

Displacement Assessment

Use this page to assess displacement plans and strategy.

N/A - No displacement will occur

1. Describe the need for displacement:

2. Substantiate the need for displacement:

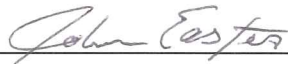
3. Explain how displacement will be minimized:

4. Explain how the negative effects of displacement will be minimized:

Local Displacement Plan

Attach Local Displacement Plan even if displacement will not occur.

1. The **Town of Leo-Cedarville** will consider for submission to the Indiana Office of Community and Rural Affairs, under its various Community Development Block Grant funded programs, only projects and activities that will result in the displacement of as few persons or businesses as necessary to meet State and local development goals and objectives.
2. The **Town of Leo-Cedarville** will certify to the State, as part of its application process, that it is seeking funds for a project or activity that will minimize displacement.
3. The **Town of Leo-Cedarville** will provide referral and reasonable moving assistance, both in terms of staff time and dollars, to all persons involuntarily and permanently displaced by any project or activity funded with Community Development Block Grant funds.
4. All persons and businesses directly displaced by the **Town of Leo-Cedarville**, as the result of a project or activity funded with Community Development Block Grant funds, will receive all assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, including provisions of the Uniform Relocation Act Amendments of 1987, Title IV of the Surface Transportation and Uniform Relocation Assistance Act of 1987.
5. **Town of Leo-Cedarville** will provide reasonable benefits and relocation assistance to all persons and businesses involuntarily and permanently displaced by the Community Development Block Grant activity funded by the State in accordance with appendices attached hereto, provided they do not receive benefits as part of such action under number 4 above.



Signature, Chief Elected Official



Date

Typed Name and Title: John Eastes, Council President