National Objective Determination Checklist

Project Name Work Order Number		Eagle Dr I-19-W-URG			
Low Moderate Income Area	N/A	Low Moderate Income Clientele/Households/Persons	N/A	Urgent Need	х
Boundaries of Service Area	N/A	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-	N/A	Evidence the project or household was directly impacted by the Disaster Events	See Map
Evidence area is primarily Residential	N/A			Certification that other financing resources were unavailable to the City or the Household	N/A
Survey Documentation	N/A				

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

1 Grants Manger Signature

12/21/2015 Date



