

Southeastern Minnesota Lead Hazard Reduction Program Application

APPLICATIONS DUE 10/30/2020

To apply to be a sub-grantee for the HUD-funded Southeastern Minnesota Lead Hazard Reduction Program, complete the application below. Read the entire request for proposals (RFP) before completing this application.

Part 1: Contact Information

Organization's Legal Name _____

Contact Name _____

Contact Name's Job Title _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address (If Different From Mailing Address) _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Part 2: Current Organizational Capacity

Indicate whether your organization provides the following services and the number of each that were provided in the 2019 calendar year:

Service Type	Does Your Organization Provide this Service?	Number Units Completed or Clients Served in 2019
Weatherization Assistance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner-Occupied Housing Rehabilitation through Small Cities Development Program (SCDP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Service Type	Does Your Organization Provide this Service?	Number Units Completed or Clients Served in 2019
Rental Housing Rehabilitation through SCDP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Improvement Loans through Minnesota Housing Finance Agency (MHFA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing Redevelopment through Community Development Block Grants (CDBG)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Housing Redevelopment (Describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Will your organization leverage funding from any of the programs listed in Part 2 or from other funding sources to provide additional services to the housing units receiving lead hazard remediation?

Yes No

If yes, describe _____

Does your organization currently perform income verification for any of the services it provides?

Yes No

In 2019, did your organization contract with any businesses that meet Section 3 requirements? (More information on Section 3 is available through HUD's [Frequently Asked Questions about HUD's Section 3 Business Registry](#))

Yes No Unsure

List any languages other than English in which your organization can provide services:

Part 3: Proposed Project

Over the approximately three-year period of this grant, in how many housing units does your organization propose to do lead hazard reduction? (Minimum response is 12 housing units, maximum response is 60 housing units). Due to COVID-19, it is expected that projecting target numbers may be challenging. It is recommended that projections are based on 2019 numbers, while factoring in 2020 numbers to determine a conservative estimate.

To view local-level data on childhood lead exposure, Minnesota Department of Health maps are available here: [Childhood Lead Exposure in Minnesota](#)

Indicate whether your organization proposes to make lead hazard reduction projects available to housing units that are located in each of the following counties:

Dodge County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Dodge County, describe: _____			
Fillmore County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Fillmore County, describe: _____			
Freeborn County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Freeborn County, describe: _____			
Goodhue County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Goodhue County, describe: _____			
Houston County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Houston County, describe: _____			
Mower County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Mower County, describe: _____			
Olmsted County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Olmsted County, describe: _____			
Rice County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Rice County, describe: _____			
Steele County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Steele County, describe: _____			
Wabasha County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Wabasha County, describe: _____			
Winona County	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Whole County	<input type="checkbox"/> Yes, Part of County
If Part of Winona County, describe: _____			

Is your organization proposing to make lead hazard reduction projects available to single-family housing units, multi-family housing units, or both?

- Single-family only Multi-family only Both single- and multi-family

A description of the expectations of sub-grantees is provided in the Request for Proposals (RFP), Section 2.2, pages 6-8. Have you read those duties and agree to fulfil them if selected?

- Yes No

Part 4: Budget

Award amounts will be determined by the number of housing units designated for each sub-grantee. The total budget amount will be \$15,849.50 per housing unit, which is based on the following average costs:

Item Description	Average Cost per Unit
Payments to Contractors for Lead Hazard Reduction (supplies and labor)	\$11,000
Building Permits	\$65
Eligibility verification and enrollment	\$250
Managing contractor bids and performing contractor oversight	\$1,000
Mileage	\$145
Resident relocation: hotel	\$282
Resident relocation: per diem	\$495
Cleaning kits to provide to residents post-remediation	\$250
Additional unit enrollment costs (\$250 per additional unit enrolled, assume enrollment of 25% more units than number completed to account for attrition)	\$62.50

Item Description	Average Cost per Unit
Administrative costs	\$300
Healthy homes interventions	\$2,000
Total	\$15,849.50

Part 5: Optional Sections

IF APPLICABLE, ATTACH THE FOLLOWING DOCUMENTS

Joint Application

If submitting a joint application, attach a page describing the organizations' relationships and how services are provided jointly. Be sure to designate a lead organization to serve as the fiscal and contractual agent.

Trade Secret Information

If this application contains any trade secret information, include a written explanation of how the information meets the requirements for trade secret information (See RFP).

Application Checklist

- Completed application
 - Attach optional sections if applicable
- Completed due diligence form
- Include required supporting documentation, as noted on due diligence form
- Ensure that application is submitted electronically by the deadline

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9/28/2020

To obtain this information in a different format, call: 651-201-4916.