

**U.S. Department of Housing
and Urban Development**
Office of Community Planning
and Development

U.S. Department of Agriculture
Rural Development Administration

Nomination for a Federal Empowerment Zone or an Enterprise Community

Public reporting burden for this collection of information is estimated to average 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Submission Requirements

In order to be considered for designation, nominations which are complete and acceptable for processing must be received by 4:00 PM, Eastern Daylight Savings Time, Thursday, June 30, 1994. Nominations must be submitted in the general format which follows, including the elements of the Strategic Plan. The document can be reproduced, if necessary, in order to give flexibility in preparation as long as the basic outline is followed.

Strategic Plan

The Strategic Plan is a narrative submission and the core of the nomination. It is recommended that an index or table of contents identify major components and that the pages be numbered sequentially. Tabs or other separations may be used as appropriate. Refer to the Empowerment Zones and Enterprise Communities Application Guide for more information on how to prepare a Strategic Plan.

Submissions

- Notice of Intent to Participate (submit as early as possible)
- Strategic Plan
- Map: Attach a copy of the 1990 census map that shows;
 - (1) the boundaries of the local government(s) listed in Part I and;
 - (2) the boundaries of the nominated area.
- Nomination Form Parts I through IV
- Other Forms
 - Participating Entities
 - Federal Program Applications

Send an original and two copies of the nomination to:

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
EZ/EC Team, Room 7255
451 7th Street, S.W.
Washington, D.C. 20410

or

U.S. Department of Agriculture
Rural Development Administration
EZ/EC Team, Room 5405
14th & Independence Avenue, S.W.
Washington, D.C. 20250-3200

Notice of Intent to Participate

Empowerment Zone or
Enterprise Community

This is notification to the:

Department of Housing and Urban Development (for urban)
Office of Community Planning and Development
EZ/EC Team, Room 7255
451 7th Street, S.W.
Washington, D.C. 20410

or

Department of Agriculture (for rural)
Rural Development Administration
EZ/EC Team, Room 5405
14th & Independence Avenue, S.W.
Washington, D.C. 20250-3200

that the entity named here:
intends to participate in the
nomination of an Empowerment Zone
or Enterprise Community.

Name & Address of Participating Entity:

Contact & Phone No:

Check here if you are a:

Nominating Entity

If you are not a nominating entity,
identify the nominating entity:

Nominating Entity: (city, State)

Nomination

for Federal Empowerment
Zone & Enterprise Community
Designation

U.S. Department of Housing
and Urban Development
Office of Community Planning
and Development

U.S. Department of Agriculture
Rural Development
Administration

Number of years of
designation requested:
(maximum of 10 years)

Nomination Categories: (mark one in each column)

Rural Enterprise Community
 Urban Empowerment Zone
(will automatically also be
considered for Enterprise
Community.)

Part I: State and Local Government Identification

A. Nominating State Government(s)

Name of State or Corporation:	Governor's or Corporate Director's Name:
Contact Person: (name and title)	Telephone Number:
Address: (street / PO box, city, State & zip code)	

Name of State or Corporation:	Governor's or Corporate Director's Name:
Contact Person: (name and title)	Telephone Number:
Address: (street / PO box, city, State & zip code)	

B. Nominating Local Government(s)

Enter the total number of nominating local governments.

Name of Jurisdiction:	Metropolitan Area Name: (if in an MA)
Chief Elected Official:	
Contact Person: (name and title)	Telephone Number:
Address: (street / PO box, city, State & zip code)	County:

Name of Jurisdiction:	Metropolitan Area Name: (if in an MA)
Chief Elected Official:	
Contact Person: (name and title)	Telephone Number:
Address: (street / PO box, city, State & zip code)	County:

C. Lead/Coordinating Entity (for questions concerning the nomination. This can be a nominating entity or one of the participating entities.)

Name of Entity:	
Contact Person: (name and title)	Telephone Number:
Address: (street / PO box, city, State & zip code)	

Attach separate sheet(s), as necessary, to provide identical information for all governments nominating the area.
Number the additional sheets 3a, 3b, etc.

Part II: Eligibility Information

This form incorporates the information necessary to demonstrate that the nominated area meets the statutory eligibility requirements for consideration and designation. Procedures for identifying the population and poverty rate data are given in Part IV. Use the results to answer the appropriate items in Sections A and B below.

	Yes	No		Yes	No
A. Size & Location of the Nominated Area			nominated area have:		
1. What is the square mileage of the nominated area?	<input type="text"/>		a. no population?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the nominated area located wholly within the jurisdiction of the legal government(s) listed in Part I?	<input type="checkbox"/>	<input type="checkbox"/>	If "yes," do 50% of the other census tracts have at least 35% poverty?	<input type="checkbox"/>	<input type="checkbox"/>
3. How many States are in the nominated area?	<input type="text"/>		b. populations of less than 2,000?		
4. Is the boundary of the nominated area continuous?	<input type="checkbox"/>	<input type="checkbox"/>	If "yes," is 75% of the tract zoned commercial/ industrial and certified in Part III?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the nominated area consist of two or three noncontiguous parcels? If "yes," how many?	<input type="checkbox"/>	<input type="checkbox"/>	3. From the Part IV Population Data form, provide the following information for the entire area nominated:		
	<input type="text"/>		a. Total 1990 census population	<input type="text"/>	
6. Urban nominations only:			b. Do all census tracts or block numbering areas of the nominated zone have a 20% or more poverty rate?	<input type="checkbox"/>	<input type="checkbox"/>
Is the nominated area in a Metropolitan Area?	<input type="checkbox"/>	<input type="checkbox"/>	c. If no, is the exemption request identified in B.1. above?	<input type="checkbox"/>	<input type="checkbox"/>
If "no," has the nominating local government either a population of 20,000 or more, or documented the urban character of the area?	<input type="checkbox"/>	<input type="checkbox"/>	4. Urban applications only:		
Rural nominations only:			What is the population of the most populous city in the nominated area?	<input type="text"/>	
Is the nominated area outside a Metropolitan Area?	<input type="checkbox"/>	<input type="checkbox"/>	a. What is the name of that city?	<input type="text"/>	
Is 51% or more of the population of the nominated area outside a Metropolitan Area?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Is any portion of a central business district included?	<input type="checkbox"/>	<input type="checkbox"/>	C. Distress of the Nominated Area. The major indices of distress are pervasive poverty, unemployment, and general distress.		
If "yes," are the census tracts / block numbering areas identified on the Population Data form?	<input type="checkbox"/>	<input type="checkbox"/>	1. Is the pervasive poverty of the area detailed in the Strategic Plan and certified in Part III?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does any tract that includes the central business district have a poverty rate of less than 35%?	<input type="checkbox"/>	<input type="checkbox"/>	2. Is the unemployment of the area detailed in the Strategic Plan and certified in Part III?	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," eligibility is limited to Enterprise Community status.			3. Is the general distress of the area, including the physical and social conditions that demonstrate it, detailed in the Strategic Plan and certified in Part III?	<input type="checkbox"/>	<input type="checkbox"/>
B. Population & Poverty Rate of the Nominated Area					
1. Does this nomination contain a request for a Secretarial exemption of the poverty threshold?	<input type="checkbox"/>	<input type="checkbox"/>			
Poverty rate threshold exemption limits eligibility to Enterprise Community status. Only one form of the exemption can be used.					
Check which exemption is being requested: The exemption to reduce the poverty rate threshold by 5 percentage points for up to 10% of the population census tracts (or 5 population census tracts)					
a. for the 20% threshold poverty rate	<input type="checkbox"/>				
b. for the 25% threshold poverty rate	<input type="checkbox"/>				
c. for the 35% threshold poverty rate or	<input type="checkbox"/>				
d. for the 35% threshold poverty rate by up to 10 percentage points for three population census tracts	<input type="checkbox"/>				
2. Do any of the census tracts included in the					

Part III. Certifications

I hereby certify that the portion of the nominated area that I represent meets all Federal eligibility requirements and that to the best of my knowledge and belief:

- a. the information in this nomination is true and correct;
- b. each nominating government has the authority, with respect to the nominated area, to:
 - (1) nominate such area for designation as an Empowerment Zone or Enterprise Community;
 - (2) make the State and local commitments that the Strategic Plan will be implemented; and
 - (3) provide assurances that such commitments will be fulfilled;
- c. the nominating governments shall comply with State, local and Federal program requirements, and have agreed in writing to carry out the Strategic Plan if the application is approved;
- d. the geographic area contains no portion of an area which is either designated as a Federal Empowerment Zone or Enterprise Community or is otherwise included in any other area nominated for designation as an Empowerment Zone or Enterprise Community;
- e. the geographic area contains no portion or area within an Indian reservation;
- f. no action will be taken to relocate any business establishment to the nominated area;

- g. the nominated areas of each unit of local government meet each of the eligibility criteria set forth in the program regulations, i.e.:
 - (1) the geographic area does not exceed the population maximum test;
 - (2) the geographic area is one of pervasive poverty, unemployment, and general distress;
 - (3) the geographic area meets the size and boundary test;
 - (4) the geographic area meets the poverty rate tests; and
- h. each noncontiguous area (up to three) being nominated separately meets the poverty rate test;
- i. the amounts provided to the State for the area under Section 2007 of Title XX of the Social Security Act will not be used to supplant Federal or non-Federal funds for services and activities which promote the purposes of Section 2007;
- j. the nominating governments or corporations agree to make all information available as requested by the designating Secretaries to aid in evaluation of progress in implementation of the strategic plan and reporting on the use of EZ/EC SSBG funds;
- k. the nominating State agrees to distribute the EZ/EC SSBG funds in accordance with the strategic plan submitted by the designated zone or community.

Authorized Nominating State or Corporation Official(s) type or print

State or Corporation:	Signature & Date:
Name & Title:	X
State or Corporation:	Signature & Date:
Name & Title:	X

Authorized Nominating Local Government(s) and Official(s) type or print

Governmental unit & State name:	Signature & Date:
Official Name & Title:	X
Governmental unit & State name:	Signature & Date:
Official Name & Title:	X
Governmental unit & State name:	Signature & Date:
Official Name & Title:	X

Attach separate sheet(s), as necessary, to provide identical information and official signatures for all governments nominating the area. Number the sheets 5a, 5b, etc.

Part IV: Population Data Duplicate this page if needed. Number the added pages 6a, 6b, etc.

Enter the total number of census tracts / block numbering areas listed on all pages in the block to the right.

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Name of County:

Name of State:

1. Census Geographic Area Census Tract Code/Block Numbering Area	2. 1990 Population	3. Land Area (sq. miles)	Poverty		5. Code	1. Census Geographic Area Census Tract Code/Block Numbering Area	2. 1990 Population	3. Land Area (sq. miles)	Poverty		5. Code
			4a. No. of Persons in each Tract	4b. Percent Below Poverty Level					4a. No. of Persons in each Tract	4b. Percent Below Poverty Level	
1.						21.					
2.						22.					
3.						23.					
4.						24.					
5.						25.					
6.						26.					
7.						27.					
8.						28.					
9.						29.					
10.						30.					
11.						31.					
12.						32.					
13.						33.					
14.						34.					
15.						35.					
16.						36.					
17.						37.					
18.						38.					
19.						39.					
20.						40.					
						Totals					

Number of census tracts / block numbering areas that have a poverty rate of 25% or greater.	
Number of census tracts / block numbering areas that have a poverty rate of 35% or greater.	
Number of census tracts / block numbering areas with a population of less than 2000.	
Number of census tracts / block numbering areas with no population.	

Part IVa. Instructions for Population Data

The Population Data form is used to demonstrate eligibility of the nominated area.

You must demonstrate that 50 percent of the population census tracts / block numbering areas have a 35 percent poverty rate, excluding any census tract / block numbering area with no population. A 25 percent poverty rate applies to 90 percent of all census tracts / block numbering areas.

Fractional percentages of one-half or more must be rounded up to the next whole number. For example, if a nominated area has 44 census tracts / block numbering areas, 22 census tracts must have a poverty rate of 35 percent or higher. Forty census tracts / block numbering areas ($90\% \times 44 = 39.6$) must have a poverty rate of 25 percent or higher. IF the sample nominated area has three census tracts / block numbering areas with no population (41 populous census tracts / block numbering areas), then 21 census tracts / block numbering areas must have a poverty rate of 35 percent or higher and the number at the 25 percent poverty rate stays the same.

The number of census tracts / block numbering areas for which an exemption can be requested is up to five populous census tracts / block numbering areas or ten percent of the populous census tracts / block numbering areas. A nominated area of 66 populous census tracts / block numbering areas may request an exemption for seven census tracts / block numbering areas nominated. A nominated area with 66 census tracts of which four have no population, may request an exemption for six census tracts / block numbering areas.

The total population of an urban nominated area is ten percent of the population of the most populous city that is in, or partially is in, the nominated area unless it exceeds 200,000. No nominated area can exceed 200,000 and any nominated area can be up to 50,000 in population even if that exceeds the ten percent formula.

The maximum population for a rural nominated area is 30,000.

The 1990 Census data specified are the only data sources acceptable to HUD and USDA. All data are for census tract or block numbering area. Calculations cannot be made using the data required for this form and none is needed.

Source - 1990 Census Tracts / Block Numbering Areas Outline Maps.

1990 census maps may be ordered by calling the Bureau of the Census at 301-763-4100 to obtain the 1990 CPH-3 Printed Reports and Maps Order Form. Use that form to order census tract / block numbering area outline maps for

states or for metropolitan areas. State Data Centers or a local library may already have the CPH-3 series and maps.

The boundaries of the nominated area must include full census tracts or block numbering areas. Census tracts and block numbering areas cannot be split. Nominated area boundaries follow census tract and block numbering area boundaries.

Separate Population Data forms are required in two instances. Where a nominated area consists of two or three noncontiguous areas, a separate Population Data form must be completed for each of the areas to demonstrate that each noncontiguous area meets the poverty rate test. Where a nominated area is located in more than one county, a separate Population Data form must be completed for each county.

Source - The Bureau of the Census CPH-3 series of publications from the *1990 Census of Population and Housing: Population and Housing Characteristics for Census Tracts and Block Numbering Areas*.

Note: This document has several Tables that contain the square mile area, population and poverty rate. Only the CPH-3 tables and the lines specified are acceptable to HUD and USDA for completing the Population Data form on page 6 of the nomination package.

Column 1. List each census tract or block numbering area code identified as the nominated area on the census outline map accompanying the nomination.

Table 1. Gives the land area in square miles and the population of all persons, for each tract or block numbering area.

Column 2. 1990 Population. Use the number from line 3 (subhead "All persons" under the "Age" heading) to fill in column 2.

Column 3. Land Area (sq. miles). Use the number from line two (subhead "Square mile" under the "Land Area" heading) to fill in column 3.

Table 19. Gives the poverty rate for persons and the number of people in poverty for each census tract and block numbering area.

Column 4a. Persons in Each Tract. Use the number from the tenth line from the bottom labeled "Persons" under the heading "Poverty Status in 1989", subhead "Income in 1989 Below Poverty Level" to fill in column 4a.

Column 4b. Percent Below Poverty. Use the number from the ninth line from the bottom labeled "Percent Below Poverty Level," immediately below the "Persons" line used

for 4a to fill in column 4b. Round this number to the nearest whole number, e.g. 34.5 and above is 35 percent.

Note: Do not attempt to calculate the percent below poverty. It is established by Census based on responses from a statistical sample.

Column 5. Code (EX/CBD). Poverty rate exemptions (EX) and Central Business Districts (CBD). Enter, as appropriate, one of the two codes listed to identify a census tract or block numbering area that is subject to either of the special conditions.

For each census tract or block numbering area where a Secretarial exemption of the poverty rate is requested, enter EX in column 5. Refer to Part II. Eligibility Information, B.1., of this nomination package for the limitations on poverty rate exemptions.

For each census tract or block numbering area that contains any portion of a Central Business District, enter CBD in column 5.

Central Business Districts were defined by some central cities of Metropolitan Statistical Areas, or other MSA cities with a population of 50,000 or more, based on this general definition from the Bureau of the Census: “areas of high land valuation; areas characterized by a high concentration of retail businesses, offices, theaters, hotels, and service businesses; areas of high traffic flow; and defined in terms of existing tract lines, i.e., consisting of one or more whole census tracts.”

Consult the 1982 Census of Retail Trade, RC82-C-5, Major Retail Centers in Standard Metropolitan Statistical Areas, publication for your state/metropolitan area for current designation of most recent Central Business Districts. State Data Centers should have this publication.

Participating Entities

List participating entities that are partners in the development and implementation of the strategic plan that support the nomination for Empowerment Zone / Enterprise Community designation. Duplicate this form to accommodate the number of entries needed. Note, in the first block, the lead/ coordinating entity as identified in Part I (this can be the nominating entity).

Name of Lead/Coordinating Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X
Name of Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X
Name of Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X
Name of Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X
Name of Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X
Name of Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X
Name of Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X
Name of Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X
Name of Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X
Name of Entity:	Entity Representative: (name, signature, & date)
Address: (street, city, state & zip)	X

Federal Program Applications

List here any Federal programs for which any of the nominating or participating entities have applications pending prior to submission of this nomination. Include only those programs from which funding would be used to support the implementation of the strategic plan.

Federal Agency Name:		Name of Program:	
Applicant's Name:			
Amount applied for:	Date of Application:	To Whom Submitted:	
Activity/Program/Project Description:			

Federal Agency Name:		Name of Program:	
Applicant's Name:			
Amount applied for:	Date of Application:	To Whom Submitted:	
Activity/Program/Project Description:			

Federal Agency Name:		Name of Program:	
Applicant's Name:			
Amount applied for:	Date of Application:	To Whom Submitted:	
Activity/Program/Project Description:			

Federal Agency Name:		Name of Program:	
Applicant's Name:			
Amount applied for:	Date of Application:	To Whom Submitted:	
Activity/Program/Project Description:			

Federal Agency Name:		Name of Program:	
Applicant's Name:			
Amount applied for:	Date of Application:	To Whom Submitted:	
Activity/Program/Project Description:			

Federal Agency Name:		Name of Program:	
Applicant's Name:			
Amount applied for:	Date of Application:	To Whom Submitted:	
Activity/Program/Project Description:			