



Clayton County Community Development Office of HUD Programs

2013 CONSOLIDATED APPLICATION

**Community Development Block Grant (CDBG)
Emergency Solutions Grant (ESG)
HOME Investment Partnership (HOME)**



**Community Development Department
Patrick Ejike, Director**

**Office of HUD Programs
Mickie Williams, Administrator**

**Application Deadline:
January 25, 2013 - 4:00 P.M.
121 S. McDonough St., Annex 2
Jonesboro, GA 30236**





**Clayton County Community Development
Office of HUD Programs
121 S. McDonough St Annex 2
Jonesboro, Georgia 30236
Telephone: (770) 210-5208**

Date Submitted: _____

Submitted By: _____ **Title:** _____

Organization: _____

Project Title: _____

REQUIREMENTS

Please check to indicate the documents that are attached.

- | | |
|--|--------------------------|
| 1. Checklist | <input type="checkbox"/> |
| 2. Project Readiness | <input type="checkbox"/> |
| 3. Application Form | <input type="checkbox"/> |
| 4. Conflict of Interest Statement | <input type="checkbox"/> |
| 5. Organizational Chart | <input type="checkbox"/> |
| 6. Agency's 501(c) (3) Certification | <input type="checkbox"/> |
| 7. Certificate of Liability Insurance | <input type="checkbox"/> |
| 8. Provide List of Current Board of Directors and Bios | <input type="checkbox"/> |
| 9. Board of Directors' Authorization to Submit Request | <input type="checkbox"/> |
| 10. Articles of Incorporation, Bylaws and Related Amendments | <input type="checkbox"/> |
| 11. Corporate Resume | <input type="checkbox"/> |
| 12. Business License and Address History | <input type="checkbox"/> |
| 13. IRS 990/990EZ | <input type="checkbox"/> |
| 14. Two Years Audited Financial Statements or Accountant's Financial Review | <input type="checkbox"/> |
| 15. Proof of Registration as a Charitable Organization in the State of Georgia | <input type="checkbox"/> |
| 16. Current Certificate of Good Standing from the State of Georgia | <input type="checkbox"/> |
| 17. Letters of Support | <input type="checkbox"/> |
| 18. Commitment Letters (Commitment for Funding from other Sources) | <input type="checkbox"/> |
| 19. Non Discrimination and Equal Opportunity Employment Statements | <input type="checkbox"/> |
| 20. Site/Program Photos (if applicable) | <input type="checkbox"/> |
| 21. One (1) original and one electronic copy (CD ROM) | <input type="checkbox"/> |

PROGRAM COMPONENT- HUD STAFF USE ONLY

- Affordable Housing
- Public Services
- Administration/Planning
- Public Facilities and Infrastructure Improvements
- Economic Development





PROJECT READINESS FORM

To help you determine your agency's readiness to apply for funding from the Office of HUD Programs, please answer the following questions:

Questions	Yes	No	N/A
1. Is this application on behalf of a municipality or local government agency?			
2. Is your agency certified by the Internal Revenue Service as a 501(c)(3) organization?			
3. If not certified as a 501(c)(3), has your organization filed a Form 1023 Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code?			
4. Has your organization registered with the Georgia Office of the Secretary of State, Charitable Organizations Division, as a charitable organization?			
5. Has your agency applied for funding from other Federal sources?			
6. Does your agency have a full-time Executive Director?			
7. Does your agency have full-time staff to administer programs?			
8. Does your agency have a written Procurement Policy?			
9. If so, is your Procurement Policy in compliance with OMB Circular No. A-110 or A-102?			
10. Does your organization have a written Drug Free Workplace Policy?			
11. Does your agency have sufficient operating funds to begin the proposed project on July 1 st of next year, but can wait as long as six months later for your first reimbursement of project expenses?			
12. Does your organization have a Board of Directors?			
13. Will your agency be able to provide a Certificate of Liability Insurance?			
14. Is this project an existing activity that has received funding from the Office of HUD Programs in prior years?			
15. Is this project an expansion activity?			
16. Is your organization registered as a Community Housing Development Organization with the Office of HUD Programs?			





**Clayton County Community Development
Office of HUD Programs
2013 Consolidated Application
Project Coversheet**

A separate coversheet should be submitted for each project or activity for which funding is requested

Name of Submitting Organization/Municipality/Department:			
DUNS Number for Organization:		Federal Tax ID:	
Address of Organization:			
Telephone Number:		Alternate Telephone Number:	
Fax Number:		Email Address:	
Project Title:		HUD Matrix Code: (HUD Staff Only):	
Amount of Funding Request:		Type of Funding Requested: CDBG <input type="checkbox"/> HOME <input type="checkbox"/> ESG <input type="checkbox"/>	
In which Commission District is your organization located?	In which Commission District is your project located?	In which Census Tract is your project located?	In which Congressional District is your project located?
Agency/Person that will administer the project, if funded: (Name, Title, Address, Telephone Number and E-mail Address) (Required)			
Signature of Executive Director, Chief Executive Officer or Municipal Official Authorizing this Application: (Required)			





PROJECT ELIGIBILITY

To be eligible for funding, a project must qualify as an eligible activity. Check the category that best applies to your project.

Community Facilities and Improvements

Neighborhood centers, senior centers, recreational facilities, centers for the handicapped, public utility facilities, street improvements, storm sewers, flood and drainage facilities & solid waste disposal facilities

Development

Affordable Housing, land acquisition and disposition, relocation assistance and debris removal

Rehabilitation and Preservation

Public facilities renovation, rehabilitation of homes, public housing modernization, code enforcement, historic preservation, and the removal of architectural barriers

Economic Development

Commercial and industrial facilities development, commercial and industrial property improvements, job retention, job creation, and micro lending

Public Services

Employment, crime prevention, emergency solutions and shelter, child care, health, drug abuse, education, recreation, etc.

Other _____

PROJECT BENEFIT (National Objective)

To be eligible for funding, a project must meet a national objective of the US Department of Housing and Urban Development. From the categories below, check the one (only one) under which the project qualifies:

(Check only one block below.)

A. Benefit to low/moderate income persons (includes elderly, handicapped & homeless)

On an **AREA** basis (i.e. serving a predominately low-income community)?

LIMITED CLIENTELE (Seniors, Disabled, Veterans, Homeless)

Provide **PUBLIC SERVICES** to low/moderate-income persons

Provide **AFFORDABLE HOUSING** to low/moderate-income persons

Provide **JOBS** to low/moderate-income persons

B. Prevention or elimination of slums and blight

Spot Basis

Area Basis

C. Meeting an Urgent Need

Ex: Disaster Relief – i.e. Hurricane Sandy





PROJECT DESCRIPTION

Describe the purpose of the project, identifying the problems the project is intended to help solve:

Include WHAT you will do:

WHO you will serve:

WHY the project is needed:

WHERE you will do it:

WHAT specific activity are you seeking to fund:

HOW you know there is a demand in this area:

WHEN the project will start and be completed, and its hours of operation, etc.:





PROJECT BENEFICIARIES

Please identify the PRIMARY beneficiaries this project will serve. Information should relate only to activities supported by the *requested funding*. If serving special needs population group (e.g. elderly, disabled, HIV/AIDS, recovering substance abusers, mentally ill, etc.), then indicate the % of beneficiaries that have each particular special need. (Check the appropriate categories below.)

Low- and Moderate-Income Community (census tract with 51% low/mod income-households)

Low-and Moderate-Income Households:

Homeless: Individuals Families

Elderly: Individuals Families

Frail Elderly: Individuals Families

At-risk children and youth

Specify type of risk: _____ Individuals Families

Severe Mentally ILL Individuals Families

Persons with disabilities Individuals Families

Developmentally Disabled Individuals Families

Persons with Alcohol/other Drug Addictions Individuals Families

Persons with HIV/AIDS Individuals Families

Victims of Domestic Violence

Veterans

Other _____

Economic Development Projects:

Please complete this section only if you are proposing an economic development activity

Provide the number of jobs that will be created and/or retained:
Provide the number of businesses to be assisted:
Provide the street address for each location to be assisted with funding from the Office of HUD Programs:
Provide the census tract and block group numbers, if known:
Percentage of low and moderate income persons or households if known:





Meeting the County's Goals and Objectives (check one)

Decent Housing (DH)

Goal 1: To stabilize and increase housing opportunities for low- and moderate-income households, homeless individuals and families, persons at risk of becoming homeless and non-homeless persons with special needs

- DH 1.1 – Increase the number of transitional housing units for low/moderate-income women and families with children
- DH 1.1 – Address the need for more single family housing for low/moderate-income households through construction of new homes
- DH 2.1 – Address the need for affordable housing by providing down-payment assistance to low and moderate-income households
- DH 2.1 – Acquire, renovate or construct housing units for predominately low-income elderly
- DH 3.1 – Provide for the upgrade and rehabilitation of shelter facilities serving abused and neglected women and children
- DH 3.1 - Eliminate substandard housing by providing rehabilitation assistance
- DH 3.2 – Modernize/Rehab the existing public housing stock for low-income households
- DH 3.3 – Acquire and renovate affordable rental housing stock for low-income residents

Suitable Living Environment (SL)

Goal 2: To improve the safety and livability of neighborhoods for low and moderate-income persons.

- SL 1.1 – Provide safe and suitable emergency shelter for homeless individuals and families.
- SL 1.1 – Expand the number of Neighborhood, Municipal, and County Community Centers to be used by low/moderate-income residents for educational and community-building purposes
- SL 1.2 – Upgrade and or reconstruct County and municipal parks in low- and moderate-income neighborhoods
- SL 1.3 – Upgrade, expand and add to County Public Health Facilities
- SL 2.1 – Reduce the likelihood of homelessness by providing disadvantaged households with assistance in paying mortgage, rent or utility bills
- SL 1.4 – Provide for the acquisition, renovation or construction of facilities by not-for-profit entities serving the educational developmental and social service needs of low- and moderate-income residents
- SL 3.1 – Provide for the installation, repair and upgrade of County and





Municipal roadways, sidewalks, drainage and infrastructure

Community Development (CD)

Goal 3: To acquire, construct, or rehabilitate public facilities, provide equipment purchased through public service activities, and provide overall program administration and management, resulting in improvements in the social, economic, and physical environment for low and moderate-income individuals

CDST1–To improve existing deteriorated public facilities and infrastructure in low- and moderate-income areas to meet health and safety standards

CDST2–To construct new public facilities and infrastructure in low- and moderate-income areas now lacking such facilities

CDST3–To construct, acquire, and/or renovate public facilities to meet the needs of special population groups such as the elderly, persons with disabilities, homeless persons, and persons suffering from various types of abuse

CDST4–To provide funding, support, or technical assistance to assist in the implementation of programs for special population groups such as the elderly, persons with disabilities, homeless persons, and persons suffering from various types of abuse

CDST5–To provide funding, support, or technical assistance to private non-profit and public agencies meeting the public service needs of the County's low- and moderate-income population

CDST6–To encourage the development of and maximize the opportunities for minority and female owned businesses

CDST7–To provide the administrative structure for the planning, implementation, and management of the Community Development Block Grant Program, the Emergency Shelter Grant Program, and the HOME Program and other housing, community development and homeless programs

Organization Experience and Capacity

Note: New organizations are encouraged to enter into partnerships with more experienced groups and/or obtain qualified consultants to help implement the project.

Background:

1. List the date your organization was incorporated: _____
2. Number of current paid staff in your organization:
Full-time: _____ Part-time: _____
3. Number of experienced paid staff currently with your organization who will work on the project: Full-time: _____ Part-time: _____
4. Number of **new** staff that will be hired to work on the project, if funded:
Full-time: _____ Part-time: _____
5. Number of contractual staff working on project: _____





6. Provide a brief narrative detailing the types of activities undertaken by the organization, and the organization's success in carrying out the activity for which funding is requested.

7. Will a consultant(s) or contract staff be hired to help implement the project?
Yes No

If "yes" please explain the services the consultant or contract staff will offer and identify the intended source of funds.

8. Describe your organization's fiscal management, disbursement methods, financial reporting, recordkeeping and accounting procedures.

When does your fiscal year begin and end? _____

What accounting software does your organization use? _____

What is the name of your accountant/accounting firm? _____





9. Indicate whether the organization has adequate insurance coverage for the activity/project for which you are seeking funding.

- Directors and Officers
- Errors and Omissions
- General Liability
- Automobile Liability
- Workman's Compensation
- Hazard Insurance
- Other _____

10. Describe plans to use other funds to support your project/activity. In this section, only describe funds that have been secured. Provide the source of funds, the amount of the award, the period covered and how these funds will be used. Intent to apply for matching funds does not constitute a match. Attach commitment letters from other funding sources.





Organization Experience and Capacity (continued)

Funding History Information

Use this section to detail your organization’s revenues for the past three fiscal years. Include your projected revenues for fiscal year 2013 in the final column.

Fiscal Year	2010	2011	2012	2013 (Projected)
Revenue Source				
City				
Office of HUD Programs				
County				
State				
Federal				
Program Fees				
Fundraising				
Donations				
In-kind				
Other				
Total Revenue				

Collaboration

1. Are there plans to enter into a partnership with any other organization(s) to undertake this project? Yes No

If “yes,” please list the organization(s) and their contribution(s).

2. Is this proposed project coordinated with or a part of any ongoing activity administered by the Clayton County Community Development Department? Yes No

If “yes,” explain how.

3. Will the services of the project be coordinated with other services in the community? Yes No

If “yes” explain how.

Performance Measurement





ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES

Federal regulations require that all facilities and/or services assisted with CDBG/ESG/HOME/HOPWA funds be accessible to the disabled, whenever feasible. Accessibility includes but is not limited to such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf. Please refer to the Americans with Disabilities Act for complete details.

For Physical Improvement/Development Projects:

Will completed project meet ADA standards for accessibility by the disabled? Yes No

Please provide photos of the existing conditions.

For Service Programs (Direct Services):

Is facility in which program occurs ADA accessible? Yes No

If no, describe accessibility problems at program/activity site and methods to address them, including funding and timetable:

EMPLOYMENT AND CLIENT PARTICIPATION

Non-Discrimination: Do you notify the public that you do not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or the provision of services?

Yes No

If yes, please provide a copy of your policy.





FY 2013 BUDGET (Use this form ONLY)

In Column A: List the titles of all positions to be funded in whole or in part with funds (CDBG, HOME or ESG) from the Office of HUD Programs.

In Column B: For each employee shown in column A, list the total hours per week to be spent on the project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

In Column C: Show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), either use different lines for each staff person, or use the highest rate for the position title.

In Column D: Show the total budget for this line item (hourly rate times the number of hours).

In Column E: Show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the organization.

In Column F: Provide the name(s) of other sources of funding associated with “other funds listed in Column E.

NOTE: Not all line items may apply; only fill in costs for those that apply.

I.					
A	B	C	D	E	F
Personnel	Hrs/Total / Hrs per week	Hourly/Salary Rate	Total from the Office of HUD Programs	Other Funds	Name Source of Other Funds
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
TOTAL SALARIES			\$	\$	





II. CONSULTANTS (IF ANY)	AREA OF EXPERTISE	HOURLY RATE	OFFICE OF HUD PROGRAMS	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
TOTAL CONSULTANTS			\$	\$	

III. PROGRAM EXPENSES	OFFICE OF HUD PROGRAMS	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
TOTAL PROGRAM EXPENSE	\$	\$	

IV. PRE-DEVELOPMENT	OFFICE OF HUD PROGRAMS	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
Architect	\$	\$	
Survey	\$	\$	
Civil Engineering	\$	\$	
Appraisal	\$	\$	
Market Study	\$	\$	
Environmental Report	\$	\$	
TOTAL PRE-DEVELOPMENT	\$	\$	

V. DEVELOPMENT/ CONSTRUCTION/ REHABILITATION	OFFICE OF HUD PROGRAMS	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
Land Acquisition	\$	\$	
Construction Costs	\$	\$	
General Requirements	\$	\$	
Builder Profits	\$	\$	
Other	\$	\$	
Other	\$	\$	
TOTAL DEVELOPMENT	\$	\$	





VI. INFRASTRUCTURE IMPROVEMENTS (IF APPLICABLE)	OFFICE OF HUD PROGRAMS	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
Planning/Engineering	\$	\$	
Improvements	\$	\$	
Milling, Paving, Curbs, Gutters, Driveway Aprons	\$	\$	
Lighting	\$	\$	
Other	\$	\$	
Other	\$	\$	
TOTAL INFRASTRUCTURE/IMPROVEMENTS	\$	\$	

VII. OPERATING EXPENSES	OFFICE OF HUD PROGRAMS	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
Office Rent	\$	\$	
Audit & Accounting	\$	\$	
Books and Publications	\$	\$	
Conference and Training	\$	\$	
Insurance	\$	\$	
Legal	\$	\$	
Local Mileage	\$	\$	
Office Supplies/Materials	\$	\$	
Postage	\$	\$	
Printing	\$	\$	
Telephone	\$	\$	
Insurance	\$	\$	
Utilities (List Separately)	\$	\$	
Other (Specify)	\$	\$	
Total Operating Costs	\$	\$	
GRAND TOTAL	\$	\$	

1. Funding recipients must meet federal audit requirements as outlined in OMB Circular A-133. Federal funds may be used to help pay for such an audit. (For a copy of A-133, contact your accountant or access it here: http://www.whitehouse.gov/omb/circulars_default/)
2. The purchase of equipment, fixtures, motor vehicles, furnishings, or other personal property not an integral structural fixture is generally ineligible. (OMB Circular A-87 or A-122)

IMPORTANT NOTICE FOR APPLICANTS

Every year, the demand for funds from the Office of HUD Programs far exceeds the amount of available funding. Clayton County is therefore committed to funding projects that are ready to proceed immediately after funds are available and those that are prepared to spend the approved funds within a twelve month period. Unspent funds remaining at the end of the sub-recipient agreement term may be recaptured. Plan your projects accordingly.

Please be aware that even if your project is approved, it may be recommended at a smaller level of funding than was requested. Please develop contingency plans for smaller awards. Finally, these funds, if awarded, are NOT an ongoing source of operating support. Even if you receive funding in year one, there is no guarantee that approved projects will receive funding in subsequent years.





PREVIOUS FUNDING

1. List any prior funds received from the Office of HUD Programs (Housing and Community Development for years prior to 2012):

Fiscal Year	Source:	Funded Amount	Unexpended Amount	Explanation for Unexpended Funding
2012	CDBG	\$	\$	N/A
	ESG	\$	\$	N/A
	HOME	\$	\$	N/A
2011	CDBG	\$	\$	
	ESG	\$	\$	
	HOME	\$	\$	
2010	CDBG	\$	\$	
	ESG	\$	\$	
	HOME	\$	\$	
2009	CDBG	\$	\$	
	ESG	\$	\$	
	HOME	\$	\$	
TOTAL		\$	\$	

Explain, in detail, how you will continue this project if funding from the Office of HUD Programs is no longer available. **(If this is a first year request, please provide a financial plan of action to be undertaken once funds are no longer available).**





ACTIVITY SCHEDULE

Provide Projected Implementation and Drawdown Schedule. Show expenditures of funding from the Office of HUD Programs only. Do Not Show expenditures from other sources.

	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Funds Expended												
List of Tasks												
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
TOTAL												





EXHIBIT A

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State and Local law prohibits employees and public officials of the Clayton County Government from participating on behalf of the County in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for funding from the Office of HUD Programs (CDBG, ESG or HOME). The purpose of this questionnaire is to determine if the applicant, its staff or any of the applicant's Board of Directors would create a conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a County employee, consultant or a member of the Board of Commissioners? Yes No

If yes, please list the names(s) below:

2. Will funding requested from the Office of HUD Programs by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application a County employee, consultant, or a member of the Board of Commissioners? Yes No

If yes, please list the names(s) below:

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a County employee, consultant, or a member of the Board of Commissioners? Yes No

If yes, please list the name(s) below:

If you have answered "YES" to any of the above, a disclosure notice must be submitted to the Office of HUD Programs to determine whether a real or apparent conflict of interest exists.

Name of Organization: _____

Name of Applicant's Authorized Official: _____

Authorized Official's Title _____

Signature of Authorized Official: _____





EXHIBIT B

APPLICATION CERTIFICATION

The undersigned has prepared and submitted all the documents attached hereto. I certify to the best of my knowledge that all information contained is true and correct.

Name of the Individual Responsible for Preparing Application:

Signature & Title

Date

Name of the Individual Authorizing the Submission of the Application:

First

Last

Signature & Title

Date

Note: If your agency is selected for funding, additional documentation may be requested. It is the responsibility of the Agency to ensure that all Federal, State and Local requirements are met.





EXHIBIT C

SAMPLE BOARD RESOLUTION

Please provide a resolution from your governing body (i.e. Board of Directors, City Council, County Commission, or Department Director) authorizing your application for funding. Suggested language appears below:

WHEREAS, the Clayton County Community Development Office of HUD Programs has issued a notice of funding availability for its Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG) and HOME Investment Partnership Programs; and

WHEREAS, (*Title of Governing Body of Applicant*) wishes to apply for and receive an allocation of funding from the Clayton County Community Development Office of HUD Programs.

NOW, THEREFORE, BE IT RESOLVED that the (*Title of Governing Body of Applicant*) authorizes the submittal of an application to the Clayton County Community Development Office of HUD Programs to be considered to receive an allocation of funds through the CDBG, ESG, and/or HOME programs. The (*Title of Organization Official, i.e. Director*), or appointed designee is hereby authorized to execute in the name of the (*Name of Organization*) all necessary applications, contracts, payment requests, agreements, and amendments hereto for the purposes of securing funds and to implement and carry out the purposes specified in the 2013 consolidated application.

The foregoing resolution was passed by the (*Title of Governing Body of Applicant*) this

_____ day of _____, 2012.

ATTEST:

Signature & Title of Governing Body Official

Date





EXHIBIT D

FY 2013 AREA MEDIAN INCOME LIMITS

Clayton County, Georgia										
FY 2013 Income Limit Area	Median Income	FY 2013 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Clayton County	\$66,300	Very Low (50%) Income Limits	\$23,250	\$26,550	\$29,850	\$33,150	\$35,850	\$38,500	\$41,150	\$43,800
		Extremely Low (30%) Income Limits	\$13,950	\$15,950	\$17,950	\$19,900	\$21,500	\$23,100	\$24,700	\$26,300
		Low (80%) Income Limits	\$37,150	\$42,450	\$47,750	\$53,050	\$57,300	\$61,550	\$65,800	\$70,050

Annual Income Limits are available at the following website:

http://www.huduser.org/portal/datasets/il/il13/index_il2013.html





RETURN RECEIPT FORM

Name of Submitting Organization:
Name:
Name of Project:
Street:
City:
State:
Zip:

STAFF USE ONLY

Time Stamp:

Received By _____

