

RESOLUTION NO. R85-6 CMS

A RESOLUTION AUTHORIZING THE CITY MANAGER TO SUBMIT AN APPLICATION TO THE OHIO DEPARTMENT OF DEVELOPMENT FOR THE 1985 COMMUNITY DEVELOPMENT BLOCK GRANT COMPREHENSIVE HOUSING/ NEIGHBORHOOD REVITALIZATION PROGRAM

BE IT RESOLVED by the Council of the City of Oberlin, County of Lorain, State of Ohio, a majority of all members elected thereto concurring:

SECTION 1. That the City Manager is hereby authorized to submit an application to the Ohio Department of Development for the Community Development Block Grant Comprehensive Housing/Neighborhood Revitalization Program, said application being attached hereto as "Exhibit A".

SECTION 2. It is hereby found and determined that all formal actions of this Council concerning or relating to the adoption of this resolution were adopted in an open meeting of the Council and that all deliberations of this Council and of any of its committees that resulted in such formal action, were in meetings open to the public in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. That this resolution shall take effect at the earliest date allowed by law.

PASSED: 1st Reading - March 18, 1985 (Emergency)
2nd Reading -
3rd Reading -

ATTEST:


Clerk of Council

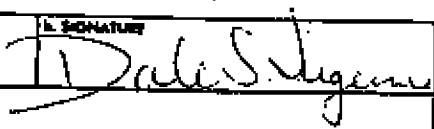

Chairman of Council

POSTED: March 19, 1985

Resolution R85-6 CMS
Exhibit A

PART I

OMB Approved For 05-8011

FEDERAL ASSISTANCE		2. APPLICANT'S APPLICATION	3. STATE APPLICATION IDENTIFIER	4. NUMBER
1. TYPE OF ACTION <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION <input type="checkbox"/> NOTIFICATION OF INTENT (Opz.) <input type="checkbox"/> REPORT OF FEDERAL ACTION		a. NUMBER b. DATE Year month day 1984 02 28	a. NUMBER 01-059-0172 b. DATE ASSIGNED Year month day 1984 03 08	
4. LEGAL APPLICANT/RECIPIENT a. Applicant Name: City of Oberlin, Ohio b. Organization Unit: Department of Community Development c. Street/P.O. Box: 85 South Main Street d. City: Oberlin e. County: Lorain f. State: Ohio g. ZIP Code: 44074 h. Contact Person (Name & telephone No.): Dennis Jones (216) 774-6000		3. FEDERAL EMPLOYEE IDENTIFICATION NO. 5. PRO-GRAM (From Federal Catalog) a. NUMBER: 114-21211 b. TITLE: Urban Development Action Grant Program		
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT OBERLIN DOWNTOWN REVITALIZATION PROJECT: Streetscape improvements within the central business district to create an attractive shopping environment and resulting in creating 8 new jobs. A restaurant will be developed in conjunction with the streetscape improvements which will generate 15 new jobs. TOTAL NEW JOBS-23		6. TYPE OF APPLICANT/RECIPIENT A- State B- Interstate C- Johnson D- School E- County F- City G- School District H- Special Purpose District I- Other (Specify): Enter appropriate letter <input checked="" type="checkbox"/> E		
10. AREA OF PROJECT IMPACT (Name of road, census tracts, etc.) Oberlin, Ohio		11. ESTIMATED NUMBER OF PERSONS BENEFITING 8,660		
13. PROPOSED FUNDING a. FEDERAL \$ 154,500 b. APPLICANT \$ 450,783 c. STATE \$ d. LOCAL \$ e. OTHER \$ 547,815 f. TOTAL \$ 1,122,747		14. CONGRESSIONAL DISTRICTS OF: a. APPLICANT 13 b. PROJECT 13 16. PROJECT START DATE Year month day 1984 05 01 17. PROJECT DURATION Months 12		
15. TYPE OF ASSISTANCE A- Basic Grant B- Supplemental Grant C- Loan D- Increase E- Other (Enter appropriate letter) <input checked="" type="checkbox"/> A		12. TYPE OF APPLICATION A- New B- Renewal C- Revision D- Augmentation Enter appropriate letter <input checked="" type="checkbox"/> C		
18. EXISTING FEDERAL IDENTIFICATION NUMBER		19. EXISTING FEDERAL IDENTIFICATION NUMBER		
20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, Cap. Sect. ZIP code) U.S. Dept. of Housing & Urban Development, 200 N. High St., Columbus, OH 43215		21. REMARKS ADDED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
22. THE APPLICANT CERTIFIES THAT:		a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached covenants if the assistance is approved. b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions herein, in appropriate circumstances and all responses are attached. (1) NOACA (2) State Clearing House		
23. CERTIFYING REPRESENTATIVE Dale S. Sugerman City Manager		c. SIGNATURE  d. DATE SIGNED Year month day 1984 03 22		
24. AGENCY NAME		25. APPLICATION RECEIVED IN		
26. ORGANIZATIONAL UNIT		27. ADMINISTRATIVE OFFICE		
29. ADDRESS		28. FEDERAL APPLICATION IDENTIFICATION		
31. ACTION TAKEN <input type="checkbox"/> a. AWARDED <input type="checkbox"/> b. SELECTED <input type="checkbox"/> c. RETURNED FOR AMENDMENT <input type="checkbox"/> d. DEFERRED <input type="checkbox"/> e. WITHDRAWN		30. FEDERAL GRANT IDENTIFICATION		
32. FUNDING a. FEDERAL \$ b. APPLICANT \$ c. STATE \$ d. LOCAL \$ e. OTHER \$ f. TOTAL \$		34. STARTING DATE Year month day 35. ENDING DATE Year month day 37. REMARKS ADDED <input type="checkbox"/> Yes <input type="checkbox"/> No		
36. FEDERAL AGENCY A-95 ACTION		a. In taking above action, any comments received from state/interstate were considered. If agency response is also under provisions of Part I, OMB Circular A-95, it has been or is being made. b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)		