



Office of Community Development
59 Statehouse Station
Augusta, Maine 04333

POLICY STATEMENT #14

Subject: *CDBG Benefit Data Systems & National Objectives*

Revised: 02/14

The following outlines activity data and tracking requirements for Maine CDBG Program grant recipients. The benefit tracking system summarizes the household, race, gender and income data for beneficiaries of CDBG programs which are reported to HUD.

Housing Assistance Grantees

Communities with housing rehabilitation programs must maintain specific data on all program applicants for rehabilitation assistance whether they actually receive benefits or not. Sample forms for both single-family owner occupied units and tenant occupied units are attached. All grantees rehabilitating these two types of housing units must use both forms as needed. Staff from this office will look for up-to-date and complete forms during monitoring visits.

Documentation by Housing Type

Single-Family Owner Occupied Units - The Housing Rehabilitation Benefit Data System must be maintained and include information for all households applying for rehabilitation assistance. This information is the minimum amount to demonstrate compliance with program benefit and civil rights requirements. The Civil Rights Technical Assistance Handbook serves as a guide to the CDBG civil rights requirements.

Tenant Occupied Units - The grantee must prepare a Project Occupancy List and include information for all households residing in rental units applying for rehabilitation assistance. This form provides data for compliance with program benefit and civil rights requirements as well as tracking tenants living in the assisted building before and after rehabilitation begins or those who might move in as the work progresses. This tracking includes data on monthly rental payments, dates of notices sent to tenants concerning displacement, information on temporary relocation payments and notification dates to tenants of any rental increases during rehabilitation. The purpose of this tracking is to determine if any tenants are displaced due to the rehabilitation activities and therefore eligible for relocation assistance. As a result of recent changes to the Uniform Act and the Community Development Act, all grantees must be aware of the procedures to properly identify displacement and, if it occurs, to provide the proper benefit as required under the Uniform Act or Section 104(d) of the Housing and Community Development Act of 1974, as amended. Those communities displacing residents should request HUD Handbook 1378, which outlines the Uniform Act and Section 104(d). If you have any questions about these requirements, the Housing Rehabilitation Benefit Data System or Project Occupancy List, please contact your assigned Project Development Specialist at the Office of Community Development.

SPECIAL REQUIREMENTS FOR RENTAL REHABILITATION

In accordance with Section 104(d) of the Housing and Community Development Act of 1974, as amended special measures must be taken to notify tenants, in units that may be rehabilitated, of their status concerning potential displacement.

STEP 1: Each affected tenant must receive a written notice of their status after an application for rental rehabilitation assistance is submitted. A sample of this written notice titled, Guideform General Information Notice - Residential Tenant That Will Not be Displaced, is attached.

This notice states that the rehabilitation should not cause displacement and that the tenant will not be required to relocate. It further states that in the event that the tenant must relocate temporarily, suitable housing will be provided to the tenant by the grantee and that the tenant will be reimbursed for all reasonable extra expenses including moving costs and increases in other housing.

STEP 2: Once the application has been approved but before rehabilitation begins, each affected tenant must receive an additional notice that verifies that the tenant will in fact not be displaced. A sample notification titled, Guideform Notice of Nondisplacement to Residential Tenant, is attached. This notice outlines the tenant's rights and the grantee obligations.

Special Consideration:

If the grantee is considering acquiring a building that contains rental units, the above process is not acceptable. All acquisitions must adhere to the policies and procedures outlined by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA). For further information on Acquisition/Relocation contact your assigned Project Development Specialist at the Office of Community Development.

PUBLIC FACILITIES & PUBLIC INFRASTRUCTURE PROGRAMS

Communities implementing Public Facilities and Public Infrastructure programs must record demographic information for all households contained in a target area or entire community depending upon the area served by the CDBG activity. This information must be recorded on the Beneficiary Profile and be submitted to OCD during Phase II. The demographic information is garnered from local survey forms or, for HUD listed 51% LMI communities, from U.S. Census Data. You may access this data for your community online at <http://www.census.gov/prod/cen2000/dp1/2kh23.pdf>

PUBLIC SERVICE PROGRAM

Communities with public services programs must maintain specific data on persons receiving benefit from activities using CDBG funds. A sample form is included. The Office of Community Development will look for up-to-date and complete forms during monitoring visits.

Information: The Public Services Benefit Data System must be maintained and include information for the households of everyone receiving the public service assistance. This information is the minimum amount required to show compliance with program benefit and civil rights requirements. The Civil Rights Technical Assistance Handbook serves as a guide to the CDBG civil rights requirements.

ECONOMIC DEVELOPMENT PROGRAMS (JOB CREATION/RETENTION)

Meeting a CDBG National Objective

Communities receiving CDBG funds for economic development activities must meet the CDBG program national objective of providing a benefit to persons from low and moderate-income households (LMI). Communities must also gather and maintain certain required civil rights information. Program benefit is either the creation, or retention of jobs, taken by, or made available to low and moderate-income persons. To meet this objective, the businesses receiving assistance from the community for economic development activities must show, through income verification survey forms and documentation, that 51% of the jobs created or retained through the use of CDBG funds are taken by or were made available to LMI persons whose family income for the 12 month period prior to being hired was at or below the LMI limit. **In addition, a minimum 30% sampling of survey forms claiming LMI income status must be verified by income documentation consisting of tax returns, pay stubs, etc.**

Communities that have provided assistance to businesses that do not meet the 51% job target must pay back the full amount of the CDBG funds received.

Job Documentation – Job Creation Projects

Communities using job creation to meet a CDBG national objective must provide documentation from the assisted business that 51% of the jobs as result of the CDBG funded activities are either taken by or were made available to LMI persons.

To meet the “taken by” standard, the assisted business must survey all workers hired as a result of the CDBG assistance to determine their household size and their annual household income. If 51% of the workers hired meet the income eligibility requirements for the business’ location, the business will have met program benefit requirement. Generally businesses will have one year from the date of CDBG funded project completion to meet this goal. All income verification documentation must be maintained on file at the community office and at the business. If the community does not provide documentation that the assisted business has reached this goal within the designated time period, the full amount of the CDBG award must be returned to the Office of Community Development.

Job Documentation – Job Retention Projects

Communities using job retention to meet a CDBG national objective must provide documentation from the assisted business that 51% of the jobs retained as a result of the CDBG funded activities are held by low and moderate-income persons. In addition, they must demonstrate through public means that, but for the CDBG assistance, the jobs would be lost. Letters to employees announcing layoffs, public declarations such as meeting announcements and through media reports may meet this.

To meet these standards, the assisted business must survey all workers in the jobs retained as a result of the CDBG funded activities to determine their household size and their annual household income. If 51% of the workers in those positions meet the income eligibility requirements for the business’ location, the business will be deemed to have met benefit. Each worker occupying a retained position must complete income verification documentation to ensure that they fit into the income limit for the business’ location. All income surveys must be maintained on file at the community office and at the business.

If the income documentation reveals that individuals hold less than 51% of the retained jobs from low and moderate-income households, the business must achieve this goal within two years through replacement of workers during normal employee turnover. However, this time period may be negotiated at the time of grant award at the discretion of the Office of Community Development. If the community does not provide documentation that the assisted

business has reached this goal within the designated time period, the full amount of the CDBG award must be returned to the Office of Community Development.

Documentation Requirements

All documents collected to demonstrate that a CDBG national objective has been met must be kept on file at the community and at the business. These documents and the information thereon are strictly confidential and must be protected from public access.

Written Agreement Requirement

Communities participating in CDBG funded economic development programs must have a written agreement assigning responsibility for CDBG job creation/retention requirements to the recipient business. The OCD strongly recommends that this agreement include a statement assigning responsibility for repayment of CDBG funds if the job goal is not met to the recipient business. If the community chooses not to assign this financial responsibility to the recipient business, please remember that the special conditions section of the contract between the DECD and the community will require the community to repay the CDBG funds if the job goal is not met. In either case, the agreement must be approved by the OCD prior to any disbursement of funds.

SLUM AND BLIGHT

A definition of a slum and blighted area can be found in the MRSA Title 30-A, Chapter 205, 5202. The following definition of a blighted area will serve as a starting point in determining if the proposed area in your community may qualify under this national objective.

- A. An area in which there is a predominance of buildings or improvements which are conducive to ill health, the transmission of disease, infant mortality, juvenile delinquency or crime and are detrimental to the public health, safety, morals or welfare because of:** 1) Dilapidation, deterioration, age or obsolescence; 2) inadequate provision of ventilation, light, air, sanitation or open spaces; 3) high density of population or overcrowding; 4) the existence of conditions which endanger life or property by fire and other causes; or 5) any combination of these factors.

- B. An area which is a menace to the public health, safety, morals, or welfare in its present condition because of:** 1) the predominance of inadequate street layout, unsanitary or unsafe conditions; 2) tax or special assessment delinquency exceeding the fair value of the land; 3) the existence of conditions which endanger life or property by fire and other causes; or 4) any combination of these factors.

The important thing to remember is that it is necessary to target an **area** to meet this national objective. This area must be defined by the applicant and shown to have contiguous boundaries and interrelated problems causing the **entire area** to be blighted.

In addition to the state definition of blighted area, the HUD rules for CDBG Program activities defines further what conditions must exist for an area to be considered blighted. These conditions are: 1) the local area meets the definition of a blighted area under state or local law; 2) throughout the blighted area there is a **substantial** number of deteriorating buildings or the public improvements are in a **general** state of deterioration; 3) the CDBG activities will address one or more of the conditions which contributed to the deterioration of the area; and 4) records are retained that sufficiently document that a project meets the national objective of addressing slums and blight on an area-wide basis.

Your community must take into consideration **both** the state and CDBG requirements when qualifying a slums/blight area-wide project. First, you should review the State Statute above to make sure the

area in question is applicable. Then you should apply the HUD Condition (B) related to **buildings** or **public improvements**. In the case of public improvements, it is insufficient for only one type of public improvement to be in a state of deterioration, the public improvements **taken, as a whole** must **clearly exhibit signs of deterioration**. If both the state and HUD requirements seem to apply to your potential CDBG project, the following process should occur with **all materials sent to OCD as part of your Letter of Intent submissions**.

REQUIRED DOCUMENTATION

1. Written descriptions of the conditions, which you feel, qualify the area at the time of its designation. This description must be in sufficient detail to demonstrate how the area met all criteria. Also included must be the method by which the area was identified and delineated.
2. Support documentation that details the specific conditions that exist in the designated area. This documentation can include, but is not limited to, photographs, structural analysis of buildings, engineering studies, local code enforcement officials, planning board actions, public health and safety concerns, and actions taken by other state or local authorities.
3. A detailed map outlining the designated blighted area.
4. A Declaration of Slum and Blight enacted by the legislative body of your community. A sample copy of a Declaration of Slum and Blight is attached.

URGENT NEED

To comply with the national objective of meeting community development needs having a particular urgency, an activity must be designed to alleviate existing conditions which the grantee certifies: 1) pose a serious and immediate threat to the health or welfare of the community; 2) are of recent origin or recently became urgent meaning within 18 months preceding the application; 3) the grantee is unable to finance the activity on its own, and 4) other sources of funding are not available to carry out the activity.

REQUIRED DOCUMENTATION

1. A description of the condition that was addressed, showing the nature and degree of seriousness of the threat it posed;
2. Evidence that the grantee certified that the CDBG activity was designed to address the urgent need;
3. Information on the timing of the development of the serious conditions; and
4. Evidence confirming that other financial resources to alleviate the need were not available.

BENEFICIARY PROFILE — (PI and PF Programs)
STATE OF MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

1. Community: _____

2. Name of Target Area: _____ (If community-wide, state "same as above")

3. Description of Target Area: _____

4. POPULATION

a. Total Population _____

b. Total Low/Moderate Income Persons _____

c. Total Non-Low/Moderate Income Persons _____

d. Total % Low/Moderate Income Persons _____

5. RACE (INDICATE TOTALS)

a. White _____

b. Black/African American _____

c. Asian _____

d. Native Hawaiian/Other Pacific Islander _____

e. American Indian/Alaskan Native _____

f. Asian & White _____

g. Am Indian/Alaskan Native & White _____

h. Black/African American & White _____

i. American Indian/Alaskan Native & Black/African American _____

6. HOUSEHOLD INFORMATION

a. Total Number of Elderly _____

b. Total Number of Severely Disabled _____

c. Total Female Heads of Households _____

Date Submitted: _____

Authorized Signature: _____

Title: _____

Instructions for completing the Beneficiary Profile

- Line 1** State name of community.
- Line 2** Give name of target area; state "same as above if community-wide.
- Line 3** Give a brief description of target area.
- Line 4a** In regard to a target area; use the survey results to determine the total population in the service area. In regard to the entire Town or City being the target area, use the latest census information.
- Line 3b** In regard to a target area; use the survey results to determine the total number of Low/Moderate Income persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 3c** In regard to a target area; use the survey results to determine the total number of Non-Low/Moderate Income persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 3d** In regard to a target area; use the survey results to determine the total percent of Low/Moderate Income persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 5a** In regard to a target area; use the survey results to determine the total number of White, not Hispanic persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 5b** In regard to a target area; use the survey results to determine the total number of Black/African American persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 5c** In regard to a target area; use the survey results to determine the total number of Asian persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 5d** In regard to a target area; use the survey results to determine the total number of Native Hawaiian/Other Pacific Islander persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 5e** In regard to a target area; use the survey results to determine the total number of American Indian/Alaskan Native in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 5f** In regard to a target area; use the survey results to determine the total number of Asian & White persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 5g** In regard to a target area; use the survey results to determine the total number of American Indian/Alaskan Native & White persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 5h** In regard to a target area; use the survey results to determine the total number of Black/African American & White persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 5i** In regard to a target area; use the survey results to determine the total number of American Indian/Alaskan Native & Black/African American persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 6a** In regard to a target area; use the survey results to determine the total number of Elderly persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 6b** In regard to a target area; use the survey results to determine the total number of severely disabled persons in the service area. In regard to the entire Town/City being the target area, use the latest census information.
- Line 6c** In regard to a target area; use the survey results to determine the total number of Female Heads of Households in the service area. In regard to the entire Town/City being the target area, use the latest census information.

(Guideform General Information to be on Grantee Letterhead)

(date)

NOTICE: Residential Tenant That Will Not Be Displaced

Dear _____,

On (date), (property owner) submitted an application to the Town/City of _____ for financial assistance to rehabilitate the building which you occupy at (address)_____.

This notice is to inform you that, if the assistance is provided and the building is rehabilitated, you will **not** be displaced. Therefore, we urge you **not** to move anywhere at this time. If you do elect to move for reasons of your choice, you will not be provided relocation assistance.

If the application is approved and Federal assistance is provided for the rehabilitation, you will be able to lease and occupy your present apartment (or another suitable, decent, safe and sanitary apartment in the same building) upon completion of the rehabilitation. Of course, you must comply with standard lease terms and conditions.

After the rehabilitation, your initial rent, including the estimated average monthly utility costs, will not exceed the greater of (a) your current rent and average utility costs, or (b) 30 percent of your average monthly gross household income. If you must move temporarily so that the rehabilitation can be completed, suitable housing will be made available to you for the temporary period, and you will be reimbursed for all reasonable extra expenses, including all moving costs and any increase in housing costs.

Again, we urge you not to move. If the project is approved, you can be sure that we will make every effort to accommodate your needs. Because Federal assistance would be involved, you would be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

This letter is important and should be retained. You will be contacted soon. In the meantime, if you have any questions about our plans, please contact (name, address and phone)_____.

Sincerely,

(Guideform General Information to be on Grantee Letterhead)

(date)

NOTICE: Non-Displacement To Residential Tenant

Dear _____,

On (date), we notified you that the owner of your building had applied for assistance to make extensive repairs to the building. On (date), the owner's request was approved, and the repairs will begin soon.

This is a Notice of Non-Displacement. You will not be required to move permanently as a result of the rehabilitation. This notice guarantees you the following:

1. You will be able to lease and occupy your present apartment (or another suitable, decent, safe and sanitary apartment in the same building or complex) upon completion of the rehabilitation work. Your monthly rent will remain the same or, if increased, your new rent and estimated average utility costs will not exceed 30% of the gross income of all adult members of your household. Of course, you must comply with the reasonable terms and conditions of your lease.
2. If you must move temporarily so that the repairs can be completed, you will be reimbursed for all of your reasonable extra expenses, including the cost of moving to and from the temporarily occupied unit and any additional housing costs. The temporary unit will be decent, safe and sanitary, and all other conditions of the temporary move will be reasonable.

Since you will have the opportunity to occupy a newly rehabilitated apartment, I urge you not to move. If you do elect to move for your own reasons, you will not receive any relocation assistance. We will make every effort to accommodate your needs. Because Federal assistance is involved, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

If you have any questions about our plans, please contact (name, address and phone)

_____. Remember, do not move before we have a chance to discuss your eligibility for assistance. This letter is important to you and should be retained.

Sincerely,

Community Development Block Grant - PUBLIC SERVICE BENEFIT DATA SYSTEM

Community:	Female Head of Household	Disabled and/or Elderly	Ethnic/Racial Background								Family Income "X" Appropriate Column			
Grant Program:	"X" if Yes	indicate "D" for Disabled and/or "E" for Elderly	AI/AN	Asian	Black/African American	NH/OPI	White	AI/AN and White	Asian and White	B/AA and White	30%	50%	80%	Not LMI
Dunn & Bradstreet (DUNS) #:														
Preparer:														
Beneficiary ID #														
Totals	0	XXXXXX	0	0	0	0	0	0	0	0	0	0	0	0

AI/AN = American Indian/Alaskan Native
 B/AA = Black/African American
 NH/OPI = Native Hawaiian/Other Pacific Islander

Community Development Block Grant - Economic Development Program Report

Community:	Female Head of Househ	Disabled and/or Elderly	Job Class *	Hourly Wage	Ethnic/Racial Background										Family Income "X" Appropriate Column				Employe d at time of hire?	Employee Surveyed?	Employee Income Verified?	
Business Name:	"X" if Yes	indicate "D" for Disabled and/or "E" for Elderly	Enter Job Classification # from List Below	Hourly Wage to be Paid at Time of Hire excluding fringe	AI/AN	Asian	Black/African American	NH/OPI	White	AI/AN and White	Asian and White	B/AA and White	AI/AN and Black	Other Multi-racial	30%	50%	80%	Not LMI	"X" if No	"X" if Yes	"X" if Yes (LMI ONLY)	
Dunn & Bradstreet (DUNS) #:																						
Preparer:																						
Enter Employee Identifier and Date of Hire (mm-dd-yyyy) DO NOT USE SS #s or FULL NAMES																						
Totals	0	XXXXXX	XXXXXX	XXXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

AI/AN = American Indian/Alaskan *Job Classification Identifiers

B/AA = Black/African American 1. Managerial/Officer 2. Professional 3. Technician

NH/OPI = Native Hawaiian/Other P 4. Sales 5. Clerical/Office 6. Craftworker

7. Operatives 8. Laborer 9. S 9. Service Worker

Activity Narrative (Description of what project activities have occurred during the timeframe covered by th

STATE:MAINE

-----I N C O M E L I M I T S-----

PROGRAM		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Bangor, ME MSA									
Bangor, ME HMFA									
FY 2014 MFI: 60800	30% OF MEDIAN	13200	15050	16950	18800	20350	21850	23350	24850
	VERY LOW INCOME	21950	25100	28250	31350	33900	36400	38900	41400
	LOW-INCOME	35150	40150	45150	50150	54200	58200	62200	66200
Penobscot County, ME (part) HMFA									
FY 2014 MFI: 51200	30% OF MEDIAN	10850	12400	13950	15500	16750	18000	19250	20500
	VERY LOW INCOME	18100	20700	23300	25850	27950	30000	32100	34150
	LOW-INCOME	28950	33100	37250	41350	44700	48000	51300	54600
Lewiston-Auburn, ME MSA									
FY 2014 MFI: 56100	30% OF MEDIAN	11800	13500	15200	16850	18200	19550	20900	22250
	VERY LOW INCOME	19650	22450	25250	28050	30300	32550	34800	37050
	LOW-INCOME	31450	35950	40450	44900	48500	52100	55700	59300
Portland-South Portland-Biddeford, ME MSA									
Cumberland County, ME (part) HMFA									
FY 2014 MFI: 68400	30% OF MEDIAN	14350	16400	18450	20500	22150	23800	25450	27100
	VERY LOW INCOME	23950	27400	30800	34200	36950	39700	42450	45150
	LOW-INCOME	38300	43800	49250	54700	59100	63500	67850	72250
Portland, ME HMFA									
FY 2014 MFI: 77300	30% OF MEDIAN	16250	18600	20900	23200	25100	26950	28800	30650
	VERY LOW INCOME	27100	30950	34800	38650	41750	44850	47950	51050
	LOW-INCOME	43300	49500	55700	61850	66800	71750	76700	81650
Sagadahoc County, ME HMFA									
FY 2014 MFI: 71300	30% OF MEDIAN	15000	17150	19300	21400	23150	24850	26550	28250
	VERY LOW INCOME	25000	28550	32100	35650	38550	41400	44250	47100
	LOW-INCOME	39950	45650	51350	57050	61650	66200	70750	75350
York County, ME (part) HMFA									
FY 2014 MFI: 68900	30% OF MEDIAN	14450	16500	18550	20600	22250	23900	25550	27200
	VERY LOW INCOME	24050	27450	30900	34300	37050	39800	42550	45300
	LOW-INCOME	38450	43950	49450	54900	59300	63700	68100	72500
York-Kittery-South Berwick, ME HMFA									
FY 2014 MFI: 81000	30% OF MEDIAN	17050	19450	21900	24300	26250	28200	30150	32100
	VERY LOW INCOME	28350	32400	36450	40500	43750	47000	50250	53500
	LOW-INCOME	44750	51150	57550	63900	69050	74150	79250	84350
Aroostook County, ME									
FY 2014 MFI: 50600	30% OF MEDIAN	10850	12400	13950	15500	16750	18000	19250	20500
	VERY LOW INCOME	18100	20700	23300	25850	27950	30000	32100	34150
	LOW-INCOME	28950	33100	37250	41350	44700	48000	51300	54600
Franklin County, ME									
FY 2014 MFI: 51100	30% OF MEDIAN	10850	12400	13950	15500	16750	18000	19250	20500
	VERY LOW INCOME	18100	20700	23300	25850	27950	30000	32100	34150
	LOW-INCOME	28950	33100	37250	41350	44700	48000	51300	54600
Hancock County, ME									
FY 2014 MFI: 62800	30% OF MEDIAN	13200	15100	17000	18850	20400	21900	23400	24900
	VERY LOW INCOME	22000	25150	28300	31400	33950	36450	38950	41450
	LOW-INCOME	35200	40200	45250	50250	54300	58300	62350	66350

STATE:MAINE

-----I N C O M E L I M I T S-----

	PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Kennebec County, ME									
FY 2014 MFI: 60400	30% OF MEDIAN	12700	14500	16300	18100	19550	21000	22450	23900
	VERY LOW INCOME	21150	24200	27200	30200	32650	35050	37450	39900
	LOW-INCOME	33850	38650	43500	48300	52200	56050	59900	63800
Knox County, ME									
FY 2014 MFI: 60300	30% OF MEDIAN	12700	14500	16300	18100	19550	21000	22450	23900
	VERY LOW INCOME	21150	24150	27150	30150	32600	35000	37400	39800
	LOW-INCOME	33800	38600	43450	48250	52150	56000	59850	63700
Lincoln County, ME									
FY 2014 MFI: 60800	30% OF MEDIAN	12800	14600	16450	18250	19750	21200	22650	24100
	VERY LOW INCOME	21300	24350	27400	30400	32850	35300	37700	40150
	LOW-INCOME	34100	38950	43800	48650	52550	56450	60350	64250
Oxford County, ME									
FY 2014 MFI: 51000	30% OF MEDIAN	10850	12400	13950	15500	16750	18000	19250	20500
	VERY LOW INCOME	18100	20700	23300	25850	27950	30000	32100	34150
	LOW-INCOME	28950	33100	37250	41350	44700	48000	51300	54600
Piscataquis County, ME									
FY 2014 MFI: 47100	30% OF MEDIAN	10850	12400	13950	15500	16750	18000	19250	20500
	VERY LOW INCOME	18100	20700	23300	25850	27950	30000	32100	34150
	LOW-INCOME	28950	33100	37250	41350	44700	48000	51300	54600
Somerset County, ME									
FY 2014 MFI: 49500	30% OF MEDIAN	10850	12400	13950	15500	16750	18000	19250	20500
	VERY LOW INCOME	18100	20700	23300	25850	27950	30000	32100	34150
	LOW-INCOME	28950	33100	37250	41350	44700	48000	51300	54600
Waldo County, ME									
FY 2014 MFI: 53900	30% OF MEDIAN	11350	12950	14550	16150	17450	18750	20050	21350
	VERY LOW INCOME	18900	21600	24300	26950	29150	31300	33450	35600
	LOW-INCOME	30200	34500	38800	43100	46550	50000	53450	56900
Washington County, ME									
FY 2014 MFI: 45700	30% OF MEDIAN	10850	12400	13950	15500	16750	18000	19250	20500
	VERY LOW INCOME	18100	20700	23300	25850	27950	30000	32100	34150
	LOW-INCOME	28950	33100	37250	41350	44700	48000	51300	54600

DECLARATION OF SLUM AND BLIGHT

MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

It is hereby found and declared:

That there exists in the Town/City of _____ a deteriorating, dilapidated, slum and blighted area, dangerous buildings, deficient public improvements and incompatible uses of property, which constitute a serious and growing menace, injurious and inimical to the public health, safety, morals and welfare of the residents of the Town/City of _____.

That the existence of such an area, as shown on the attached map and identified as _____, is found to be consistent with Maine State Statute 30-A, Chapter 205, Section 5202 and regulations set forth by the United States Department of Housing and Urban Development in 24 CFR Part 570.

That the blighted area will be addressed with Community Development Block Grant (CDBG) and other funds through eligible activities, in accordance with all CDBG regulations and Maine State Statute 30-A, Chapter 205, Sections 5201 through 5205.

That the activities to be conducted are designed to eliminate the causes of slum and blight.

The Declaration with attendant documentation is hereby enacted on the _____ of _____, 20__ and is effective from this day forth until such conditions have been remedied through completion of the CDBG project.

AUTHORIZED SIGNATURES

Name

Date

Name

Date

Name

Date

Name

Date

Municipal Seal