

TO: MAYOR AND CITY COUNCIL

FROM: NEIL JENSEN, City Administrator

SUBJECT: Small Cities Development Program

MEETING DATE: October 19, 2021

BACKGROUND

Karen Ducharme from SEMMCHRA will be in attendance to discuss the results of the Small Cities Development Program survey. She also will be requesting approval from the council to submit the grant and have the Mayor sign the grant application on behalf of the city.

STAFF RECOMMENDATION

Please make a motion to approve the Small Cities Development Program grant application and have Mayor Althoff sign on behalf of the City of Cannon Falls.

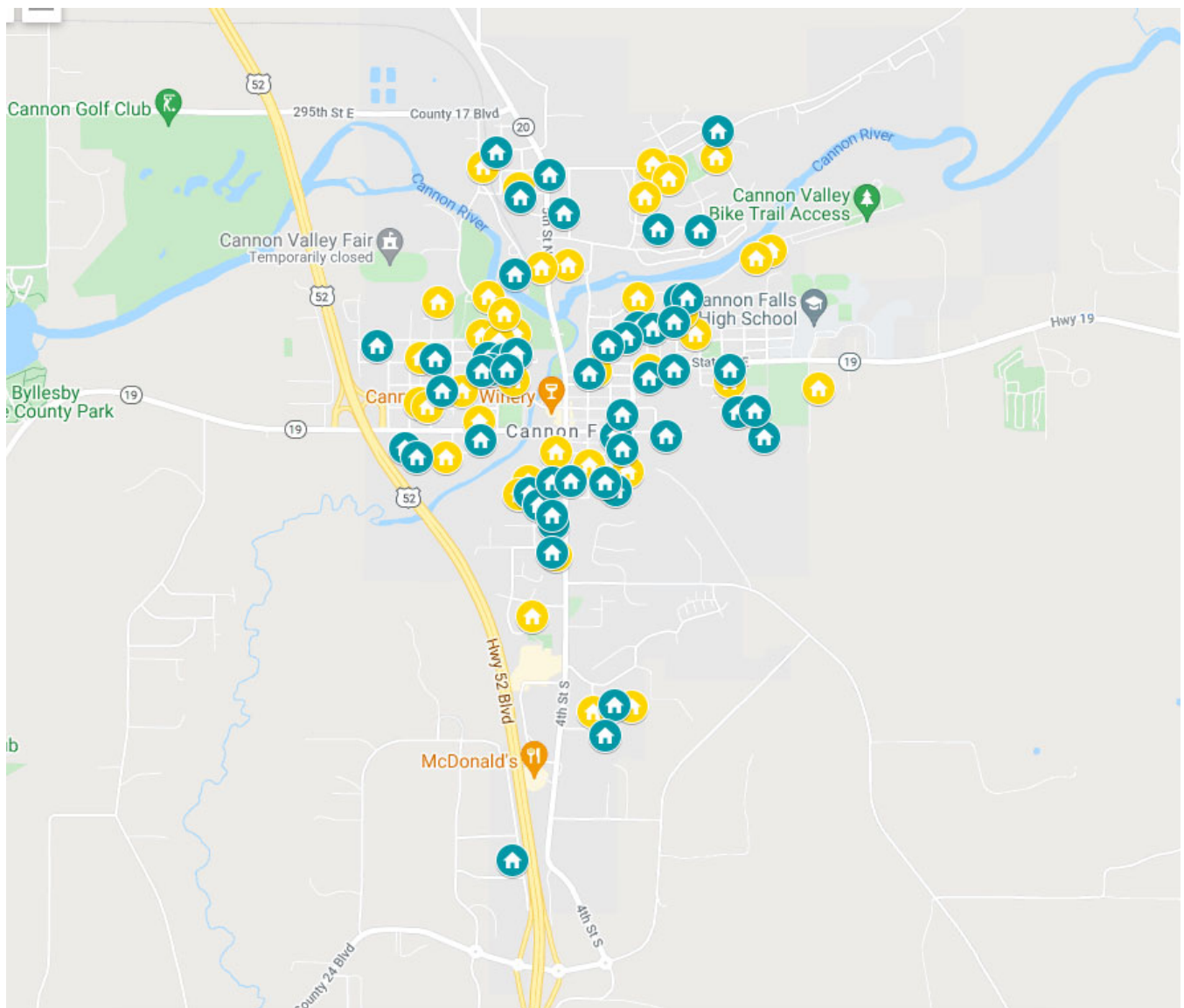
REQUESTED COUNCIL ACTION

Please make a motion to approve the Small Cities Development Program grant application and have Mayor Althoff sign on behalf of the City of Cannon Falls.

Community Development Needs Survey - SUMMARY City of: Cannon Falls

	Cannon Falls				Total
	#	#	#	#	
# surveys mailed	1190				1190
revised # of surveys mailed	1190		0		1190
# surveys returned	344	28.9%		#DIV/0!	344
# who own their homes	340	98.8%		#DIV/0!	340
# who are LMI & own their home	118	34.3%		#DIV/0!	118
# who are interested (yes & maybe responses) in rehab, LMI & own their home	90	76.3%		#DIV/0!	90
# who are interested (yes and maybe responses) in rehab but NOT LMI	143	63.8%		#DIV/0!	143
# who rent	4				4
# of returned mail	0				0
# non-LMI survey respondents	224				224
Average Age of Housing Stock (exc. rental)	57.46				57.46
Average Age of Housing Stock (inc. rental)	57.33				57.33

City of Cannon Falls Owner-Occupied Rehabilitation Interest



Small Cities Development Program Application

APPLICANT:

City of Cannon Falls

Federal Objective/Goals/Budget Form

Fed. Obj. Codes*	Activity	# of units/goals	SCDP Cost Per unit	SCDP Cost/without admin	Total SCDP Admin	SCDP Admin %	Total SCDP Costs	Program Income	Total Leveraged Resources	Source of Leveraged Funds (Mark (c) if funds are committed**.)	Totals
LMI	Owner-Occupied Rehab	21	24,500	514,500			514,500		62,750	City of Cannon Falls (c), SEMMCHRA, Rural Development 504 Program, Weatherization, Minnesota Housing Fix Up Program, Owner's Resources	577,250
	Owner-Occupied Rehab Admin	21	3,675		77,175	15.0%	77,175		5,000	SEMMCHRA (c)	82,175
			Totals	514,500	77,175		591,675	0	67,750		659,425

By signing above, the Applicant certifies to the best of their knowledge that the data and information provided in the Application is true and correct.

Signature of Authorized Official:

Date:

____/____/____

Signature of Authorized Official (Partnering Community):

N/A_____

____/____/____

Signature of Authorized Official (Partnering Community):

N/A_____

____/____/____

Signature of Primary Administrator:

____/____/____

Signature of Secondary Administrative Entity

N/A_____

____/____/____

Signature of Engineering firm for Public Facility Projects

N/A_____

Date: ____/____/____