

FINAL

POTTER COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT
FFY 2025
APPLICATION PREPARATION SCHEDULE

Public Notice – First Public Hearing and Project Development Workshop – Mailing Packet (municipalities, authorities, non-profits)	Week of June 3, 2025
Public Notice – First Public Hearing <i>Potter Leader-Enterprise</i>	June 5, 2025
First Public Hearing and Project Development Workshop <u>Gunzburger Building Main Conference Room/Virtual</u>	June 18, 2025 Wednesday, 6:00 PM
Project Summaries Due Sent to Potter County Community Development	July 11, 2025 Thursday, 3:00 PM
Commissioners' Project Selection* <u>Gunzburger Building Great Room/Virtual</u>	August 21, 2025 Thursday, 11:00 AM
Public Notice – Final Public Hearing <i>Potter Leader-Enterprise</i>	September 4, 2025
Final Public Hearing <u>Gunzburger Building Great Room/Virtual</u>	September 18, 2025 Thursday, 10:30 AM
Approval of Resolution to Submit Application* <u>Gunzburger Building Great Room/Virtual</u>	September 18, 2025 Thursday, 11:00 AM
Application Submission	October 31, 2025

***Denotes formal action by the Board of Commissioners.**

FFY 2025 Allocation = \$221,086



POTTER COUNTY
FFY 2025

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PROJECT SUMMARY



INSTRUCTIONS:

The Potter County Commissioners are accepting proposals for use of FFY 2025 Community Development Block Grant funds. The deadline for the return of project summaries is July 11, 2025. Interested applicants should attend the Project Development Workshop & First Public Hearing on June 18, 2025, at 6:00 PM, and complete and submit this Project Summary to Jamie Shrawder. Questions should be addressed to Jamie Shrawder, Community Development Program, SEDA-Council of Governments, 201 Furnace Road, Lewisburg, PA 17837, (570) 524-4491.

APPLICANT NAME:

Address:

Phone

Contact Person:

Contact Phone:

Contact Email:

PROJECT TITLE:

ESTIMATED COST: \$ _____ *Attach Engineer's Estimate of Probable Cost.*

CDBG FUNDS REQUESTED: \$ _____

OTHER FUNDS: Amount and Source of revenues other than CDBG.

Committed:

\$

Pending:

\$

Other

\$

All funding must be secured or in the process of being secured. Projects lacking sufficient funding or a plan to fully fund the project will be ranked lower when considered for funding.

TIME SCHEDULE:

Estimate duration of project, critical start or finish dates, and any other relevant time frames.

Attach Schedule including timeframe for engineering/design, permitting, and construction.

PROJECT NATIONAL OBJECTIVE (Choose one):

LOW TO MODERATE INCOME BENEFIT (LMI)

☐ Project will benefit an area with 51% or greater low to moderate income persons.

Number of households served by project _____

Attach a map showing the boundaries of the project location and service area.

Attach a list of all occupied residential addresses in the project service area. Commercial, industrial and vacant properties must be identified.

Applicant will be required to conduct, with guidance by SEDA-COG, an income survey of all households in the project service area in order to determine percentage of LMI persons benefiting from the project. This process will be reviewed during the workshop.

Projects may also qualify as benefit to LMI persons by Census data. If you feel your project benefits an entire municipality or Census Block Group, please contact SEDA-COG to discuss prior to submission of your Project Summary Form.

OR

☐ Project will benefit 100% LMI persons through income eligibility determination for participation.

OR

☐ Project benefits a specific group deemed presumed benefit (check all that apply).

☐ Elderly

☐ Homeless Persons

☐ Severely Disabled

☐ Illiterate Adults

☐ Abused Children

☐ Persons w/Aids

☐ Battered Spouses

☐ Migrant Farm Workers

OR

ELIMINATION OF SLUM/BLIGHT

☐ Project will eliminate blight on an area or spot basis.
(example – demolition of a condemned property)

OR

URGENT NEED

☐ Project will eliminate an urgent threat to health and safety.

Urgent need projects must be in response to a declared disaster and meet several other criteria. Your project will not qualify under this National Objective unless it is in response to a disaster declaration from the Governor.

SEDA-COG will assist you in determining if your project meets one of these National Objectives.

WATER AND SEWER RATES: (if a water and/or sewer system project, please provide)

Monthly Water Rate \$ _____ Monthly Sewer Rate \$ _____

PROBLEM STATEMENT

Explain the problem in terms of magnitude and duration. Identify the cause of the problem. Attach any citations or other documentation.

SOLUTION

Explain the problem solution, what you propose to do, and how this action addresses the problem cause.