

National Objective Determination Checklist

Project Name	Eagle Dr
Work Order Number	I-19-W-URG

National Objective	Check	National Objective	Check	National Objective	Check
Low Moderate Income Area	N/A	Low Moderate Income Clientele/Households/Persons	N/A	Urgent Need	X
Boundaries of Service Area	See Map	Documentaion that the beneficiaries are presumed to be low/mod (by category)	N/A	Moderate or above income households: self-certification	N/A
Census Data: Total Persons-Low/Mod Persons-% Low/Mod	N/A	Low-Mod income households:self-certification	N/A	Evidence the project or household was directly impacted by the Disaster Events	N/A
Evidence area is primarily Residential	See Map			Certification that other financing resources were unavailable to the City or the Household	See attached DOB
Survey Documentation	N/A				

****The appropriate documentation as indicated in the checklist above is attached to this form****

Grants Manger

Signature

12/21/2015

Date

