

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
46<sup>th</sup> Year (2020-2021) PUBLIC FACILITIES APPLICATION**



Department of Community and Human Development

PREPARED BY THE DEPARTMENT OF  
COMMUNITY AND HUMAN DEVELOPMENT

**DEADLINE TO SUBMIT APPLICATION IS FRIDAY, NOVEMBER 22, 2019 FOR THE LARGE SCALE SET-  
ASIDE AND FRIDAY, JANUARY 10, 2020 FOR THE SMALL SCALE SET-ASIDE**

Contact [CDBGFacilities@elpasotexas.gov](mailto:CDBGFacilities@elpasotexas.gov) for technical assistance.

**Applicant:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**CDBG Funds Requested:** \_\_\_\_\_



1. Department Name or Legal Name of Entity: \_\_\_\_\_

2. Type of Applicant: \_\_\_\_\_ City Department \_\_\_\_\_ Government Entity \_\_\_\_\_ Non-Profit Agency

3. Address: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Contact Person

a. Name: \_\_\_\_\_ b. Title: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_ d. Email Address: \_\_\_\_\_

6. DUNS Number (for government entity or non-profit agency): \_\_\_\_\_

7. Project Name: \_\_\_\_\_

8. Project Location (Physical Address): \_\_\_\_\_

9. Project Type (select one that applies):

\_\_\_\_\_ Expansion/addition to existing facility

\_\_\_\_\_ Rehabilitation of an existing facility, including removal of architectural barriers

\_\_\_\_\_ Expansion and rehabilitation of an existing facility

\_\_\_\_\_ New construction

\_\_\_\_\_ Other – describe: \_\_\_\_\_

10. Funding Information

Amount of CDBG funding request..... \$ \_\_\_\_\_

Amount of other committed cash resources\*..... \$ \_\_\_\_\_

**\*A minimum 10% committed cash contribution from a non-CDBG source must be provided.** City Department applicants who would like to request a waive for this requirement must complete the attached Project Match Waiver Request Form.

Total project cost..... \$ \_\_\_\_\_

I hereby declare that the details furnished in, and attached to, this application are true and correct to the best of my knowledge and belief, and I undertake to inform you of any changes therein, immediately.

\_\_\_\_\_  
Signature  
Director / Executive Director / Chief Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**11. CDBG Eligibility.** Check the HUD National Objective that applies to the proposed project from the following options:

\_\_\_\_\_ **Low-Mod Area Benefit (LMA)** – provide service area:

\_\_\_\_\_ **Low-Mod Limited Clientele (LMC)** – Note LMC activities must meet one of the following tests. Select the test that applies to your project:

\_\_\_\_\_ Benefit a clientele that is generally presumed to be principally low-to-moderate income (LMI) This presumption covers abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers.

\_\_\_\_\_ Require documentation on family size and income in order to show that at least 51% of the clientele are LMI.

\_\_\_\_\_ Have income eligibility requirements limiting the activity to LMI persons only.

\_\_\_\_\_ Be of such a nature and in such a location that it can be concluded that clients are primarily LMI. An example is a day care center that is designed to serve residents of a public housing complex.

\_\_\_\_\_ **Elimination of Slum and Blight.** The focus of activities under this national objective is a change in the physical environment of a deteriorating area. Under the elimination of slums and blight national objective, determining the extent of and physical conditions that contribute to blight is central to qualifying an activity.

## 12. Project Description

a. **Summary.** Provide a brief paragraph summarizing the project for which funding is requested.

- b. **Scope of Work.** Provide a detailed scope of work for the project. For example, indicate the size (square feet, number of stories, etc.) of the expanded/renovated public facility and the type of amenities or improvements that are being requested. It is recommended that the applicant make a site visit to the proposed location to determine current conditions, if they have not done so already.

- c. \_\_\_\_ Attach rendering and color photos showing the facility's current condition.
- d. \_\_\_\_ Attach a floor plan of the facility, if applicable.

**13. Project Location**

- a. **Neighborhood Description.** Describe the surrounding neighborhood and the logical boundaries affecting access. Include the proximity of the project site to similar facilities, housing, public transportation, schools, churches and commercial and industrial centers.

- b. \_\_\_\_ Attach a project location map that clearly defines the project area.

**14. Project Justification.**

- a. **Community Need.** Describe (1) the community problem this project should address, (2) how this project is expected to resolve the given issues, and (3) the public benefit that should come from this project.

- b. **Services.** List and/or describe the services that will be offered through this project.

- c. **Community Support.** Is there community support for this project, such as a petition signed by persons who would benefit from this improvement?

\_\_\_\_\_ Yes\*      \_\_\_\_\_ No

\*If yes, attach proof of citizen support.

- d. **Community Resilience.** Describe how your project will contribute to community resilience. Note the City of El Paso's Resilience Strategy is available online at <http://www.elpasotexas.gov/community-and-human-development/forms-and-notice>.

- e. **Strategic Plan.** Using the City's Strategic Plan, indicate and explain the goal(s) that aligned with your project. Note the City of El Paso's Strategic Plan is available online at <http://www.elpasotexas.gov/community-and-human-development/forms-and-notice>.

- f. **Additional Investment.** Would your project encourage additional impact or investment in the immediate, surrounding area?  Yes\*  No

\*If yes, please explain:

**15. Project Schedule.** Provide a task-specific implementation timetable for the project using the example provided in the Public Facilities section of the Policies and Procedures.

<b>Task Schedule (use separate sheet if more rows are needed)</b>		
Task Item (e.g., design, procurement, construction, etc.)	Start Date	End Date

**16. Department/Agency Capacity**

a. **Project Manager.** Who will serve as project coordinator during the design and construction phases of this project? Briefly describe this person's (1) background related to capital improvement projects and (2) current affiliation with your organization.

b. **Program Administration.** What is the agency's capacity to administer the programs/services that will be provided in the CDBG-funded facility? Has the applicant successfully implemented similar types of programs/services? Identify key staff or consultants who will be responsible for program administration, and a brief background of their experience.



c. **Project O&M.** What is your projected annual operations and maintenance budget for the proposed project?

Loan, grant or cash?	Amount	Funding Source	Purpose
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

d. **Confirmation of Operating Funds.** City Departments only: Does your project consist of new construction or expansion of an existing facility?

\_\_\_\_\_ Yes\*      \_\_\_\_\_ No

\*If yes, complete the attached Confirmation of Operating Funds document.

e. \_\_\_\_\_ Attach a project location map that clearly defines the project area.

**17. Site Suitability.** Applicants for public facilities improvements must show that the proposed project is in conformance and is appropriate for the zoning district in which it is located.

Provide the name of zoning district in which project is located: \_\_\_\_\_

\_\_\_\_\_ Attach Zoning Verification Letter from Planning and Inspections Department. This should be requested from the City of El Paso's Planning and Inspections Department, Zoning Office (212-0104).

**18. Sustainability Considerations.** Describe how your project will achieve sustainable principles. For example, energy and water conservation or increased bicycle or pedestrian access.

**19. Environmental Considerations**

a. Is project in flood zone? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If yes, complete the attached Flood Zone Mitigation document.

b. \_\_\_\_\_ Attach flood zone map indicating whether the proposed project is in a flood zone. For assistance, contact DCHD Contract Compliance at [dchdcompliance@elpasotexas.gov](mailto:dchdcompliance@elpasotexas.gov).

c. Does the proposed project involve a change in land use, such as from non-residential to residential, commercial to industrial, or from one industrial use to another?

\_\_\_\_\_ Yes \_\_\_\_\_ No

d. When was the facility built? \_\_\_\_\_

e. A lead clearance and/or asbestos survey *may* be required. If needed, is a lead clearance and/or asbestos survey available?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Previous CDBG Assistance.**

a. Has the applicant been awarded previous years' CDBG funding from the City of El Paso for this particular project and/or location? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\* If yes, indicate the grant year, the awarded amount and the purpose of the funding. Use an additional sheet, if necessary.

Program Year	Awarded Amount	Purpose of Funding
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

b. (For government entity or non-profit agency) Has the applicant previously received a CDBG grant or loan from the City of El Paso for any other project(s) to include public service, public facilities, or economic development projects? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\* If yes, indicate the grant year, the awarded amount and the purpose of the funding. Use an additional sheet, if necessary.

Program Year	Awarded Amount	Purpose of Funding
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Note: Each previous CDBG-funded public facilities project must be assigned to one line. One line may be used to describe all previous CDBG funding for public service and economic development programs.

**20. Other Funding Opportunities.** Has the applicant requested/applied for funding from other sources, which would cover the same scope of work proposed in this application?

\_\_\_\_\_ Yes\*      \_\_\_\_\_ No

\* If yes, indicate the funding source, the amount requested, the amount approved/denied, and if this funding request is still pending.

Funding Source	Amount Requested	Amount Approved	Amount Denied	Pending? Y/N
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

**21. Project Cost.** A cost estimate authorized by the City Engineer (City Departments) or an architect or engineer licensed in the State of Texas must be provided with the application.

\_\_\_\_\_ Attach certified cost estimate.

**22. Outcome Performance Measurement.** HUD requires recipients to assess the outcomes for all its projects. The City of El Paso utilizes an Outcome Performance Measurement System to establish and track measurable outcomes and objectives for all of its HUD-funded programs. All approved applicants will be required to submit an Outcome Performance Measurement Worksheet.

\_\_\_\_\_ Complete attached Outcome Performance Measurement Worksheet.

**GOVERNMENT ENTITY AND NON-PROFIT AGENCY APPLICANTS MUST COMPLETE THE FOLLOWING SECTION. CITY DEPARTMENTS SHOULD SKIP THIS SECTION AND PROCEED TO THE PUBLIC FACILITIES COMPLETENESS CHECKLIST.**

**23. Agency Capacity.**

a. **Current Operational Costs.** Provide a summary of the current operational budget for your department or organization. Note that the applicant will be required to operate the facility for 5-15 years, depending on the amount of the CDBG award.

Loan, grant or cash?	Amount	Funding Source	Purpose
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**24. Project Collateral.** DCHD requires that the loan be secured. Complete the following section to determine how you plan to secure the loan.

Note: This is typically accomplished through a deed of trust by placing a lien of the property that is being improved. However, if this is not feasible, please indicate how else you plan to secure the loan.

a. Do you own or lease property that is being improved?

\_\_\_\_\_ Own Property      \_\_\_\_\_ Lease Property

b. What is the current appraisal value of property? \$ \_\_\_\_\_

c. Are you able and willing to file a deed of trust to serve as collateral?

\_\_\_\_\_ Yes\*      \_\_\_\_\_ No      \_\_\_\_\_ N/A – property is being leased

Note: The property's current appraisal value must be at minimum equal to the CDBG loan amount.

i. \*If yes, are any liens currently attached to the property? \_\_\_\_\_ Yes      \_\_\_\_\_ No

d. If you are unable to file a deed of trust, please indicate an alternative to securing the loan:

e. \_\_\_\_\_ Attach legal description of property.

f. \_\_\_\_\_ Attach current appraisal value of property in the form of a market analysis, certified audit report or a report from the El Paso Central Appraisal District (EPCAD).

- g. \_\_\_\_\_ If property is being leased, attach terms of lease agreement.
  - h. \_\_\_\_\_ Attach any other supporting documents affiliated with collateral.
  - i. Has your Board of Directors approved the use and form of collateral that has been described? \_\_\_\_\_ Yes \_\_\_\_\_ No
- \_\_\_\_\_ Attach meeting minutes establishing approval by Board of Directors.

**25. Relocation Assistance and Payments.** Federal regulations require that all tenants (residential, commercial or industrial) who are permanently or temporarily displaced as a result of CDBG-funded projects must be afforded financial benefits and advisory services.

Will any tenants be permanently or temporarily displaced as a result of this project?

\_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If yes, contact the DCHD's Housing Division at (915) 212-0139 for consultation on relocation benefits

**26. Summary of Financial Terms.** Applicant must identify the CDBG amount being requested, and the amount and source of any other committed financial resources for the project. Repayment can be through a forgivable loan or direct loan agreement. If the direct loan option is selected for full or partial repayment, applicant should provide the proposed interest rate and loan period in addition to the requested funding amount. Note that the City has the option of negotiating with the applicant regarding any aspect of the proposed loan agreement terms.

APPLICANTS ARE CAUTIONED NOT TO PROPOSE ANY CDBG FUND PAYBACK TERMS THAT HAVE NOT BEEN SANCTIONED BY THE AGENCY'S BOARD OF DIRECTORS AND/OR ARE NOT WITHIN THE AGENCY'S FINANCIAL CAPABILITY OF MEETING.

The requested project funding information must be provided for all non-CDBG funding sources. This includes indicating for each funding source if the non-CDBG funding will be a grant or loan, and if there are any conditions that the funding agency may have placed on these funds.

**a. CDBG funds being requested:**

- i. Forgivable loan amount..... \$ \_\_\_\_\_
- ii. Direct loan amount..... \$ \_\_\_\_\_
- iii. Total CDBG funding request..... \$ \_\_\_\_\_

**b. Proposed financing terms for direct loan request:**

- i. Interest rate: \_\_\_\_\_ %                      ii. Loan period: \_\_\_\_\_ years
- iii. Monthly Repayment Amount: \$ \_\_\_\_\_

c. Total non-CDBG funding..... \$ \_\_\_\_\_

i. Percentage of match from total project cost..... \_\_\_\_\_ %

Note: A *minimum* 10% committed cash contribution from a non-CDBG source must be provided.

**d. Project funding information:**

Loan, grant or cash?	Amount	Funding Source	Purpose
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
<b>TOTAL*</b>	\$	*TOTAL should equal total project budget.	

**27. Schedule A.** Applicant must complete the following Schedule A to identify the total project budget to include all related soft costs. Note that the Agency Match must be at minimum 10% of the total project cost.

<b>PROJECT DEVELOPMENT – DESIGN</b>			
<b>Cost Item</b>	<b>CDBG Funds Requested</b>	<b>Agency Match</b>	<b>Line Total</b>
Pre-construction Testing (1%)			
Re-location Assistance and Payments			
Project Design (11%)			
<b>SUBTOTAL</b>			
<b>PROJECT IMPLEMENTATION – CONSTRUCTION</b>			
Bidding Related Costs (\$4,000)	\$3,600.00	\$400.00	\$4,000.00
Site Testing (3%)			
City Project Management (7%)			
Project Construction*			
Contingencies (10%)			
<b>SUBTOTAL</b>			
<b>TOTAL PROJECT BUDGET</b>			
	<b>CDBG Funds Requested</b>	<b>Agency Match</b>	
Project Development Total			
Implementation Total			
<b>TOTAL PROJECT BUDGET</b>			

\*Project construction figure must align with certified cost estimate that has been provided by applicant.

# PUBLIC FACILITIES APPLICATION-SPECIFIC COMPLETENESS CHECKLIST

Applicant must complete the following Completeness Checklist to confirm that all required documents have been attached to the application. Documents must be attached to the application in order for the applicant's submission to be considered completed.

For  
Applicant  
Use

## THIS SECTION APPLIES TO ALL APPLICANTS

For  
DCHD  
Use

- \_\_\_\_\_ General Completeness Checklist from Policies and Procedures with related attachments \_\_\_\_\_
- \_\_\_\_\_ Applicant designee attended mandatory training workshop \_\_\_\_\_
- \_\_\_\_\_ Color photos of facility's current condition \_\_\_\_\_
- \_\_\_\_\_ Project location map that clearly defines project area \_\_\_\_\_
- \_\_\_\_\_ Evidence of citizen support (this is recommended, not mandatory) \_\_\_\_\_
- \_\_\_\_\_ Zoning Verification Letter from Planning and Inspections Department \_\_\_\_\_
- \_\_\_\_\_ Flood zone map \_\_\_\_\_
- \_\_\_\_\_ Flood Zone Mitigation Form (if applicable) \_\_\_\_\_
- \_\_\_\_\_ Lead clearance and/or asbestos survey (if applicable) \_\_\_\_\_
- \_\_\_\_\_ Certified cost estimate \_\_\_\_\_
- \_\_\_\_\_ Outcome Performance Measurement Worksheet \_\_\_\_\_

## THIS SECTION APPLIES TO CITY DEPARTMENTS ONLY

- \_\_\_\_\_ Project Match Waiver Request Form (if applicable) \_\_\_\_\_
- \_\_\_\_\_ Confirmation of Operating Funds Form (if applicable) \_\_\_\_\_

## THIS SECTION APPLIES TO NON-MUNICIPAL GOVERNMENT ENTITIES AND NON-PROFIT AGENCIES ONLY

- \_\_\_\_\_ Legal description of property \_\_\_\_\_
- \_\_\_\_\_ Market analysis, certified audit report or EPCAD report showing property's current appraisal value \_\_\_\_\_
- \_\_\_\_\_ Lease Agreement (if applicable) \_\_\_\_\_
- \_\_\_\_\_ Supporting document affiliated with collateral (if applicable) \_\_\_\_\_
- \_\_\_\_\_ Documentation of Board approval of collateral \_\_\_\_\_
- \_\_\_\_\_ Documentation that DCHD staff was consulting with for relocation benefits (if applicable) \_\_\_\_\_



**GENERAL COMPLETENESS CHECKLIST  
(FROM POLICIES AND PROCEDURES)**

The following documents must be attached to each application; those submitting an LOI should only follow this checklist after the LOI has been approved. This checklist does not apply to City departments. Refer to your respective application for an additional completeness checklist that provides further requirements that are unique to the program.

For  
Applicant  
Use

For  
DCHD  
Use

**THIS SECTION APPLIES TO ALL APPLICANTS**

- Assurances A – Acceptance of Grant Conditions and Terms of CDBG, HOPWA and ESG
- Assurances C – Assurance of Compliance with Ordinance No. 9779
- Assurances D – Accessibility / Letter of Assurance
- Attendance of Mandatory Training Workshop by appropriate personnel
- Zoning Conformance – must attach Zoning Verification Letter

**THIS SECTION APPLIES TO NON-MUNICIPAL GOVERNMENT ENTITIES  
AND NON-PROFIT AGENCIES ONLY**

- List of Current Board of Directors (Certified by Board President and Secretary)
- Certified audit, completed within past 12 months, and covering a period ending on a date after January 31<sup>st</sup> from two years prior to the upcoming program year (e.g., an audit covering a period ending on a date after January 31, 2018 must be submitted for an application that is being submitted for the 2020 program year)
- Written minute action and/or Board approval documentation signed by the Board President authorizing submittal and signature of the CDBG application by Board President (or other authorized representative)

**THIS SECTION APPLIES TO NON-PROFIT AGENCIES ONLY**

- Assurances B – Assurances of Applicant Eligibility for Non-Profit Organizations
- Certificate of Status from the Texas Secretary of State
- Organizational By-Laws
- IRS 501 (c)(3) certification letter

# Public Facilities Attachment 1

## Project Match Waiver Request Form

(may be completed by City Department who wishes to request a waive for the match contribution requirement)

**Provide the following information to complete your Project Match Waiver Request Form:**

As \_\_\_\_\_ of \_\_\_\_\_  
Position Title Department Name

I request that the required 10% cash match contribution for our department's public facilities application for the CDBG \_\_\_\_\_ Program Year be waived for the following reason(s):

Project Name: \_\_\_\_\_

Amount of 10% match contribution that is requesting to be waived: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## Public Facilities Attachment 2 Confirmation of Operating Funds Form

(must be completed by City Department applicants whose project consists of new construction or expansion of an existing facility)

**Provide the following information to complete your Project Match Waiver Request Form:**

I confirm that operation and maintenance funds will be available for the following project upon completion of the project and for the life of the facility.

\_\_\_\_\_

Project Name

Scope of Work:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Department Director: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Department Financial  
Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Director of OMB: \_\_\_\_\_

Date: \_\_\_\_\_

# Public Facilities Attachment 3

## Flood Zone Mitigation Form

(must be completed by applicants whose project is located in a flood zone)

Provide the following information if your project is located in a flood zone:

**1. Identify and evaluate alternatives to locating in a flood plain (select all that apply):**

No action alternative\*     Non-Flood Plain Alternative     Floodplain Proposal

Provide evaluation of alternative(s):

\*Skip Question #1 and #2 and proceed to question #4 if only this option was selected.

**2. If non-flood plain alternative was selected for Question #1, does the action have (a) impacts in the base floodplain or (b) indirectly support floodplain development?**

Yes     No     N/A

Provide explanation:

**3. If floodplain proposal was selected for Question #1, identify impacts of proposed action:**

**4. Are any of the project alternatives provided practical?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide explanation:

**5. Explain why this project should be developed in a flood zone:**

**6. Explain what technological or engineering mitigation measures, if any, will be incorporated into the building plans:**

\_\_\_\_\_ **Attach any supplementary information or exhibits.**

For help with completing this form, please contact the  
DCHD Project Compliance Division at [dchdcompliance@elpasotexas.gov](mailto:dchdcompliance@elpasotexas.gov).

## Public Facilities Attachment 4

### Outcome Performance Measurement Worksheet

(must be completed by all applicants)

The Outcome Performance Worksheet is composed of five project components:

1. **Objective** – describes the goal of the project based on its intent. Applicant must select one objective from the following options:
  - a. **Create a suitable living environment.** This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) to social issues such as crime prevention, literacy or elderly health services.
  - b. **Provides decent affordable housing.** This objective focuses on housing programs where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.
  - c. **Create economic opportunities.** This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

Note: Most public facilities projects meet objective #1.

2. **Outcomes** - reflect the changes the applicant expects to occur in clients' lives and/or the community as a result of the proposed activity. Applicant must select one outcome from the following options:
  - a. **Improve availability and/or accessibility.** This outcome applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low-to-moderate income (LMI) persons, including persons with disabilities. Accessibility does not refer only to physical barriers; it also includes making the affordable basics of daily living available and accessible to LMI people in the neighborhoods in which they live.
  - b. **Improve affordability.** This outcome applies to activities that provide affordability in a variety of ways in the lives of LMI persons. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
  - c. **Improve sustainability.** This outcome applies to projects where the activity is aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to LMI persons through multiple activities or services that sustain communities or neighborhoods.

Note: Most public facilities projects meet outcome #1.

3. **Output Indicator** – number of persons, or households, which will be assisted or served by this project.
4. **Description** – description of the project proposal.
5. **Outcome Statement** – a compilation of items #1-4.

*Output Indicator + Outcomes + Description + Objective = Outcome Statement*

For example, 52 households (*output*) will have new access or availability (*outcome*) to public sewer (*activity*) for the purpose of creating a suitable living environment (*objective*)

**Provide the following information to complete your Outcome Performance Worksheet:**

**1. What is your project's objective? Select one of the following:**

- Create a suitable living environment
- Provide decent affordable housing
- Create economic opportunities

**2. What is your project's outcome? Select one of the following:**

- Improve availability and/or accessibility
- Improve affordability
- Improve sustainability

**3. Provide project output indicator:** \_\_\_\_\_

**4. Provide short description of activity being performed:**

**5. Generate project outcome statement:**

*(Output Indicator + Outcomes + Description + Objective = Outcome Statement)*