

Introduction

WHAT IS A “PEP”?

The “PEP” has been an acronym for a few different labels such as Project Eligibility Proposal, Project Expenditure Proposal, Project Eligibility and Compliance Form, etc. It is an administrative form to collect all information (who, what, where, why, how, when, how much, etc.) for each CDBG-funded activity.

The PEP must be completed and submitted to CIFD by the lead City implementing department that will receive the funds to ensure that the CDBG-funded project and its associated activities will be implemented in accordance with grant regulations.

The PEP is actually the final application for CDBG funds for each activity. Prior applications were completed at the project level and may or may not have resulted in the project receiving all requested funding. Changes to the planned project/activities might have occurred since the application.

Note that although each project has one application for the Program Year (PY), there may be multiple activities associated with any given project. One PEP must be submitted for every separate activity. CIFD will review the information submitted on the PEP and determine if each activity is an eligible use of CDBG funds, as per HUD regulations, and is likely to meet a National Objective.

NATIONAL ENVIRONMENTAL POLICY ACT (NEPA)


Also vital to proper administration of CDBG funds is a review under the National Environmental Policy Act (NEPA) prior to any costs being incurred or work started. An Environmental Checklist form and supporting documentation are incorporated into the PEP in CPAS, and must be completed before the PEP can be submitted for approval.

A final and approved PEP is required prior to implementing any CDBG-funded project activity.



CDBG PROJECT ELIGIBILITY PROPOSAL (PEP) FORM



Please submit to:  **Housing + Community Investment Department/Grants**
Unit 1200 West 7th Street, Los Angeles 90017
(Mail Stop 854) E-mail: cifd-grantsadmin@lacity

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)

1 Conplan Project Title: <<CLICK HERE, Enter Project Title from ConPlan>> Funded Agency Name: <<Enter Agency that will Invoice for Funds>> DUNs #: <<#####>> Project Name: <<Enter Project Name (may differ from Activity)>> Application Implementing Dept: <<Enter Department>> Activity Implementing Dept: <<Enter Department>>	7 National Objective: <<Enter LMA / LMC / LMJ / LMH / SBS / or SBA>>															
2 Con Plan Year: PY ## OR Reprogramming Year: #### Con Plan ID: ##-####-### Council File: ##-####	8 Davis-Bacon <input type="checkbox"/> Required <input type="checkbox"/> N/A – Non-construction <input type="checkbox"/> N/A – City Forces Only <input type="checkbox"/> N/A – OTHER (Write Explanation Below) <<Enter Explanation if Other>>															
3 Other Sources of Funding: <table border="1"> <thead> <tr> <th>SOURCE</th> <th>AMOUNT</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td><<Name>></td> <td>\$\$\$\$,\$\$\$</td> <td>20##</td> </tr> <tr> <td><<Name>></td> <td>\$\$\$\$,\$\$\$</td> <td>20##</td> </tr> <tr> <td><<Name>></td> <td>\$\$\$\$,\$\$\$</td> <td>20##</td> </tr> <tr> <td><<Name>></td> <td>\$\$\$\$,\$\$\$</td> <td>20##</td> </tr> </tbody> </table>	SOURCE	AMOUNT	YEAR	<<Name>>	\$\$\$\$,\$\$\$	20##	<<Name>>	\$\$\$\$,\$\$\$	20##	<<Name>>	\$\$\$\$,\$\$\$	20##	<<Name>>	\$\$\$\$,\$\$\$	20##	9 Service Area Location – Service Areas, Boundaries & Street(s) Name: <<Enter N/S/E/W Street Boundaries if using LMA National Objective>>
SOURCE	AMOUNT	YEAR														
<<Name>>	\$\$\$\$,\$\$\$	20##														
<<Name>>	\$\$\$\$,\$\$\$	20##														
<<Name>>	\$\$\$\$,\$\$\$	20##														
<<Name>>	\$\$\$\$,\$\$\$	20##														
4 Project CDBG Funding: \$\$\$\$\$,\$\$\$ CDBG Funding for Activity: \$\$\$\$\$,\$\$\$ Is this a loan? Y / N Is this a float loan? Y / N	10 Lead (Implementing) City Department Contact Person: Name: <<Enter Dept.-Assigned Staff Name>> Telephone: ###-###-#### E-Mail: <<Enter e-mail address>>															
5 Activity Location (Site) Address: <<Enter Address # Street>> Zip Code: ##### Council District: ##	11 Is this PEP the result of an Amendment: <input type="checkbox"/> YES <input type="checkbox"/> NO Amendment #: ##-## Posting Date: ##/##/##															
6 Eligible Activity (Eligibility Code & Name): ## - <<Enter IDIS Eligible Activity Name>>	12 Lead Department Manager Approval: This certifies that the project is, and will continue to be, in compliance with CDBG Rules and Regulations including Davis/Bacon if applicable, and all pertinent OMB Circulars. I understand that HUD and HCIDLA has the right to review all records and files pertaining to this Grant. Print Name: <<Enter Dept.-Approving Staff Name>> Signature: Email: <<Enter e-mail address>> Telephone: ###-###-####															



CDBG PROJECT ELIGIBILITY PROPOSAL (PEP) FORM

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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 person 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

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

- % of Deteriorated Building/Qualified Properties: ##
- Slum/Blight Designation Year: 20##
- Public Improvement Type addressing Slum/Blight condition
<<Enter brief description of how Slum/Blight identified is to be remediated>>
- 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>>		
TOTAL		

CAPITAL PROJECT TIMELINE / MILESTONES

MILESTONE	DESCRIPTION	DATE
SITE CONTROL / APPRAISAL	Provide the date that the applicant expects to have access / control of the site. Use the current date if applicant has site control.	
ENVIRONMENTAL REVIEW HISTORICAL REVIEW ZONING CHANGES	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.	
FINANCING / PRE-DEVELOPMENT	Provide the date all funds are expected to be secured (assume this applications is funded)	
CONTRACTOR PROCUREMENT	Provide the Date that the applicant expects that all procurement will be done in conformance with federal procurement requirements.	
RELOCATION	Provide the date it is expected all site occupants will be relocated or write "N/A" if no relocation	
DEMOLITION / SITE PREPARATION	Provide the date or indicate "N/A"	
CONSTRUCTION	Start Date	
CONSTRUCTION	End Date	
READY FOR USE	Provide the expected date when the project will be "stabilized" or receive certificate of occupancy or open to the public or end users.	
NATIONAL OBJECTIVE	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)	



COMMUNITY INVESTMENT FOR FAMILIES DEPARTMENT ENVIRONMENTAL CHECKLIST FORM 101

The following information must be completed before an environmental assessment can be initiated.

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 # _____

Closest Cross Street/s _____ APN # _____

4. **PROJECT CONTACT**

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

5. **PROJECT DESCRIPTION** (Please provide: 1. A detailed description of the project activities e.g., specify if project involves ongoing activities, acquisition, rehabilitation, demolition, new construction - **this is very important!** 2. Construction timeline and if in phases e.g., demo, site clearance, haul route permit, and building erection. 3. Project components/ strategies to help promote sustainability for project to be more economically competitive, inclusive, and energy efficient. 4. Operational Characteristics? (hours of operation and functions)

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

(Please list **ALL** sources of funding individually, including public & private funds.)

Funding sources _____ Funding Amount \$ _____ Funding Year _____

Funding sources _____ Funding Amount \$ _____ Funding Year _____

Funding sources _____ Funding Amount \$ _____ Funding Year _____

Funding sources _____ Funding Amount \$ _____ Funding Year _____

Funding sources _____ Funding Amount \$ _____ Funding Year _____

(CDBG, CPF, HOME, HHH, SECTION 8 PBV, TCAC 9%, 4%, HOPWA, ESG, SECTION 108, New Market Tax Credit...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 # _____

Entitlements needed for project? ☐ Yes ☐ No

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 Redevelopment area? ☐ Yes ☐ No

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 (Per City Planner, please check only ONE and attach compliance documents.)

- ☐ Ministerial (CEQA does not apply-no Planning action required, please attach confirmation from City Planner)
- ☐ Categorically Exempt – Include Notice of Exemption (completed by City Planner)
- ☐ Negative Declaration** -- Include Notice of Determination (NOD) if applicable
- ☐ Mitigated Negative Declaration** -- Include NOD if applicable
- ☐ Environmental Impact Report** -- Include Findings, MMP, and NOD
- ☐ 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 **Storage Tanks?** (Underground/above ground) ☐ Yes ☐ No
(If yes, attach color photos)

Transformers? ☐ Yes ☐ No

12. **ENVIRONMENTAL NOISE**

Will the site have an environmental noise problem?

☐ Yes ☐ No

(Close to airport, railroad, freeway, etc.)

Are there any noise sensitive land uses in the immediate area?

☐ Yes ☐ No

(E.g., convalescent home, residences, parks, libraries, etc. as defined by the Noise Element of the City's General Plan?)

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

☐ Completed

ZIMAS Report

☐ Completed

Building Permit

☐ Completed

All Photos

☐ Completed

Phase I/II Site Assessments

☐ Completed

Zoning Compliance (i.e. EIR, MND or CEQA Exemption)

☐ Completed ☐ Pending

Asbestos Report (if applicable)

☐ Completed ☐ Pending

Lead-Based Paint Report (if applicable)

☐ Completed ☐ Pending

Soil Report (if applicable)

☐ Completed ☐ Pending

Flood insurance (if applicable)

☐ Completed ☐ Pending

Relocation Plan (if applicable)

☐ Completed ☐ Pending

Demolition Plan (if applicable)

☐ Completed ☐ Pending

Submitted by: _____

Print Name & Title

Signature

Date: _____

Questions regarding the Environmental Checklist should be referred to Ann Zald - ann.zald@lacity.org

Compliance: Does Your project trigger these?

Uniform Relocation Act (URA)

What it is: Federal regulation governing acquisition of property and relocation of occupants.

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 around 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
CDBG funds exceeding \$2,000 will finance labor or construction work		
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)		

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

Compliance: Does Your project trigger these? (Cont.)

National Environmental Policy Act (NEPA)

What it is: All activities awarded federal funds must have a NEPA review conducted and, in some cases, a Notice of Release of Federal Funds may need to be obtained from HUD. HCIDLA is the responsible entity authorized by 24 CFR Part 58 to perform this review.

AFFIRMATION:

	INITIALS
If work is in progress, all work will cease and no work will begin or continue or other choice limiting actions will occur, even if paid for with other funding, until NEPA clearance is achieved and approval is granted by HCIDLA. This may happen six months to a year after the application is submitted. I understand failure to comply may require the denial of any federal funds awarded to the project.	

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 APPLICATION

(Federal regulations outlined in this Form only constitute some of the requirements of accepting federal funds)

PROJECT NAME

ACTIVITY NAME

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE AUTHORIZED REPRESENTATIVE

DATE