

PIER Program- Planning Description Form

Guidance documents & Templates:

PIER Program Guidelines

Planning Project Schedule Template

Instructions:

- Please complete all fields (if a field is not applicable or cannot be completed, please explain why)
- In several areas, attachments are requested. Editable templates are provided and are intended to be helpful to gather critical pieces of information. For the sake of clarity, you may wish to provide information in a different format or edit the templates. In some cases, OHCS may need to follow-up with questions.
- Application must be signed by an executive of the proposed subrecipient (e.g., city/county administrator or agency Executive Director)
- Forms may be submitted by email to: <u>alex.j.campbell@hcs.oregon.gov</u>, <u>Blancaluz.brossard@hcs.oregon.gov</u>, <u>abran.brambila@hcs/oregon.gov</u>, and <u>ReOregon@hcs.oregon.gov</u>

Subrecipient Informa	tion
Project Title:	
Subrecipient Entity Name:	
Primary Contact Name and Title:	
Phone Number:	
Email address:	
Mailing Address:	
FEIN#:	
UEI* #:	
agreement, a UEI process to have a one. On April 4, 20 government char (generated by SA The Unique an entity by As part of the SAM.gov. Entity regists use of the notes that the steps he required, contact the steps of the steps of the required, contact the steps of the steps of the required, contact the steps of the steps of the steps of the steps of the required, contact the steps of the st	Entity ID is a 12-character alphanumeric ID assigned to SAM.gov. nis transition, the DUNS Number has been removed from ration, searching, and data entry in SAM.gov now require new Unique Entity ID. stered entities can find their Unique Entity ID by following
Project Description	
-	hat your project benefits. Only counties eligible for CDBG- elow (check all that apply).
□ Clackamas □ Douglas	□ Jackson □ Lane □ Linn □ Klamath □ Lincoln □ Marion

Project Summary (answer the prompts below)
Project purpose, area of benefit and a description of the proposed activity:
Project delivery summary (i.e., how the work will be done and those responsible for or involved in completing the project):

3.	
	measures. Describe the number and nature of the expected
	beneficiaries:
llnme	et needs and alignment with state and local priorities:
	State the unmet need(s)that will be addressed by the completion of this
• •	project:
0	
۷.	Describe how the activity will align with other federal, state, or local planning efforts, priorities, and/or other investments:
	planning enons, phomes, anayor other investments.

3. Analyze the project's effects on Members of Protected Classes, HUD-
identified Vulnerable Populations, and Historically Underserved
Communities:
Continues.
Cost Reasonableness and Justification:
Cosi Reasonableness and Joshincanon.
I Describe the cost benefit evaluation process used to determine the
i i describe ine cosi benelli evallallon brocess usea la determine ine
Describe the cost benefit evaluation process used to determine the planning proposal:
planning proposal:
planning proposal:
2. Explain the method used to determine project funding requirements.
planning proposal:
2. Explain the method used to determine project funding requirements.
2. Explain the method used to determine project funding requirements.
2. Explain the method used to determine project funding requirements.
2. Explain the method used to determine project funding requirements.

 Please list any and all procurement that is necessary for the project (professional services, technical design/engineering services, construction etc.) Note that procurement follows 2CFR 200, refer to: <u>Buying Right CDBG-DR and Procurement: A Guide to Recovery</u> (hudexchange.info)
Resiliency and Long-Term Recovery:
Does the planning project focus on the mitigation of loss of life or property in the face of current and future natural hazards? If so, how?
Describe any consultations or risk assessment that led to the selection of the planning project (for projects that are primarily mitigation-focused):

3. Explain how the project will support long-term recovery needs within historically underserved communities who have lacked adequate planning prior to the disaster: Output Description:
Maintenance and Operations:
Describe the future budget structures (including dedicated income streams) to fund the program or project beyond the life of the grant. Include who will be responsible for implementing the project or program:
National Objective
Not applicable to planning projects.

87 FR 6364: 'To assist state grantees, HUD is waiving the requirements at 24 CFR 570.483(b)(5) and (c)(3), which limit the circumstances under which the planning activity can meet a low and moderate-income or slum-and-blight national objective. Instead, as an alternative requirement, 24 CFR 570.208(d)(4) applies to states when funding disaster recovery-assisted, planning-only grants, or when directly administering planning activities that guide disaster recovery. In addition, 42 U.S.C. 5305(a)(12) is waived to the extent necessary so the types of planning activities that states may fund or undertake are expanded to be consistent with those of CDBG Entitlement grantees identified at 24 CFR 570.205.'

Project Selection & Citizen Participation

Public Hearing: Subrecipients are required to post or publish public notice and receive public input on the project. This can be done in coordination with the Selection Committee (prior to or subsequent to or concurrent with) the Selection Committee's decision. It must be completed prior to OHCS review/approval of the Project Description Form.

At the public hearing, the following information should be covered. Each point must be reflected in the published public hearing minutes:

- The nature of the proposed activities.
- How the need for the proposed activities was identified.
- How the proposed activities will be funded and sources of funds.
- Requested amount of federal funds.
- Estimated portion of federal funds that will benefit persons of low to moderate income families. (if applicable)
- Where the proposed activities will be conducted.
- Plans to minimize displacement of persons and businesses as a result of the funded activity.
- Plans to assist persons actually displaced. (if applicable)
- Date the project form will be submitted to the Selection Committees.

Project description forms will not be complete until these requirements are fulfilled.

Submit an attachment(s) verifying that public notice was provided, that the Public Hearing included all of the above required elements, and any public comments received.

Project Selection:

1. Describe the process by which the Selection Committee came to the decision to select this project. Include any solicitation of projects, review or scoring of projects, or other activities that informed the SC decision.

(May include processes that took place prior to establishment of the PIER program.)
 Attach record of the Selection Committee decision (e.g., meeting notes). Include which members supported the project and how (in person voting or via written communication; attach any written approvals).
Implementation Plan
The State is required to expend all CDBG-DR assistance by XXX [likely Q3 2028]. To ensure all projects are complete and meet the national objective by that expenditure deadline, all subrecipients must complete construction or activities and closeout their projects by XXX.

1.	Provide a schedule for the entire grant period that organizes work into milestones and tasks. Please allow time for environmental reviews and permitting. You may use the project schedule template found here: Planning Project Schedule Template or you may attach your own schedule document.
2.	Provide an overview of the project management approach. Include staff members and/or contractors to be selected that will be responsible for project management and any other relevant project delivery work. Include position descriptions for any additional staff that will be hired.
3.	Describe the parties responsible for the ongoing maintenance of the plan and plan implementation.

CDBG-DR Planning Program Project Budget Instructions

This template is customizable to fit the budget proposal for your project. Feel free to edit left-hand segments and add comments when needed. This is intended to be a high-level overview of uses and sources for the project. A detailed costs estimate is also required to be attached with this application.

If a section does not have enough cells for the category that you are working on, you can add cells by highlighting a complete row and right-clicking. A dialogue box will appear that permits you to add a row of cells. Click "Insert" and then select either "Insert Above" or "Insert Below", depending on where you would like the new row to be placed. The new row will appear above or below the row you highlighted.

On the left-hand side of the template there is a list of major project items. You may edit each of these areas to fit your proposed budget plan.

List project funding sources in the "Sources of Other Funds" category. Disclose the amount you requested or expect to receive. List the status of funding for all sources. Feel free to elaborate on other funds or funding plans in a attached narrative.

You can use the right-side comments column to elaborate on budgeted items as needed.

Ensure your budget is reasonable, appropriate, and accurate. Ensure all budgeted items are consistent with the project description and tasks. Ensure there is no duplication of benefits (DOB). All funds identified for use on your project must be fully disclosed and detailed to ensure budget accuracy and that there is no duplication of benefits.

CDBG-DR PIER Planning Program Project Budget							
Activity	CDBG-DR	Other non CDBG-DR Funds	Source of Other Funds*	(CDBG-DR and Other)	Status of Funding (secured, requested, committed)	Comments	
Planning Tasks							
Plan Development Public Engagement Implementation							
Accounting/Legal							
Environmental Review							
Program Activity Delivery (ex: file management, reimbursement requests)							
Other: Use additional rows if needed							
Totals:							

^{*} All funds identified for use on your project must be fully disclosed and detailed to ensure budget accuracy and no duplication of benefits. Show the sources and amounts of other funds needed to

complete the project below, including local funds and grants from other agencies. Any anticipated or committed funds must also be included.

Complete the table below by listing all the funding assistance received to date for the system or systems included in the funding request. This is funding received in response to the 2020 Labor Day fires. (There is not a duplication of benefit if other funding sources are paying for an aspect or portion of the project that is not requested for CDBG-DR funding.)

All Recovery Assistance Received						
Source of Funding [Who is providing the assistance]	Amount of Assistance	Purpose of the Assistance [What costs are covered?]	Is there any duplication of benefits (DOB)?			
FEMA Public Assistance			☐ Yes☐ No			
FEMA Hazard Mitigation Grant Program			☐ Yes☐ No			
Hazard Insurance Proceeds			☐ Yes☐ No			
American Rescue Plan Act			☐ Yes☐ No			
State Funding		[Please describe specific state funding source here]	☐ Yes☐ No			
Other [fill in]			☐ Yes ☐ No			
Other [fill in]			☐ Yes ☐ No			
Other [fill in]			☐ Yes☐ No			

Compliance

According to 87 FR 6364, February 3, 2022, the state shall make reviews and audits, including on-site reviews of any subrecipients, as may be necessary or appropriate to meet the requirements of section 104(e)(2) of the HCDA, as amended, and as modified by the Consolidated Notice. In the case of noncompliance with these requirements, the state shall take such actions as may be appropriate to prevent a continuance of the deficiency, mitigate any adverse effects or consequences, and prevent a recurrence. The state shall establish remedies for noncompliance by any subrecipients, designated public agencies, or local governments.

Can you certify to comply	with state and	l federal register	regulations a	s outlined
in 87 FR 6364?				
□ Yes				

☐ No

Please be advised that by answering "no" to this question, your submission will not be considered eligible for the PIER Program.

87 FR 6364, February 3, 2022 is published on-line here:

https://www.federalregister.gov/documents/2022/02/03/2022-02209/allocations-for-community-development-block-grant-disaster-recovery-and-implementation-of-the

Signature/Certification

On behalf of the subrecipient, I certify that staff, contractors, vendors, and community partners of our proposed project:

- Will comply with all HUD and Oregon requirements in the administration of the proposed CDBG-DR funded activities;
- Will work in cooperation with OHCS to execute the Subrecipient Agreement that provides the pathway for successful CDBG-DR program(s) and/or project(s) and;
- Will certify that all information submitted in this Project Description Form is true and accurate to the best of my knowledge.

Name and Title:		
Signature:		
Date Submitted:		

Attachment checklist

National Objective Documentation
Public Hearing & Notice Documentation
Project Selection Record
Citizen Participation Plan and Language Access Plan (or statement
adopting state policy)
Supporting Documentation such as: damage reports, planning studies,
public documents that support or identify the project, etc.
Latest Audited Financial Statement
Detailed cost estimates that reflect contracted work and/or work
conducted by internal staff
Project Schedule