of changes to key staff could be Executive Director, Program Supervisor, and Fiscal Manager to name few.
2. Give a percentage and support your answer.
3. If yes, what federal agency and what is the plan to re-pay fund?
4. If yes, when and if no, why?
5. Yes or no. Explain your answer.
6. If yes, explain your answer with correct date of submission and the response of the filing.

**Management System**

1. If yes, what grant and since when?
2. If yes, explain the previous system and name the new system why it was chosen.
3. Explain your system to track staff time to award.
4. Send internal controls policies.
5. Give example of performance activity report.
6. Explain the indirect cost system in the organization.
7. If yes, explain how federal cost principles are used in organization.
8. If yes, provide accounting/financial management manual.

**History of Performance**

1. If yes, list all funding.
2. If yes, list all funding with dollar amount.
3. If no, explain time and circumstance.
4. Provide documentation of a successful completion of an award.
5. If yes, list the funders and reasons for the withdrawal or withholding of funds.

**Audit Reports and Findings**

1. If yes, list federal funds and dollar amount.
2. If yes, list other awards applied for in last 12 months.
3. If yes, list auditors and dates of audit in last 3 years.
4. If yes, list audit finding for the auditor list above.
5. If yes, send report.
6. If yes, send corrective action plan.
7. If yes, tab section in audit report.

**Applicants Ability to Implement Requirements**

1. If no, explain why this wouldn’t apply to your organization.
2. Describe plan to meet statutory requirements.
3. Explain staff position and the capability to perform contract compliance.
4. If yes, explain circumstances.

**Submit the most current documentation.**

**Submit all requested documentation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Financial Stability** | **Yes** | **No** | **NA** | **Comments (Explanation of answer/response)** |
| 1. Has the organization had changes to key staff or positions in the past twelve (12) months? |  |  |  | Click here to enter text. |
| 1. What is the percentage of economic dependence on government grants? |  |  |  | Click here to enter text. |
| 1. Does the organization owe any funds to the Federal Government? |  |  |  | Click here to enter text. |
| 1. Has the organization been granted tax exempt status by the IRS? |  |  |  | Click here to enter text. |
| 1. Does agency have reserve funds? |  |  |  | Click here to enter text. |
| 1. Has the organization filed bankruptcy in the last ten (10) years? |  |  |  | Click here to enter text. |
|  |  |  |  |  |
| **Management System** | **Yes** | **No** | **NA** | **Comments** |
| 1. Does the accounting system provide for the recording of actual grant/contract costs according to categories of your approved budget, and provide for complete disclosure? |  |  |  | Click here to enter text. |
| 1. Has your organization had changes to business systems in the past twelve (12) months? |  |  |  | Click here to enter text. |
| 1. Is there a time and effort tracking system in place to adequately record staff hours worked against awards? |  |  |  | Click here to enter text. |
| 1. Describe the internal controls that are in place to ensure compliance to contract requirements. |  |  |  | Click here to enter text. |
| 1. Does management produce reports to assess status of performance activity? |  |  |  | Click here to enter text. |
| 1. Are indirect costs accumulated into cost pools for allocation to projects, contracts and grants? |  |  |  | Click here to enter text. |
| 1. Is your organization familiar with Federal cost principles (2 CFR 200)? |  |  |  | Click here to enter text. |
| 1. Does your organization have an accounting/financial management manual? |  |  |  | Click here to enter text. |
|  |  |  |  |  |
| **History of Performance** | **Yes** | **No** | **NA** | **Comments** |
| 1. Does your organization have experience managing grant funds, loans or other types of financial assistance? |  |  |  | Click here to enter text. |
| 1. Has the organization been awarded federal funds within the last three (3) years? If applicable, list the awarding agencies, pass-through entities and the dollar value of award(s). |  |  |  | Click here to enter text. |
| 1. Were required reports by awarding agency submitted on time? |  |  |  | Click here to enter text. |
| 1. Is there documentation of successful completion and meeting terms of the award requirements? |  |  |  | Click here to enter text. |
| 1. Have funders withdrawn or withheld funds for any reason in the last three (3) years? |  |  |  | Click here to enter text. |
|  |  |  |  |  |
| **Audit Reports and Findings** | **Yes** | **No** | **NA** | **Comments** |
| 1. Did your organization expend $750,000 or more in federal funds in any one of the fiscal years for the pastthree (3) years? |  |  |  | Click here to enter text. |
| 1. Does your organization anticipate expending $750,000 or more in federal grant funds in the next twelve (12) months? |  |  |  | Click here to enter text. |
| 1. Has your organization had any type of independent audit within the last three years? Please submit a copy. |  |  |  | Click here to enter text. |
| 1. List any audit findings received from the external auditing entity within the last three years. |  |  |  | Click here to enter text. |
| 1. Did your organization have any monitoring visits by grantors or funders in the last three years? If applicable, please submit a copy of the report(s)/letter(s). |  |  |  | Click here to enter text. |
| 1. Has the agency submitted corrective actions plans to resolve audit findings within the last three (3) years? |  |  |  | Click here to enter text. |
| 1. Has an audit indicated any questioned or unallowable costs within the last three (3) years? |  |  |  | Click here to enter text. |
|  | | | | |
| **Applicants Ability to Implement Requirements** | **Yes** | **No** | **NA** | **Comments** |
| 1. Is the organization familiar with procedures for the determination and allowance of costs in connection with federal grants and contracts in accordance with the OMB Uniform Guidance? |  |  |  | Click here to enter text. |
| 1. What is the organization's plan to implement statutory requirements of the award? |  |  |  | Click here to enter text. |
| 1. Does the organization have the resources of staff and funding to meet the performance requirements of the award? |  |  |  | Click here to enter text. |
| 1. Has the agency been suspended or debarred within the last twelve (12) months? |  |  |  | Click here to enter text. |
|  |  |  |  |  |
| **Please submit the most current documentation** |  |  |  | **Comments** |
| 1. Audit |  |  |  | Click here to enter text. |
| 1. Audit Management Letter |  |  |  | Click here to enter text. |
| 1. IRS Form 990 or applicable Tax Return |  |  |  | Click here to enter text. |
| 1. Agency Financial Statement |  |  |  | Click here to enter text. |
| 1. Personnel Manual |  |  |  | Click here to enter text. |
| 1. Accounting/Financial Management Manual |  |  |  | Click here to enter text. |
| 1. Other Funder Monitoring Reports and Certifications |  |  |  | Click here to enter text. |
|  |  |  |  |  |
|  |  |  |  |  |
| Prepared by: Click here to enter text. | | | |  |
| Prepared for: Click here to enter text. | (Organization) | | |  |
| Date Prepared: Click here to enter text. | | | |  |
|  | | | |  |

## Appendix A:

## Step-by-Step Directions to Environmental Websites

### Leaking and Underground Storage Tanks

[www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html](http://www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html)

*\*Note – screen resolution must be at least 1024 x 768 pixels\**

1. Scroll down toward the bottom of the page under Electronic Data and click on Facility Site on the Web.
2. Scroll down and click on Search by Map.
3. On the left side under Search Menu scroll to Street Address.
4. Enter the exact street address, city, and state of project and click Zoom To.
5. Click once or maybe twice on the big red dot at the address to get a closer look.
6. On tool bar toward top of page, click on Print Map.
7. Click Create Print Page, then print map in color.

### Enviromapper

[www.epa.gov/enviro/](http://www.epa.gov/enviro/)

1. Scroll down the page to the “Other Sites of Interest”.
2. In the EnviroMapper box, enter street address, city, WA and click on magnifying glass.
3. Click Program Systems on the left side.
4. Put a check mark in the box of all 9 systems (if any of these are “0” you won’t be able to check that particular item).
5. On your map, zoom in once or twice, if needed, to get good area details.
6. Print entire page in color, including facility information at the bottom of the map; everything comes on one page. The actual map is smaller but that’s ok as long as one of the colored symbols is not on or near your project location.
7. Mark the location of your project on the printed, color map.

### Flood Map

<https://msc.fema.gov/>

1. Click on Map Search in red bar toward top of page.
2. Enter street address, city and state and click GO
3. Click on the magnifying glass icon under the “View” column in the center of the page.
4. Define the area of your property then click on “Make a Firmette” on the left side of the page.
5. Drag and drop the pink square outlined in green so that your property is in the approximate center of the square.
6. Then on left side click “Print Area”.
7. Then on left side click “Scale and North Arrow”.
8. Then on left side click “Title Block”
9. Then click “Create Firmette” Adobe.
10. Then click “Save your Firmette toward the upper left corner.
11. Then open file.
12. The map that opens should show your location. Print and then mark the spot of your property on printed page.