

COMPLETE AND RETURN THE FOLLOWING APPLICATION PAGES WITH THE REQUIRED ATTACHMENTS

**THANK YOU FOR YOUR COOPERATION! GOOD LUCK!!**  
**APPLICATIONS DUE NO LATER THAN 4:00 p.m. ON APRIL 30, 2014 IN THE COUNTY COMMISSIONER OFFICE**

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**PICKAWAY COUNTY**  
**FY2014 CDBG COMMUNITY DEVELOPMENT PROGRAM AND COMPETITIVE SET – ASIDE PROGRAMS**

Please read Section 5 if you are applying for a Competitive Set – Aside Program Yes

PROGRAM APPLYING FOR: Community Development Program & Competitive Set – Aside Program

**1. APPLICANT INFORMATION:**

- a. Name of Applicant: Village of Ashville Phone # 740 983 7132  
E-mail Address: [fchristman@ashvilleohio.gov](mailto:fchristman@ashvilleohio.gov) F Fax # 740 983 4703

Address: 200 East Station Street, P.O. Box 195, Ashville, Ohio 43103

- b. Contact Person: Franklin Christman or David Ballard  
Phone # 740 983 7132 E-mail Address: [fchristman@ashvilleohio.gov](mailto:fchristman@ashvilleohio.gov)  
Phone # 740 983 6367 E-mail Address: [dballard@ashvilleohio.gov](mailto:dballard@ashvilleohio.gov)  
Fax #740 983 4703

Address: 200 East Station Street, P.O. Box 195, Ashville, Ohio 43103

- c. Are you a public service group or a non-profit entity? Check:  
\_\_\_\_\_Yes\_\_\_X\_\_\_No

IF YES, attach a copy of: (1) constitution and by-laws, (2) year-end income and expense report, and (3) 501(c) (3) designation form.

**2. PROJECT INFORMATION:**

- a. Describe project Activity. Specify Outcome measurements.

*Photographs and letters of support helpful.*

**Exhibit A**

>Activity Name: Village of Ashville West Station Street Resurfacing Improvement Project

>Measurable Outcome: Street = 706 LF of roadway resurfacing, 29 LF average pavement width

**(Please use LF for streets/sidewalks. State does not use CY or SF)**

>Activity meets which National Objective? \_\_\_Yes\_LMI \_\_\_Slum & Blight **Exhibit B**

>Describe what your activity is and **why** it is needed. Attached sheet if necessary.

This project will correct serious paving and elevations issues on West Station Street. This section of pavement is severely deteriorated (see attached photos, Exhibit A) and will require full depth pavement replacement if it is allowed to continue to deteriorate. The milling and overlay of this pavement will increase vehicular safety.

- b. Will you need to acquire easements or property to complete this project?  
YES\_\_\_\_\_ NO\_\_X\_\_\_ If yes, please explain:

Is this property occupied residents/tenants? YES\_\_\_\_\_ NO\_\_X\_\_\_

- c. Who provided the Project Cost Estimate?

Agency/Company: Pomeroy & Associates, Ltd.

Contact Name: Christopher M. Tebbe, P.E.

Address: 599 Scherers Ct., Worthington, Ohio 43085

Phone: 614-885-2498 Fax: 614-885-2886

E-mail: ctebbe@pomeroyassoc.com

***Exhibit C***

Labor: (Use Federal Prevailing Wage Rates)	\$ 28,425.65
Materials:	\$ 42,638.48
<b>Cost of Project:</b>	<b>\$ 71,064.13</b>
Engineering or Architectural Fees:	\$ 3,553.21
<b>**Total cost of Project with A/E Fees:</b>	<b>**\$74,617.34</b>

(ATTACH AN ORIGINAL SIGNED, *CERTIFIED* COST ESTIMATE FROM ENGINEER/ARCHITECT/CONTRACTOR/SUPPLIER ON THEIR LETTERHEAD. PUT ON THE CONSTRUCTION/REHAB ESTIMATES: *"PROPOSED PROJECT TO MEET OR EXCEED STATE BUILDING CODE. DAVIS-BACON PREVAILING WAGE RATES TAKEN INTO CONSIDERATION."* STREET ESTIMATES MUST HAVE USEFUL LIFE CERTIFICATION.)

- d. Please identify all funds to be committed to this project:

1. What is your CDBG grant Request? **\$ 49,617.34**

2. Are you providing any matching funds? If so,  
how much and from where?

Source 1: 2101-610-396-0000	\$25,000.00
Source 2: 1000-610-590-0000	\$***
Source 3: 5704-800-590-0000	\$***
Source 4: 1000-930-930-5001	\$***

**\*\*Total:** **\*\*\$74,617.34**

**\*\*These totals must be the same!!**

**\*\*\*These Fund Accounts would be used as part of the \$25,000 Total**

**(ATTACH COMMITMENT LETTERS FOR MATCHING FUNDS.)**

***Exhibit D***

- e. Will City, Village, Township, or County employees perform work on this project? ☒X\_\_\_YES \_\_\_NO  
If yes, will the employees be paid from the CDBG grant? \_\_\_YES ☒X\_\_\_NO

Describe the work to be performed by City, Village, Township, or County employees: Inspection of project value \$15,000.00

### 3. PROJECT BENEFIT INFORMATION:

- a. What is the (or nearest) STREET ADDRESS of the project?  
(Attach LEGIBLE project site map.) 124 through 136 West Station Street

**Exhibit A**

- b. What is the project service area? East West between CSX and Norfolk Southern Railroad lines. North South between West Main Street and May Street.  
(Attach map indicating location of proposed project beneficiaries).

**Exhibit A**

- c. Who will benefit from this project? Westside Residents- East West between CSX and Norfolk Southern Railroad lines. North South between West Main Street and May Street.

**Exhibit B**

- d. What are the number of **households** and number of **persons** to benefit?

Households: 452 see attached 2000 Census Persons in Block Group

Persons: 1,093 see attached 2000 Census Households in Block Group

**Exhibit B**

- e. Has an income survey been done for the project area: \_\_\_YES \_\_\_NO  
**(SUBMIT SURVEYS AND INCOME SURVEY SUMMARY)**

### 4. SITE INFORMATION:

- a. What is the "year built" of any structures to be affected? \_\_\_\_\_

- b. Does your project affect an historic property (50 years of age or older) or is your project a historic district? \_\_\_YES ☒X\_\_\_NO

- c. Is your project located in a floodplain? \_\_\_YES ☒X\_\_\_NO  
If yes, explain/describe and provide the FEMA Floodplain Panel Number:

**Exhibit E**

- d. Will any assessments or fees (i.e., water or sewer line hook-up, etc.) be charged as part of this project? \_\_\_YES ☒X\_\_\_NO  
If yes, please explain

e. Please indicated the Census Tract(s) and Block Number(s) of the project site:

Census Tract: 021200

Block Group: 3

Census Tract:

Block Group:

***Exhibit B***

**5. COMPETITIVE SET – ASIDE PROGRAMS**

Are you applying for any of the following?

\_\_\_Yes\_\_\_ Neighborhood Revitalization

\_\_\_\_\_ Downtown Revitalization

\_\_\_Yes\_\_\_ Critical Infrastructure

If yes, make a copy of this application and use it for the Competitive Program you are applying for, as well as, the Community Development Program.

**6. APPLICATION PREPARED BY:**

*Franklin Christman*

\_\_\_\_\_  
Signature

Franklin Christman, Village Administrator  
Printed name and Title

Village of Ashville  
Community/Agency

200 East Station Street  
Address

Ashville, Ohio 43103  
City, State, Zip

740 983 7132  
Phone Number