

## General Information/Authorization Legislation

<b>Grant Request (from allocation award letter)</b>
NSP Project Amount: \$2,149,707
Admin. Amount: \$214,700

<b>Region Number, if applicable:</b>
6

<b>Communities (from allocation award letter):</b>
Ashtabula County
Ashtabula City
Conneaut City
Geauga County

<b>Applicant/Lead Community</b>
Contact Person: Janice Switzer
E-Mail: <a href="mailto:jgswitzer@ashtabulacounty.us">jgswitzer@ashtabulacounty.us</a>
Agency: Ash. Co. Recycling & Community Services
Title: Program Manager
Address: 25 West Jefferson Street
City, State, Zip: Jefferson OH 44047
Telephone: 440-576-3853
Fax: 440-576-2758
CEO Name: Peggy Carlo
CEO E-Mail: <a href="mailto:pacarlo@ashtabulacounty.us">pacarlo@ashtabulacounty.us</a>

<b>Legal Applicant/Recipient Certifies That:</b>
To the best of my knowledge and belief, data contained in the application are true and correct. This document has been duly authorized by the governing body of the recipient to comply with the required assurances, if the assistance is approved.
Signature:
Typed Name: Peggy Carlo
Title: President, Board of Commissioners

<b>Primary Administering Agency</b>
Contact Person: Janice Switzer
E-Mail: <a href="mailto:jgswitzer@ashtabulacounty.us">jgswitzer@ashtabulacounty.us</a>
Agency: Ash. Co. Recycling & Community Services
Title: Program Manager
Address: 25 West Jefferson Street
City, State, Zip: Jefferson OH 44047
Telephone: 440-576-3853
Fax: 440-576-2758
CEO Name: Peggy Carlo
CEO E-Mail: Board President

<b>Subrecipients (if necessary)</b>
(Complete next page for each subrecipient listed)
Ashtabula City
Geauga County

<b>Application Prepared By</b>
(If different from administering agency)
Contact Person: Janice Switzer
E-Mail: <a href="mailto:jgswitzer@ashtabulacounty.us">jgswitzer@ashtabulacounty.us</a>
Agency: Ashtabula Co. Recycling & Comm Services
Title: Program Manager
Address: 25 W Jefferson Street
City, State, Zip: Jefferson, OH 44047
Telephone: 440-576-3777
Fax: 440-576-2758
CEO Name: Peggy Carlo
CEO E-Mail: <a href="mailto:pacarlo@ashtabulacounty.us">pacarlo@ashtabulacounty.us</a>

<b>Financial Contact Person for Lead Entity</b>
Contact Person: Dawn Gates
E-Mail: <a href="mailto:dngates@ashtabulacounty.us">dngates@ashtabulacounty.us</a>
Agency: Ashtabula County Community Services
Title: Grant Specialist
Address: 25 W Jefferson Street
City, State, Zip: Jefferson, Ohio, 44047
Telephone: 440-576-3853
Fax: 440-576-2758
CEO Name: Peggy Carlo
CEO E-Mail: <a href="mailto:pacarlo@ashtabulacounty.us">pacarlo@ashtabulacounty.us</a>

<b>Citizen Participation</b>
Viewing Location(s):
Ashtabula County including cities
Geauga County
Describe method used to meet the requirements:
Posted a notice in 3 newspapers (Star Beacon, News Herald, Maple Leaf) that the application could be viewed online at <a href="http://saveourhomesashtabulacounty.org">saveourhomesashtabulacounty.org</a> .

<b>Ordinance/Resolution (attach legislation)</b>
Number:
Date:

## Administrative Structure/Subrecipient Information

Submit the following information for each subrecipient listed on the General Information Table and the corresponding information for the Primary Administering Agencies for each subrecipient.

Subrecipient 1
Contact Person: Anita Stocker
E-Mail: <a href="mailto:anitastocker@geaugaced.com">anitastocker@geaugaced.com</a>
Agency: Geauga Co. Community & Ec. Development
Title: Director
Address: 470 Center Street, Building 1A
City, State, Zip: Chardon, Ohio 44024
Telephone: 440-279-1790
Fax: 440-285-7761
CEO Name: William S. Young
CEO E-Mail: <a href="mailto:byoung@geaugabocc.org">byoung@geaugabocc.org</a>

Primary Administering Agency for Subrecipient 1
Contact Person: Anita Stocker
E-Mail: <a href="mailto:anitastocker@geaugaced.com">anitastocker@geaugaced.com</a>
Agency: Geauga Co. Community & Ec. Development
Title: Director
Address: 470 Center Street, Building 1A
City, State, Zip: Chardon, Ohio 44024
Telephone: 440-279-1790
Fax: 440-285-7761
CEO Name: William S. Young
CEO E-Mail: <a href="mailto:byoung@geaugabocc.org">byoung@geaugabocc.org</a>

Subrecipient 2
Contact Person: Jason Strong
E-Mail: <a href="mailto:jstrong@cityofashtabula.com">jstrong@cityofashtabula.com</a>
Agency: Ashtabula City Community Development
Title: Executive Director
Address: 4717 Main Street
City, State, Zip: Ashtabula OH 44004
Telephone: 440-992-7195
Fax: 440-992-7180
CEO Name: Anthony Cantagallo
CEO E-Mail: <a href="mailto:acantagallo@cityofashtabula.com">acantagallo@cityofashtabula.com</a>

Primary Administering Agency for Subrecipient 2
Contact Person: Jason Strong
E-Mail: <a href="mailto:jstrong@cityofashtabula.com">jstrong@cityofashtabula.com</a>
Agency: Ashtabula City Community Development
Title: Executive Director
Address: 4717 Main Street
City, State, Zip: Ashtabula OH 44004
Telephone: 440-992-7195
Fax: 440-992-7180
CEO Name: Anthony Cantagallo
CEO E-Mail: <a href="mailto:acantagallo@cityofashtabula.com">acantagallo@cityofashtabula.com</a>

Subrecipient 3
Contact Person:
E-Mail:
Agency:
Title:
Address:
City, State, Zip:
Telephone:
Fax:
CEO Name:
CEO E-Mail:

Primary Administering Agency for Subrecipient 3
Contact Person:
E-Mail:
Agency:
Title:
Address:
City, State, Zip:
Telephone:
Fax:
CEO Name:
CEO E-Mail:

Subrecipient 4
Contact Person:
E-Mail:
Agency:
Title:
Address:
City, State, Zip:
Telephone:
Fax:
CEO Name:
CEO E-Mail:

Primary Administering Agency for Subrecipient 4
Contact Person:
E-Mail:
Agency:
Title:
Address:
City, State, Zip:
Telephone:
Fax:
CEO Name:
CEO E-Mail:

Attach additional pages, if necessary

For the options permitted, please refer to the NSP Guidelines, Subrecipient Agreements, which are posted on <http://development.ohio.gov/cdd/ohcp/NeighborhoodStabilizationProgram.htm>.

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 3/31/2003)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

<b>Applicant/Recipient Information</b>		Indicate whether this is an Initial Report <input type="checkbox"/>	or an Update Report <input type="checkbox"/>
1. Applicant/Recipient Name, Address, and Phone (include area code): Ashtabula County/Geauga County Region 6 25 West Jefferson Street Jefferson OH 44047 (440) 576-3853		2. Social Security Number or Employer ID Number: 34-6000128	
3. HUD Program Name Neighborhood Stabilization Program		4. Amount of HUD Assistance Requested/Received 2,149,707.00	
5. State the name and location (street address, City and State) of the project or activity:			

**Part I Threshold Determinations**

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

**Part III Interested Parties.** You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: X	Date: (mm/dd/yyyy)
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**Public reporting burden** for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38. **Note:** This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

## Instructions

### Overview.

**A. Coverage.** You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

**B. Update reports (filed by "Recipients" of HUD Assistance):**

**General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) include prefixes.

### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.** If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

### Part II. Other Government Assistance and Expected Sources and Uses of Funds.

**A. Other Government Assistance.** This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming. Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
  2. State the type of other government assistance (e.g., loan, grant, loan insurance).
  3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
  4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance.** Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds-both from HUD **and any other source** - that have been or are to be, made available for the project or activity. Non-government sources of funds typically include (but are not limited to) foundations and private contributors.

### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).
- 2.

**Note:** A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required. Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

### Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

## Final Recommendations

Priority	Housing Needs	Recommended NSP Activities	Target Area Number	Target Area Name
1	<b>Geauga County</b> Blighted structures, foreclosures	Residential Dev. (Acquisition/Rehab) Demolition of blighted structures	1	Kiwanis Lake
1	<b>Ashtabula City</b> Blighted structures, foreclosures	Demolition of blighted structures/landbank	1	Lake-River
2	Blighted structures	Demolition of blighted structures	2	Lake -Station
3	Blighted structures	Demolition of blighted structures	3	Downtown-West
4	Blighted structures	Demolition of blighted structures	4	West-Ann
1	<b>Ashtabula County</b> Foreclosures, blighted structures	Residential Dev. (Acquis/Rehab/Resale) Demolition/landbank	1	Geneva CAS 4
2	Foreclosures, blighted structures	Residential Dev. (Acquis./Rehab/Resale)	2	Ashtabula Twp
3	Blighted structures, tax delinquency	Demolition/landbank	3	Andover Village
4	Blighted structures, foreclosures,	Demolition/landbank	4	Rock Creek Village
1	<b>Conneaut City</b>			
2				
3				

**Budget Table**

<b>RESIDENTIAL DEVELOPMENT</b> - New Construction(Owner/Renter) - Acquisition/Rehab (Resale/Rent) - DPA/Rehabilitation - Rental Rehabilitation - Demolition/Reconstruction (Owner/Renter)	<b>\$810,000</b>				<b>9</b>
<b>LAND BANKS/DEMOLITION</b> - Demolition of blighted residential structures - Establishment of land banks	<b>\$1,124,807</b>				<b>85</b>
<b>SUBTOTAL:</b>		\$1,934,807	\$0		
<b>ADMINISTRATION:</b>		\$214,900			
<b>TOTAL:</b>		\$2,149,707	\$0		