

**B.**  
**PROJECT**  
**ELIGIBILITY**



# CDBG PROJECT ELIGIBILITY PROPOSAL (PEP) FORM



Please submit to:



Housing + Community Investment Department/Grants Unit  
1200 West 7<sup>th</sup> Street, Los Angeles 90017 (Mail Stop 854)  
E-mail: [hcidla.grantsadmin@lacity.org](mailto:hcidla.grantsadmin@lacity.org)

**PEP MUST BE COMPLETED BY OPERATING DEPARTMENT: INCOMPLETE FORMS WILL NOT BE ACCEPTED**  
**Include All Attachments (i.e. Environmental Form, National Objective documentation, Capitol Projects Timeline)**

<p><b>1</b> <b>Conplan Project Title:</b> &lt;&lt;CLICK HERE, Enter Project Title from ConPlan&gt;&gt;</p> <p><b>Funded Agency Name:</b> &lt;&lt;Enter Agency that will Invoice for Funds&gt;&gt;</p> <p><b>DUNs #:</b> &lt;&lt;#####&gt;&gt;</p> <p><b>Project Name:</b> &lt;&lt;Enter Project Name (may differ from Activity)&gt;&gt;</p> <p><b>Application Implementing Dept:</b> &lt;&lt;Enter Department&gt;&gt;</p> <p><b>Activity Implementing Dept:</b> &lt;&lt;Enter Department&gt;&gt;</p>	<p><b>7</b> <b>National Objective:</b> &lt;&lt;Enter LMA / LMC / LMJ / LMH / SBS / or SBA&gt;&gt;</p>																		
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**A. Project Description/Scope of Work**

*(Changes to the Scope of Work typically require an amendment. Please contact HCIDLA for more information, if there are any changes.)*

<<Enter Project Description from ConPlan or Council Action>>

**B. Activity Description**

<<Describe basic scope of CDBG-funded activity. Projects with multiple activities will have activity descriptions for each separate PEP>>

**C. Describe specifically how CDBG funds will be spent.**

<<Describe cost categories of activities funded by CDBG, i.e. City staff, Contractor, Construction Materials, etc.>>

**D. How does this activity addresses the National Objective (LMA, LMC, LMH, LMJ, SBA) listed on Page 1, Box 7?**

<<Affirm, if LMA, service area is 51% LMI/primarily residential, & open to public...if LMC, that population is presumed LMI or that participant income data will be collected with 10% income verified...if LMJ FTE jobs created/retained...LMH # LMI units>>

**E. If the project is an eligible activity (Page 1 - Box 7) using the 17 or 18 HUD eligibility code, describe how the public benefit of jobs or goods and services will be met.**

<<Describe public benefit, that activity will create or retain at least one permanent FTE per \$35,000; or that goods or services to area LMI residents served by assisted businesses amounts to at least one LMI persc per \$350>>

**F. If any part of this project involves construction, what is the estimated total cost of the Project?**  
\$\$\$\$, \$\$\$

**G. Objective and Outcomes**

**PLEASE CHECK ONE IN EACH CATEGORY**

Designate one objective:

- Suitable Living Environments*
- Create Economic Opportunities*
- Decent Housing*

Designate one outcome:

- Availability/Accessibility*
- Sustainability – Promoting Livable or Viable Communities*
- Affordability*



# CDBG PROJECT ELIGIBILITY PROPOSAL (PEP) FORM



<b>4</b>	<p><b><u>Performance Measurements:</u></b> Performance measurements entered should indicate <b>what</b> the activity is going to fund.</p> <p>Enter only one of the following for "A", below:</p> <ul style="list-style-type: none"> <li>• People (used for Public Service Activities)</li> <li>• Households (used for housing activities)</li> <li>• Businesses</li> <li>• Jobs</li> <li>• Housing Units</li> <li>• Public Facilities (Used for Public Facilities and Public Improvements)</li> <li>• Organizations</li> </ul>	<p style="text-align: center;"><b><u>Category</u></b></p> <p>Enter one of the following for "B", below:</p> <ul style="list-style-type: none"> <li>• Businesses Assisted</li> <li>• Facilities Built/Rehabbed</li> <li>• Households Assisted</li> <li>• Housing Units Built/Rehabbed</li> <li>• Jobs Created</li> <li>• Jobs Retained</li> <li>• Persons (Unduplicated) Assisted</li> </ul>	<p style="text-align: center;"><b><u>Number</u></b></p> <p>Enter a number for "C", below:</p>
	A. <<Enter one of the above>>	B. <<Enter one of the above>>	C. ##

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Goal Outcome Indicator <i>Goal outcome indicator measures <b>impact</b> of the activity funded.</i>	Quantity	Unit of Measure
1. Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit		Persons Assisted
2. Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit		Households Assisted
3. Public Service Activities other than Low/Moderate Income Housing Benefit		Persons Assisted
4. Public Service Activities for Low/Moderate Income Housing Benefit		Households Assisted
5. Façade Treatment/Business Building Rehabilitation		Business
6. Brownfield Acres Remediated		Acre
7. Rental Units Constructed		Household Housing Unit
8. Rental Units Rehabilitated		Household Housing Unit
9. Homeowner Housing Added		Household Housing Unit
10. Homeowner Housing Rehabilitated		Household Housing Unit
11. Direct Financial Assistance to Homebuyers		Households Assisted
12. Tenant-based Rental Assistance / Rapid Rehousing		Households Assisted
13. Homeless Person Overnight Shelter		Persons Assisted
14. Overnight/Emergency Shelter/Transitional Housing Beds Added		Beds
15. Homelessness Prevention		Persons Assisted
16. Jobs Created/Retained		Jobs
17. Businesses Assisted		Businesses Assisted
18. Housing for Homeless Added		Household Housing Unit
19. Housing for people with HIV/AIDS Added		Household Housing Unit
20. HIV/AIDS Housing Operations		Household Housing Unit
21. Buildings Demolished		Buildings
22. Housing Code Enforcement/Foreclosed Property Care		Household Housing Unit
23. Other		Other



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## GRANT/LOAN ASSISTANCE

For loans of any type, enter the number of grants or loans provided to beneficiaries of this activity

Grants: ##      Loans: ##

Loans Provided

	Average Interest Rate	Average Amortization Period	Total Amount
Amortized Loan	##	##	##
Deferred Payment Loan	##	##	##

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## FLOAT FUNDS

Float Principal Balance: \$##### Date Float Funds to be Received: ##/##/20##

## SLUM/BLIGHT AREA

If your National Objective is Slum/Blight Area, please answer the following:

- a. % of Deteriorated Building/Qualified Properties: ##
- b. Slum/Blight Designation Year: 20##
- c. Public Improvement Type addressing Slum/Blight condition  
<<Enter brief description of how Slum/Blight identified is to be remediated>>
- d. Boundaries: N/S/E/W



# CDBG PROJECT ELIGIBILITY PROPOSAL (PEP) FORM



## JOBS FORECAST FORM

TYPES OF JOBS CREATED / RETAINED	NO. OF FTE SKILLED	NO. OF FTE UNSKILLED
OFFICIALS AND MANAGERS		
PROFESSIONAL		
TECHNICIANS		
SALES		
OFFICE AND CLERICAL		
CRAFT WORKERS (SKILLED)		
OPERATIVES (SEMI-SKILLED)		
LABORERS (UNSKILLED)		
SERVICE WORKERS		
OTHER: <<ENTER CATEGORY>>		
<b>TOTAL</b>		

## CAPITAL PROJECT TIMELINE / MILESTONES

MILESTONE	DESCRIPTION	DATE
<b>SITE CONTROL / APPRAISAL</b>	Provide the date that the applicant expects to have access / control of the site. Use the current date if applicant has site control.	
<b>ENVIRONMENTAL REVIEW STORICAL REVIEW ZONING CHANGES</b>	Complete the Environmental Checklist on the Application. Provide the Date that the applicant expects that all Environmental reviews will be completed; remediation and/or removal of hazardous waste addressed.	
<b>FINANCING / PRE-DEVELOPMENT</b>	Provide the date all funds are expected to be secured (assume this applications is funded)	
<b>CONTRACTOR PROCUREMENT</b>	Provide the Date that the applicant expects that all procurement will be done in conformance with federal procurement requirements.	
<b>RELOCATION</b>	Provide the date it is expected all site occupants will be relocated or write "N/A" if no relocation	
<b>DEMOLITION / SITE PREPARATION</b>	Provide the date or indicate "N/A"	
<b>CONSTRUCTION</b>	Start Date	
<b>CONSTRUCTION</b>	End Date	
<b>READY FOR USE</b>	Provide the expected date when the project will be "stabilized" or receive certificate of occupancy or open to the public or end users.	
<b>NATIONAL OBJECTIVE</b>	Provide the date it is expected the National Objective will be achieved (all jobs created / filled or project constructed and serving a low / mod area or low / mod clientele or have addressed slum / blight)	



# ENVIRONMENTAL CHECKLIST FORM 101

The following information must be completed before an environmental assessment can be initiated. Please refer to the attached instructions when completing this form.

**For all public service projects, ONLY answer questions 1-6 (except lot parcel #). For all other projects, answer all questions completely.**

1. **PROJECT NAME** \_\_\_\_\_

2. **WAS THIS PROJECT PREVIOUSLY FUNDED UNDER ANOTHER NAME?**  Yes  No

If yes, what was its previous Name or Names? \_\_\_\_\_

3. **PROJECT LOCATION/ADDRESS** \_\_\_\_\_

Zip Code \_\_\_\_\_ Council District # \_\_\_\_\_ Site Census Tract # \_\_\_\_\_

Closest Cross Street/s \_\_\_\_\_ Lot Parcel # \_\_\_\_\_

### 4. PROJECT CONTACT

	Agency Contact Person	City Project Monitor
Name:	_____	_____
Address:	_____	_____
	_____	_____
Tel. #:	_____	_____
Fax #:	_____	_____
Email Address	_____	_____

5. **PROJECT DESCRIPTION** (Please provide a detailed description of the project activities e.g., specify if project involves ongoing activities, acquisition, renovation or rehabilitation, demolition, new construction, working capital, etc. - **this is very important!**) and project components/strategies to help promote sustainability for project to be more economically competitive, inclusive, and energy efficient.

6. **FUNDING AMOUNT & SOURCES** Total Project Cost \$ \_\_\_\_\_

CDBG funding \$ \_\_\_\_\_ Consolidated Plan Year funded \_\_\_\_\_ ID # \_\_\_\_\_

CDBG funding \$ \_\_\_\_\_ Consolidated Plan Year funded \_\_\_\_\_ ID # \_\_\_\_\_

CDBG funding \$ \_\_\_\_\_ Consolidated Plan Year funded \_\_\_\_\_ ID # \_\_\_\_\_

Please list all other sources of funding individually: (Please indicate all funding sources, e.g., BGIF, Small Business Fund, etc.)



**7. PHASE I & II ENVIRONMENTAL ASSESSMENT REVIEWS**

Is the Phase I Assessment completed?  Yes  No (if yes, please attach the Phase I Environmental Report)

Is the Phase I Assessment current (within 180 days)?  Yes  No

Is the updated Phase I Assessment Attached?  Yes  No

Does the Phase I suggest for a Phase II or additional assessment?  Yes  No

If suggested, is the Phase II or additional assessment completed?  Yes  No (if yes, please attach the reports)

**8. HISTORIC REVIEW** Age of building \_\_\_\_\_ Original date of construction \_\_\_\_\_  
(A copy of the building permit MUST be attached to this checklist.)

Is the building located in a historic site?  Yes  No

Is the site located in a historic district?  Yes  No

**9. PLANNING** Name of City Planner consulted \_\_\_\_\_ Date \_\_\_\_\_ Tel # \_\_\_\_\_

Does the project comply with the district plan?  Yes  No District Plan Name \_\_\_\_\_

Will there be a zone change?  Yes  No Current Zone \_\_\_\_\_

Will project cause a change use in site?  Yes  No Current Use \_\_\_\_\_

Is site located in a flood zone?  Yes  No Does agency have flood insurance?  Yes  No  
If Yes, please attach copy of insurance.

**ENVIRONMENTAL CEQA STATUS** (Please check one only. Check with City Planner)

- Ministerial (CEQA does not apply-may proceed to Building and Safety, no Planning action required)
- Categorically Exempt
- Negative Declaration
- Mitigated Negative Declaration
- Environmental Impact Report
- Reconsideration of previous Environmental Review

*(Please provide the following information for all filed cases)*

Case Number: \_\_\_\_\_

▪ Date Filed: \_\_\_\_\_

▪ Date Completed: \_\_\_\_\_

▪ End of Comment Period: \_\_\_\_\_

▪ Date Adopted/ Certified: \_\_\_\_\_

▪ Date Filed with County Clerk: \_\_\_\_\_

▪ Exhausted All Appeals Date: \_\_\_\_\_

**10. ARE THE FOLLOWING ACTIVITIES PROPOSED FOR YOUR PROJECT?**

**REHABILITATION OF BUILDINGS BUILT PRIOR TO 1978?**

Yes  No (if yes, please attach BOTH Asbestos Survey & Lead-Based Paint Survey)

**DEMOLITION?**

Yes  No (if yes, please attach demolition plan/evidence that one is being prepared)

**DEMOLITION OF BUILDINGS/STRUCTURES BUILT PRIOR TO 1978?**

Yes  No (if yes, please attach BOTH Asbestos Survey & Lead-Based Paint Survey)

**RELOCATION?**

Yes  No (if yes, please attach relocation plan)

**NEW CONSTRUCTION?**

Yes  No (if yes, please attach soil report)

**11. ARE ANY OF THE FOLLOWING PRESENT AT THE PROJECT SITE?**

California Oak Trees?  Yes  No (If yes, attach color photos) Storage Tanks? (Underground/above ground)  Yes  No  
Transformers?  Yes  No

**12. ENVIRONMENTAL NOISE**

Will the site have an environmental noise problem?  Yes  No (Close to airport, railroad, freeway, etc.)  
Will the site create a noise problem?  Yes  No

**13. SITE PHOTOS OF THE BUILDING?** (color required)  Front  Back  Left  Right  
 Architectural features

**14. SITE PHOTOS OF THE AREA** (color required)  Each building on the same block  Up the block  
 Down the block  Across the street  Historical Points of Interest (within 1/2 mile radius)

**PACKAGE THE FOLLOWING ENVIRONMENTAL/ HISTORIC REVIEW SUPPORTING DOCUMENTS & FORWARD TO ENVIRONMENTAL REVIEW SECTION**

Signed Environmental Checklist	<input type="checkbox"/> Completed
ZIMAS Report	<input type="checkbox"/> Completed
Building Permit	<input type="checkbox"/> Completed
All Photos	<input type="checkbox"/> Completed
Phase I/II Site Assessments	<input type="checkbox"/> Completed
Zoning Compliance (i.e. EIR, MND or CEQA Exemption)	<input type="checkbox"/> Completed
Asbestos Report (if applicable)	<input type="checkbox"/> Completed <input type="checkbox"/> Pending
Lead-Based Paint Report (if applicable)	<input type="checkbox"/> Completed <input type="checkbox"/> Pending
Soil Report (if applicable)	<input type="checkbox"/> Completed <input type="checkbox"/> Pending
Flood Insurance (if applicable)	<input type="checkbox"/> Completed <input type="checkbox"/> Pending
Relocation Plan (if applicable)	<input type="checkbox"/> Completed <input type="checkbox"/> Pending
Demolition Plan (if applicable)	<input type="checkbox"/> Completed <input type="checkbox"/> Pending

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name & Title Signature

**Questions regarding the Environmental Checklist should be referred to Shelly Lo 213-808-8879**

\_\_\_\_\_

# COMPLIANCE: DOES YOUR PROJECT TRIGGER THESE?

## Uniform Relocation Act (URA)

What it is: Federal regulation governing acquisition and relocation.

### Triggers:

	YES	NO
Property will be or has been acquired for any part (not just the CDBG-funded part) of the project (if it's critical to completing the National Objective, it's part of the project)		
Any part of the project will cause the permanent displacement of residential or commercial tenants, even those without a lease		
Any part of the project will cause the temporary displacement (less than 1 year) of residential tenants		
Any part of the project will cause the permanent displacement of resident owners		

## Section 104(d)

What it is: Federal regulation to manage the demolition of occupied or vacant occupiable low-income residential units. "Low income" units are not the same as "affordable" units; if in doubt, ask HCIDLA!

### Triggers:

	YES	NO
Project will result in outer wall demolition of occupied or vacant occupiable "low-income" residential units (units renting below market rate)		

## Davis Bacon

What it is: Federal regulations to provide laborers fair wages and working conditions. Any work covered by Federal Wage Determinations applies – if in doubt, ask HCIDLA!

### Triggers:

	YES	NO
Project will involve labor or construction funded over \$2,000		
Any part of the project will involve contractors or subcontractors		
There will be a prime contractor with contract exceeding \$100,000 (triggers Contract Work Hours & Safety Standards Act)		

**IF ANY OF THE ABOVE ARE CHECKED "YES", CONTACT HCIDLA FOR GUIDANCE**

**COMPLIANCE: DOES YOUR PROJECT TRIGGER THESE? (CONT.)**

**Section 3**

What it is: Federal procurement regulations to encourage hiring of low- and very low-income workers and contracting of low- and very low-income businesses.

Triggers:

	YES	NO
Construction project funded over \$200,000		
Contractors or subcontractors funded over \$100,000		

**IF ANY OF THE ABOVE ARE CHECKED "YES", CONTACT HCIDLA FOR GUIDANCE**

**ADA**

What it is: Federal regulations ensuring accessibility to persons with disabilities. In the case of alterations to an existing facility, areas or elements being altered must comply with the Federal (as opposed to state) ADA Standards, and with Section 504 of the Rehabilitation Act of 1973.

**AFFIRMATION:**

	INITIALS
I affirm that this project will be overseen by staff or a contractor fully versed in the accessibility standards outlined in the United States federal Americans with Disabilities Act (ADA) of 1990.	

**PLEASE UPLOAD THE COMPLETED, SIGNED FORM TO EACH PEP**

\_\_\_\_\_  
PROJECT NAME

\_\_\_\_\_  
ACTIVITY NAME

\_\_\_\_\_  
NAME OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE