

Small Cities Development Program

Housing Rehab

Eligible Properties

- Located in the geographic area that encompasses the application
- Suitable for rehabilitation (*total rehab cost cannot exceed 75% of the market value*)
- Current on property taxes
- Permanent structure

Household Income

- Gross household income must be at or below 80% of the county median income
- All income verified through 3rd parties (*aids in determining eligibility for deferred loan*)

Financial Assistance

- Deferred loan amount will vary on a case-by-case basis
- Deferred loans are secured with a Repayment Agreement. If the property is sold, title is transferred or is no longer the primary residence of the participant:

~ within the first 6 yrs., the full amount must be repaid to the HRA

~ the amount of repayment is reduced 20% for each year until the end of the 10th year.

~ at the end of the 10th year, the loan is forgiven (becomes a grant)

Eligible Activities

- Deferred loans may be used to:

~ remove health, safety or other deficiencies & to bring the structure into compliance with the rehabilitation standards (*roofing, siding, plumbing, water supply, septic systems, or wiring*)

~ improve the property by increasing the structure's energy efficiency (*insulation or installing storm windows*)

~ modify or rehabilitate the unit to make it accessible for a handicap or disabled member of the household (*structural, exterior, bathroom, kitchen*)

Goodhue County Income Guidelines (2021)			
Family Size	80% AMI		
1	\$49,100		
2	\$56,100		
3	\$63,100		
4	\$70,100		
5	\$75,750		
6	\$81,350		
7	\$86,950		
8	\$92,550		
Financial Assistance			
Income based on AMI	% Property Owner Match	% De-ferred Loan	Max. Deferred Loan Amount
0-80% AMI	0%	100%	\$25,000



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	77,175	15.0%	514,500		62,750	City of Cannon Falls (C), Goodhue County, SEMMCHRA (C), Rural Development 504 Program, Three Rivers' Weatherization Program, Minnesota Housing Fix Up Program, Owner's Resources	577,250
	Owner-Occupied Rehab Admin	21	3,675		77,175		77,175		5,000	SEMMCHRA (C)	82,175
			Totals	514,500	77,175		591,675	0	67,750		659,425

Note: Column G, SCDP Admin %, is the maximum percentage amount that can be drawn on a project (address) based on total SCDP project costs. For example, Mrs. Jones' house gets rehabilitated at a total cost of \$20,000 and admin is 14%. The most that can be drawn for admin is \$2,800 based on actual total SCDP project costs. **The budget page is an estimate of the average SCDP costs per unit. The admin allowed to be drawn is based on actual total SCDP project costs.**

**CITY OF CANNON FALLS
GOODHUE COUNTY, MINNESOTA**

RESOLUTION NUMBER 2619

**APPROVE SPONSORING THE SMALL CITIES DEVELOPMENT
PROGRAM FINAL APPLICATION**

BE IT RESOLVED that the City of Cannon Falls act as the legal sponsor for the project contained in the Application to be submitted on March 11, 2022 and that Mayor and Mayor Pro Tem are hereby authorized to apply to the Department of Employment and Economic Development for funding of this project on behalf of the City of Cannon Falls.

BE IT FURTHER RESOLVED that the City of Cannon Falls has the legal authority to apply for financial assistance, and the institutional, managerial and financial capability to ensure adequate construction, operation, maintenance and replacement of the proposed project for its design life.

BE IT FURTHER RESOLVED that the City of Cannon Falls has not violated any Federal, State or local laws pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest or other unlawful or corrupt practice.

BE IT FURTHER RESOLVED that upon approval of its application by the State, the City of Cannon Falls may enter into an agreement with the State of Minnesota for the approved project, and that the City of Cannon Falls certifies that it will comply with all applicable laws and regulations as stated in all contract agreements.

NOW, THEREFORE, BE IT RESOLVED that the Mayor and Mayor Pro Tem, or their successors in office, are hereby authorized to execute such agreements, and amendments thereto, as are necessary to implement the project on behalf of the Applicant.

I CERTIFY THAT the above resolution was adopted by the City Council of the City of Cannon Falls on this 15th day of February, 2022.

John O. Althoff, Mayor

Steve Gesme, Mayor Pro Tem

ATTEST: _____
Neil L. Jensen, City Administrator

Citizen Participation Plan – Cannon Falls

Pursuant to Section 104(a)(3) of the Housing and Community Development Act of 1974, as amended, this Citizen Participation Plan is hereby adopted to ensure that the citizens of the City of Cannon Falls (hereinafter referred to as the Applicant), particularly persons of low and moderate income residing in slum and blight areas and in areas in which CDBG funds are proposed to be used, are encouraged to participate in the planning and implementation of CDBG-funded activities.

Public Hearing

A public hearing or public hearings will be the primary means of obtaining citizen views and responding to proposals and questions related to community development and housing needs, proposed CDBG activities and past CDBG performance.

Prior to submitting a CDBG application to the State of Minnesota, the Applicant will need to conduct at least one public hearing to identify community development and housing needs, including the needs of very low- and low-income persons, as well as other needs in the community that might be addressed through the CDBG program. At the hearing, the Applicant must also, at minimum, review the proposed CDBG activities, their benefiting location(s), overall cost and proposed financing, and the implementation schedule. In addition, the past performance of the Applicant in carrying out CDBG responsibilities should be reviewed. Compliance with historic requirements of the CDBG program must be discussed, including whether there are/may be any historic or potentially historic buildings in the target area, and how the Applicant intends to address compliance with federal regulations governing the "Protection of Historic Properties."

Formal notice of the public hearing must be provided, which follows the posting/publication requirement(s) of the Applicant. A public notice will also be posted in places frequented by the public and posted in the *Cannon Falls Beacon*. As circumstances warrant and as the Applicant determine necessary or appropriate, participation may additionally be specifically solicited from persons of low and moderate income, those benefiting from or affected by CDBG activities and/or representatives of such persons. Hearings will be held at times and in locations convenient to potential and actual beneficiaries and with accommodation for the handicapped. In case of public hearings where a significant number of non-English speaking residents can be reasonably expected to participate, arrangements will be made to have an interpreter present. Citizens must be provided the opportunity to comment upon the original Citizen Participation Plan and on substantial amendments to it, or to the activities for which CDBG funds will be used.

Public Information and Records

Information and records regarding the proposed and past use of CDBG funds will be available at the Southeastern Minnesota Multi-County HRA, 134 East Second Street, Wabasha, MN 55981 (location) during regular office hours. The public will be so informed of this by public notice. Special communication aids can be made available to persons upon request.

Written Comments and Response

The Applicant will respond to written complaints and grievances, in writing, in a timely manner. When at all possible, such written responses shall be made within fifteen (15) working days.

City of Cannon Falls
Applicant

Signature of Chief Elected Official of Applicant

2/15/2022
Date

Instructions: Please return your completed form as part of the Response submittal.

Conflict of Interest Disclosure Form

This form gives applicants and grantees an opportunity to disclose any actual or potential conflicts of interest that may exist when receiving a grant. It is the applicant/grantee's obligation to be familiar with the Office of Grants Management (OGM) [Grants Policy 08-01 Conflict of Interest Policy for State Grant-Making effective date 1/1/21](#) and to disclose any conflicts of interest accordingly.

All grant applicants must complete and sign a conflict of interest disclosure form.

I or my grant organization do NOT have an ACTUAL or POTENTIAL conflict of interest.

If at any time after submission of this form, I or my grant organization discover any conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

I or my grant organization have an ACTUAL or POTENTIAL conflict of interest. (*Please describe below*):

If at any time after submission of this form, I or my grant organization discover any additional conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

Printed name: John Althoff, Mayor

Signature: _____

Organization: City of Cannon Falls

Date: 2/8/2022

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: ____/____/____

APPLICATION SIGNATURES

By signing below, the individuals understand the activities contained in the application, the identified target areas, and required policies and procedures, are eligible under the grant guidelines.

Signature of authorized community official:

Signature of partnering community authorized official (if applicable):

N/A _____

Signature of partnering community authorized official (if applicable):

N/A _____

Signature of executive officer of the administrative agency (if applicable):
