



# VILLAGE OF ASHVILLE LONG STREET / STATE ROUTE 316 WESTSIDE SIDEWALK IMPROVEMENT PROJECT

## Vision Statement

Remembering our rural heritage, Ashville will be a vibrant and friendly community, offering an enhanced quality of life achieved through planning, progress and collaboration.

It will be a welcoming place where people want to live and businesses prosper.



4/29/2016

PICKAWAY COUNTY FY2016 CDBG  
COMMUNITY DEVELOPMENT  
PROGRAM AND COMPETITIVE SET –  
ASIDE PROGRAMS



The intent of this project is to create a safe way for residents in this LMI area to walk to schools, businesses, and other residents.



**PICKAWAY COUNTY  
FY2016 CDBG FORMULA PROGRAM  
Table of Content (Exhibits)**



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| 3. a. & b.     | <b>Nearest Streets (Map) and Service Area?</b>   | A               |
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**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 29, 2016 IN  
THE PICKAWAY COUNTY COMMISSIONER OFFICE**

\*\*\*\*\*

**PICKAWAY COUNTY  
FY2016 CDBG COMMUNITY DEVELOPMENT PROGRAM AND  
COMPETITIVE SET – ASIDE PROGRAMS**

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

PROGRAM APPLYING FOR: [Community Development 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) 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  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 Long Street/State Route 316 Westside Sidewalk Improvement Project](#)

>Measurable Outcome: Sidewalk = 919 LF of 4' and 4 ADA compliant ramps.  
***(Please use LF for streets/sidewalks. State does not use CY or SF)***

>Activity meets which National Objective? Yes LMI ***Exhibit B***

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

[This project will provide connective sidewalks for the west side residents to reach schools and business. Sidewalks exist north and south of the area being requested. The west side of Long Street is a LMI area. The west sidewalk will provide connectivity for the neighborhood. ADA compliance will be enhanced. This will increase pedestrian safety.](#)

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- >Activity meets which National Objective? [Yes LMI](#) ***Exhibit B***
- >Describe what your activity is and **why** it is needed. Attached sheet if necessary.

[This project will provide connective sidewalks for the west side residents to reach schools and business. Sidewalks exist north and south of the area being requested. The west side of Long Street is a LMI area. The west sidewalk will provide connectivity for the neighborhood. ADA compliance will be enhanced. This will increase pedestrian 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.  
 2550 Corporate Exchange Drive, Suite 10  
 Columbus, Ohio 43231  
 Phone: 614-885-2498 Fax: 614-885-2886  
 E-mail: ctebbe@pomeroyassoc.com

**Exhibit C**

|   |                       |
|---|-----------------------|
| Labor: (Use Federal Prevailing Wage Rates)    | \$ 13,322.10          |
| Materials:                                    | \$ 19,983.15          |
| Subtotal                                      | \$33,305.25           |
| <b>Cost of Project:</b>                       | <b>\$ 33,305.25</b>   |
| Engineering or Architectural Fees:            | \$ 2,270.81           |
| <b>**Total cost of Project with A/E Fees:</b> | <b>** \$35,576.06</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:

|   |                       |
|---|-----------------------|
| <b>1. What is your CDBG grant Request?</b>                                    | <b>\$ 28,460.85</b>   |
| 1. 2. Are you providing any matching funds<br>If so, how much and from where? | \$ 7,115.21           |
| 2. Source 1: 1000-670-399-0000  | \$ ***                |
| Source 2: 1000-670-690-0000   | \$ ***                |
| Source 3: 2101-610-396-0000   | \$ ***                |
| Source 4: 1000-930-930-5001   | \$ ***                |
| <b>**Total:</b>   | <b>**\$ 35,576.06</b> |

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

\*\*\*These Fund Accounts would be used as part of the \$10,000 Total

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

Commitment Resolution and Certification of Funds

**Exhibit D**

- e. Will City, Village, Township, or County employees perform work on this project?  
 YES  NO

If yes, will the employees be paid from the CDBG grant?  YES  NO

Describe the work to be performed by City, Village, Township, or County employees:  
Inspection of project value \$10,000.00

**3. PROJECT BENEFIT INFORMATION:**

- a. What is the (or nearest) STREET ADDRESS of the project?  
(Attach LEGIBLE project site map.) [320 and 490 Long Street](#)

**Exhibit A**

- b. What is the project *service* area?  
[On Long Street between 339 Long Street and State Route 752.](#)  
(Attach map indicating location of proposed project beneficiaries).

**Exhibit A**

- c. Who will benefit from this project?  
[Directly residents who live along sidewalk area. Indirectly all residents that will travel from the south, north, east and west of the project area. Long Street is one of three main roads in the Village of Ashville](#)

**Exhibit B & E**

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

Direct

Persons: 988 see attached 2010 Persons in Census Block Group

Households: 458 see attached 2010 Households in Census Block Group

**Exhibit E**

Indirect – Entire Ashville Population and Households

Persons: 4,097 see attached 2010 Persons in Census Tract

Households: 1,598 see attached 2010 Households in Census Tract

**Exhibit E**

- 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?  NA

- b. Does your project affect an historic property (50 years of age or older) or is your project a historic district?  YES  NO

- c. Is your project located in a floodplain?  YES  NO

If yes, explain/describe and provide the FEMA Floodplain Panel Number:

**Exhibit F**

- d. Will any assessments or fees (i.e., water or sewer line hook-up, etc.) be charged as part of this project?  YES  NO

If yes, please explain

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

| Direct               |                        | Persons | Households |
|----------------------|------------------------|---------|------------|
| Census Tract: 021200 | Block Group: 1-094     | 43      | 21         |
| Census Tract: 021200 | Block Group: 3 partial | 384     | 165 LMI    |
| Census Tract: 021200 | Block Group: 4 partial | 164     | 62         |

**Exhibit B**

| Indirect Ashville    |                | Persons | Households |
|----------------------|----------------|---------|------------|
| Census Tract: 021200 | Block Group: 1 | 2,102   | 808        |
| Census Tract: 021200 | Block Group: 2 | 283     | 149        |
| Census Tract: 021200 | Block Group: 3 | 988     | 458 LMI    |
| Census Tract: 021200 | Block Group: 4 | 686     | 296        |

**Exhibit E**

**5. COMPETITIVE SET – ASIDE PROGRAMS**

Are you applying for any of the following?

- No \_\_\_\_\_ Neighborhood Revitalization
- No \_\_\_\_\_ Downtown Revitalization
- No \_\_\_\_\_ 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:**



\_\_\_\_\_  
 Signature

Franklin Christman, Village Administrator  
 Printed name and Title

Village of Ashville  
 Community/Agency

200 East Station Street  
 Address

Ashville, Ohio 43103  
 Village, State, Zip

740 983 7132 Cell 740 207 1842  
 Phone Number

[fchristman@ashvillohio.gov](mailto:fchristman@ashvillohio.gov)  
 Email

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Printed name and Title

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