



COMMUNITY FACILITY NARRATIVES
PLEASE ATTACH RESPONSES IN EITHER WORD OR EXCEL

- CVCF – 1:** Why is the facility needed to prevent, prepare for, or response to COVID-19?
- CVCF – 2:** Where is the closest similar facility?
- CVCF – 3:** Do members of your community have access to that other facility?
- CVCF – 4:** List the number of daily/monthly/annual users of the proposed facility.
- CVCF – 5:** Describe specifically the construction details of the facility proposed (size, material, location, etc.).
- CVCF – 6:** Why is building this type of facility the best solution to address the need?
- CVCF – 7:** Describe all of the dollars (public and private) that are currently spent annually as a result of not having this facility to address the need?
- CVCF – 8:** Please provide detailed information indicating the unmet of this project, specifically detailing all other eligible funding streams have been otherwise expended (may include, but not limited to: CARES Act, American Rescue Plan, PPP Loans, SBA programs, EDA programs).
- CVCF – 9:** Is there a fee to use the facility?
- CVCF – 10:** How will the facility maintain a long-term operation?
- CVCF – 11:** Who will manage the facility?
- CVCF – 12:** Will the users remain constant?
- CVCF – 13:** Will the community support the operation of the facility beyond the current local government administration?
- CVCF – 14:** Describe the not-for-profit (if applicable) that is involved in the project.
- CVCF – 15:** How long has the not-for-profit been in business in the community?
- CVCF – 16:** Does the not-for-profit have experience in similar projects?
- CVCF – 17:** Describe, in detail, the in-kind contribution for this project.

CVCF – 18: Do you anticipate a need for Asbestos Inspection?

CVCF – 19: Provide a timeline or milestone schedule for the following milestones to show completion of the proposed project: removal of grant conditions (ER clearance), start of construction, 50% construction completion, 100% construction completion, and project closeout.

If community facility project is for ADA improvements, complete CF narrative section and also the following 10 ADA questions.

CVADA – 1: Describe the necessary modifications that are related specifically to compliance with the ADA law.

CVADA – 2: Are there any other building improvements scheduled that will coincide with the accessibility modifications? If so, please describe them and include anticipated sources of financing.

CVADA – 3: How many elderly and disabled persons reside in your community?

CVADA – 4: What percentage do elderly and disabled persons represent of the population in your community?

CVADA – 5: How many floors in the building have offices that provide services to the public?

CVADA – 6: Describe each of these offices and the specific services they provide. Include the average number of persons visiting each office on a daily basis.

CVADA – 7: Describe any verifiable threats to personal health and safety that currently exist because of not having public access to your building.

CVADA – 8: Complete the following plan format for your proposal, **addressing all activities necessary to achieve full compliance with the law:**

ADA Activity	Cost	Source of Funds	Timeline for Completion

CVADA – 9: Does this project qualify for any other state or federal assistance program(s)?

CVADA – 10: There will be no contingent awards made. Describe ANY financing or activities not completed or committed that may affect the ability of this project to move forward.