

III. MCR PLANNING GRANT APPLICATION

MONTANA COMMUNITY REINVESTMENT PROGRAM MONTANA DEPARTMENT OF
COMMERCE – COMMUNITY MT DIVISION

SECTION A – APPLICANT CERTIFICATION

The Applicant hereby certifies that: It will comply with all requirements established by the Montana Department of Commerce and applicable State and Federal laws, regulations, and administrative procedures.

To the best of my knowledge and belief, the information provided in this application and in the attached documents is true and correct.

Name (printed): _____

Title (printed): _____

Signature: _____ Date: _____
Chief Elected Official or Authorized Representative

SECTION B – APPLICANT INFORMATION

1. Name of Applicant: _____

2. Mailing Address: _____

3. Type of Entity: _____

4. Federal Tax ID Number: _____

5. Type of Project: _____

6. UEI Number: _____

SECTION C – CONTACT INFORMATION SUMMARY—ALL FIELDS MUST BE COMPLETED UNLESS OTHERWISE NOTED. FAILURE TO COMPLETE ALL FIELDS MAY RESULT IN A DELAY IN PROCESSING YOUR APPLICATION

CHIEF ELECTED OFFICIAL/AUTHORIZED REPRESENTATIVE:

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Email)

PROJECT PLANNER/ARCHITECT/ENGINEER (if applicable):

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Email)

LEGAL COUNSEL/ATTORNEY:

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Email)

PRIMARY CONTACT PERSON (if different from CEO/Auth Rep):

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Email)

GRANT/LOAN ADMINISTRATOR (if applicable):

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Email)

CLERK/CONTRACT ATTESTER:

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Email)

SECTION D – REQUIRED DOCUMENTATION

TO BE SUBMITTED AS ATTACHMENTS AT THE END OF THE APPLICATION (AS APPLICABLE):

- I. **PROJECT IMPLEMENTATION SCHEDULE**
Provide a project implementation schedule using Exhibit 1 attached. Include a brief narrative to explain your proposed project schedule.
- II. **PROPOSED PROJECT BUDGET AND BUDGET JUSTIFICATION NARRATIVE**
Use Exhibit 2 attached to list your project budget and to provide a detailed narrative that explains and justifies each line item of your proposed budget.
- III. **WAIVER OF MATCH REQUESTED?**
If waiver of match is requested, provide supporting documentation and narrative justification as part of the budget narrative (See Guidelines, page 6).
- IV. **LETTER(S) OF COMMITMENT**
For funds or resources to be provided by a non-profit agency, water and sewer district, or similar organization. (See Guidelines, page 5).
- V. **LETTERS EXPRESSING COMMUNITY SUPPORT FOR THE PROPOSED PLANNING PROJECT (if available).**

SECTION E – PLANNING ACTIVITY PROPOSAL

Population, Community Change, and Housing Challenges

Use this link: [Workbook: CMT_MT_COMMUNITY_REINVESTMENT_SFE](#)

- Population of Planning Area (from most recent Census or American Community Survey, Use Commerce Census and Economic Information Center website): _____
- Population Change of Planning Area over past 10 years (Use Commerce Census and Economic Information Center website): _____
- Population Change of Planning Area year over year (Use Commerce Census and Economic Information Center website): _____
- Housing Affordability Index number (Use Commerce Census and Economic Information Center website): _____
- Housing vacancy rate (Use Commerce Census and Economic Information Center website): _____
- Is the community experiencing significant economic change (positive or negative) or does it expect to experience significant economic change (positive or negative) in the next five years?
___Yes ___No
 - If Yes, include and describe in Problem/Solution responses below

PAST PLANNING ACTIVITIES

Indicate what long-range planning projects the applicant has completed in the last 10 years, check all that apply and indicate year of most recent update:

- Growth Policy, year _____
- Capital Improvements Plan, year _____
- Zoning Regulations, year _____
- Subdivision Regulations, year _____
- Downtown Master Plan, year _____
- Comprehensive Economic Development Strategy, year _____
- Community Needs Assessment, year _____
- Housing Needs Assessment, year _____
- Transportation Plan, year _____
- Trails/Parks Master Plan, year _____
- Other (describe) _____

PROJECT DESCRIPTION, IMPACT, OUTCOME, NEXT STEPS, AND CAPACITY

Using separate sheets, address each of the questions below. Links to supplemental documents or community specific data and related information are encouraged to help support or illustrate the planning activity for which funding is being requested.

1. **Problem:** In 500 words or less, describe the local attainable, affordable workforce housing supply problem that the proposed planning activity will address. Include relevant statistics and examples where applicable.
2. **Solution:** In 500 words or less, describe how the proposed planning activity will increase the housing supply and/or increase the availability of local attainable, affordable workforce housing. If possible, provide statistics, studies and/or specific examples of similar planning activities/solutions from other communities that help connect the planning activity to an actual increase in housing.
3. **Next Steps:** In 250 words or less, describe the next steps the community will take following the conclusion of the planning activity to increase housing supply and/or increase the availability of local attainable, affordable workforce housing (e.g., additional grant funds sought and sources, implementation, project construction, etc.).
4. **Community Support:** In 100 words or less, indicate the community's support for the planning project. Attach any copies of letters expressing community support for the proposed planning project at the end of the application.
5. **Need for Financial Assistance:** In 100 words or less, describe the need for financial assistance to complete the planning project.
6. **Capacity:** In 100 words or less, describe the fiscal capacity of the applicant to meet the grant conditions required by the Department including, but not limited to, managing the planning project and utilizing generally accepted accounting principles.

Alternative accessible formats of this document will be provided upon request. If you need this document in an alternative format, such as large print, braille, audio tape, or computer diskette, please contact the Montana Department of Commerce Community Development Division at (406) 841-2770, TDD (406) 841-2702, or the Relay Services number, 711.

The Department of Commerce does not discriminate on the basis of disability in admission to, access to, or operations of its program, services, or activities. Individuals, who need aids or services for effective communication or need other disability-related accommodations in the programs and services offered, are invited to make their needs and preferences known. Please provide as much advance notice as possible for requests.

**EXHIBIT I
MCR COMMUNITY PLANNING GRANTS
PROJECT IMPLEMENTATION SCHEDULE**

<u>TASK</u>	<u>MONTH/YEAR</u>
Project Startup	
Preparation of MDOC Contract	
Procurement of Professional Services	
Publish RFQ/Conduct limited solicitation	
Select professional	
Execute agreement with professional	
Submit (Exhibit 3) attesting that procurement followed applicable laws	
Project Implementation	
Prepare draft plan/report	
Submit interim Request for Funds and 50% draft of the final plan/report	
Public review and comment	
Finalize plan/report	
Project Closeout	
Submit final product in electronic format	
Submit final Request for Funds and Completion Report	

**EXHIBIT 2
MCR COMMUNITY PLANNING GRANTS
PRELIMINARY PROJECT BUDGET & BUDGET NARRATIVE**

APPLICANT NAME:				
MCR Planning Grant Funds Requested: \$ _____				
<input type="checkbox"/> 20% of total cost of proposed planning activity must be provided as a match by the applicant; 50% of the total match amount may be satisfied by in-kind contributions (Note: Required matching funds and amounts must be included in this preliminary budget)				
	SOURCE: <i>MCR Planning Grant</i>	SOURCE: <i>Match (Specify cash or in-kind or both))</i>	SOURCE: <i>(Specify)</i>	TOTAL
Status of non-MCR funds <i>(Pending or Firm)</i>				
Professional Planning Activities				
Professional Architectural/Engineering Services				
Other (Describe)				
TOTAL PLANNING PROJECT	\$	\$	\$	\$

The budget justification narrative **must** thoroughly explain the rationale or basis for all proposed budget costs for each line item.

Quotes from qualified professionals may be requested by Commerce to justify the proposed budget; applicants are encouraged to provide estimates from qualified contractors as part of the application package, in support of the amount of funds requested.

Commerce will consider the thoroughness of the budget justification during its review of the application.

The budget for the planning project must be accompanied by a detailed narrative that explains:

- 1) The justification for each budget line item for the MCR funds requested included estimated number of hours to complete each task and rates for each service provided;
- 2) Local matching funds including in-kind match broken down into individual line items for applicable staff time, etc.; and

3) Other sources and amounts of local, state, federal, or private funds to be involved.

Reminder: Planning grants may not be used for reimbursement of activities undertaken or completed prior to the date of announcement of grant award by the Department of Commerce. However, costs incurred before the grant award date may be applied to the grantee's required match.

Budget Justification Narrative Response (response below or attached):

EXHIBIT 3

**MONTANA COMMUNITY REINVESTMENT PLANNING GRANT PROGRAM
PROCUREMENT ATTESTATION FORM**

Applicant Name _____

(Local government or Tribal government)

Authorized Person _____

(Person authorized to enter into a grant agreement with the state of Montana)

- I attest that applicant listed above has completed procurement of professional services to complete the planning activity funded with a Montana Community Reinvestment Planning Grant to complies with all applicable state and federal laws including, but not limited to, any applicable section MCA §§ 18-8-201 through 212 and 2 CFR Part 200.*

Signature

Date