Program Year 2019
Rhode Island
COMMUNITY DEVELOPMENT BLOCK GRANT

(CDBG) PROGRAM

COMPETITIVE APPLICATION FORM

Only applications with complete Municipal Application Cover Forms will be considered.

**Applicant: ­­­(­City/Town of)­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **3. Authorizing Resolution\*** |
| *The following certification must be completed and submitted as part of the final application:*  |
| This is certified as a true copy of a resolution adopted by the Council of the of \_\_\_\_\_ \_ at a meeting held on . WHEREAS, funds are available under the Rhode Island Community Development Block Grant Program, administered by the Executive Office of Commerce, Office of Housing and Community Development; and, WHEREAS, the Governor of the State of Rhode Island has authorized the Director of said Department/Office to disburse such funds; and, WHEREAS, it is in the interest of the citizens of the of that application be made to undertake a local Community Development Block Grant Program.NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE \_\_\_\_\_\_\_\_\_\_ OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ That the filing of this application for the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_ to implement the activities proposed herein hereby authorized and that \_\_\_\_\_\_\_ (Chief Executive Officer) is hereby authorized and directed to file this application with the Office of Housing and Community Development, to provide any additional information or documents required by said office, to make any assurances required in connection with this program, to execute an agreement with the State of Rhode Island and to otherwise act as the Representative of the of in all matters relating to this application and any award which may be based upon this application. |
| Date: | Signature: |
| Seal: | Title: |

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| **4. Chief Executive Officer Signature (Empowered by Resolution in #3 above)** |
| Name & Title: |  |
| Signature: |  |
| Date: |  |

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| **5. Certification of Public Hearing\*** |
| *The following certification must be completed and submitted as part of the final application:*  |
| 1st Hearing Ad: |  | Held: |  |
| 2nd Hearing Ad: |  | Held: |  |
| I hereby certify that public hearings duly advertised and convened on the above listed dates have been completed in accordance with 24 CFR Part 570.486(a) and that public comments made as the result of this process have been considered in the development of proposals contained in this application. |
| Date: | Signature: |
| Title: |

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|   **6. Certification of Local Planning Board\*** |
| *The following certification must be completed and submitted as part of the final application:*  |
| I hereby certify that, at a meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Planning \_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ reviewed the proposals contained in this application and has been given opportunity to comment on said proposals. The Planning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certifies that to the best of its knowledge, the activities proposed are not in conflict with the general policies set forth in the Comprehensive Community Plan of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| Date: | Signature: |
| Title: |

**\*Attach** copies of public notices, Council meeting minutes, and Planning Board meeting minutes.

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| **7. Local Prioritization of Project Proposals (do not include local administration).** |
| Project Priority | Project Title | Amount Requested | National Objective | Located in Opportunity Zone? \*\* |
| LMI | SB | UN |
| 1 |  | $ |  |  |  |  |
| 2 |  | $ |  |  |  |  |
| 3 |  | $ |  |  |  |  |
| 4 |  | $ |  |  |  |  |
| 5 |  | $ |  |  |  |  |
| 6 |  | $ |  |  |  |  |

\*\*Opportunity Zone Mapper <https://opportunityzones.hud.gov/resources/map>

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| **8. Project Proposal Abstracts (do not include local administration).** *For each activity, provide a project abstract. Be sure to specify how the CDBG funds will be used, who/how many will benefit, the need for the activity, other funding, and any other information that will assist the CDBG Committee in their review. 10 line limit. The space for each abstract will expand as needed to contain inserted text.* |
| Project Priority | Project Title | Amount Requested | Insert abstract below: |
| 1 |  | $ |
| Abstract >  |  |
|  2 |  | $ | Insert abstract below: |
| Abstract >  |  |
| 3 |  | $ | Insert abstract below: |
| Abstract > |  |
| 4 |  | $ | Insert abstract below: |
| Abstract > |  |
| 5 |  | $ | Insert abstract below: |
| Abstract > |  |

**9. Balances Sheet (as of 3/31/20)**

Please detail all remaining funds (funds not drawndown from the State) for any activity in any open grant year. Do not list activities with a zero (0) balance. List activities individually; do not aggregate. Note that this information will be used in assessing past performance in the evaluation of applications/activities.

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| **GRANT YEAR:** | **ACTIVITY:** | **BALANCE** **Not Yet Drawn:** |
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**SECTION 4: Public Facilities/Infrastructure, Public Services, Planning**

**Activity Priority**:       **Type**: Facility/Infra or Service or Planning

**Activity Title:**

**Subrecipient/Municipal Dept. Name:**

**Subrecipient Contact Information:**

**Subrecipient DUNS #:**       **Tax ID #**:

**Amount of Request:**

**Site Address:**

Eligibility:

[ ]  Public Services Program Support

 [ ]  Public Facilities/Infrastructure

 Number of Public Facilities Improved:

 Linear Feet of Infrastructure Improved:

 [ ]  Planning Only Activity

 Number of Planning Documents:

National Objective: *Documentation must be maintained to show that the selected National Objective has been met. If National Objective is not met, funds must be returned to the State. Note that Limited Clientele and Area Benefit activities are mutually exclusive; do not select both as National Objective.*

 [ ]  Low/Moderate Income - Jobs (# LMI jobs created/retained must be documented)

 [ ]  Low/Moderate Income - Limited Clientele (# LMI persons served must be documented)

 [ ]  Low/Moderate Income - Area Benefit (HUD LMI Census/Survey data must be documented)

For Limited Clientele Activities:

 Total Number of Persons Served:

 Total Number of Low/Moderate Persons Served:

 Presumed Population, if applicable:

 <https://www.hudexchange.info/onecpd/assets/File/Basically-CDBG-State-Chapter-3-Nat-Obj.pdf>

For Area Benefit proposals:

 Area Identifier/Name:

 Check One: [ ]  Census

 [ ]  Survey >>> (Year Completed:     )

To complete the remaining Area Benefit sections below, please refer to HUD Census data tables found at <https://www.hudexchange.info/programs/acs-low-mod-summary-data/>

 County Code:

 Area Benefit Census Data. If “survey,” show all CT/BGs in the area surveyed

 **Tract # Block Group(s) (check all that apply)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tract: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

 Identify the income characteristics of the area served by this activity:

 Total Persons (Low/Mod Universe Population):

 Total Low Income Persons:

 Total Moderate Income Persons:

 Total Low/Moderate Income Persons: Number:       Percent:

**A. Activity Description**

**1a. Abstract/Eligibility:** In the space provided, describe the activity to be undertaken, including only the information necessary to succinctly define and quantify the proposal, and demonstrate how the project will meet eligibility requirements, showing appropriation citation (HCDA/24 CFR Part 570).

**1b. National Objective:** In the space provided, provide DETAILED information on how the above described activity will comply with CDBG National Objective requirements. Applicable regulation citation(s) must be provided, along with details on backup documentation which will verify compliance if the activity is funded. Applicants must attach copies of income-verification forms and/or other documentation which will be maintained to document compliance. Failure to adequately detail national objective compliance will result in the elimination of the activity from consideration.

Public Facility/Improvements and Infrastructure requests must **attach** a FIRM (flood map) and a locator map, with service area clearly marked.

**2. Append the Following:** At the conclusion of this form, use as much space as necessary to describe the activity to be undertaken; providing quantities, numbers, area, locations and other information necessary to clearly define the proposal. Illustrative material may be appended including a target area map and/or architectural (site plan and elevations) drawings if appropriate. If the project will be Energy Star compliant or have any other special design/siting considerations, please specify them herein.

Discuss the relationship of this proposal to local community development needs and objectives. If appropriate, discuss the relationship of this proposal to other proposed and funded CDBG activities.

The description provided is used to determine if the activity is fundable under the Rhode Island CDBG program. It is ESSENTIAL that the description clearly demonstrate how the project will meet eligibility and national objective requirements. Provide documentation to support conclusions.

For service proposals, indicate outcome goals and method for tracking outcomes and evaluating effectiveness. Service proposals with education and job training components should attach curricular summary documentation, evidence of demand by income eligible persons and address how they will meet reporting requirements.

**B. Timeline.** Please detail the projected timeline for completion of this activity. Minimally (for construction projects) show bid documents will be available, when construction is anticipated to commence and complete and when the project will be occupied. For service projects, indicate when the service will be undertaken and funds drawn down. For planning activities, indicate procurement and vendor start/end dates.

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| **Timeline/Benchmarks (Public Facility/ Infrastructure ONLY)** |
| **No.** | **List of Benchmarks** | **Projected Completion Date** |
|  | 90% Permit set plans and specifications complete  |  |
|  | Permit applications submitted to agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Draft environmental review record (ERR) sent to OHCD for review |  |
|  | All necessary permits received |  |
|  | Complete Environmental Review Record/Advertise Request for Release of Funds (RROF) |  |
|  | Bid documents complete  |  |
|  | Procurement initiated [signed Release of Funds (ROF) in hand] |  |
|  | Bids due |  |
|  | Notice to Proceed/Start of Construction |  |
|  | Construction complete |  |
|  | Final request for payment submitted to OHCD |  |
|  | Project closeout |  |
|  | Other:  |  |
| The information provided above will inform the contract performance projections.  |

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| **Timeline/Benchmarks (Public Services ONLY)** |
| **No.** | **List of Benchmarks** | **Projected Completion Date** |
|  | Environmental review record (ERR) complete |  |
|  | Subrecipient agreement executed |  |
|  | Subrecipient Performance Period Start Date |  |
|  | Subrecipient Performance Period End Date  |  |
|  | Accomplishment/Beneficiary Data Received |  |
|  | Final payment to subrecipient |  |
|  | Final request for payment submitted to OHCD |  |
|  | Project closeout |  |
|  | Other:  |  |
| The information provided above will inform the contract performance projections.  |

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| **Timeline/Benchmarks (Planning ONLY)** |
| **No.** | **List of Benchmarks** | **Projected Completion Date** |
|  | Environmental review record (ERR) complete |  |
|  | Scope/Request for Proposal complete / Procurement Initiated |  |
|  | Proposals due |  |
|  | Vendor Contract executed / Notice to Proceed |  |
|  | Complete draft deliverables received from vendor |  |
|  | All deliverables 100% complete |  |
|  | Final request for payment submitted to OHCD |  |
|  | Project closeout |  |
|  | Other:  |  |
| The information provided above will inform the contract performance projections.  |

**C. Projected Accomplishments**

Use the section below to describe the projected accomplishments for the activity proposed. Include information on the number of facilities, linear feet, more detail on persons served, other outcome measures, etc., as appropriate.

D**. Budget Summary – Source & Use of Funds (be as detailed as possible)**

 APPLICANTS MUST USE BUDGET FORMS PROVIDED

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| **Budget Certification** |
| *The following certification must be completed and submitted as part of the final application:*  |
| I hereby certify that, to the best of my knowledge, the attached budget accurately and fully represents all known project costs (uses) and all requested funds and funding commitments by all sources to this project (sources), as of the date of this certification.  |
| Date: | Signature: |
| Title: |

**Feasibility.** Explain the basis for cost estimates and sources of funding. Attach cost estimates, engineering studies, recent operating budgets, etc. to verify costs. Attach funding commitment/denial letters from other sources and list all proposed sources of funding and approximate dates funding will be available. Be sure to specify how the CDBG funds will be used.

**Other Sources:** Please detail all other resources that have been sought and/or received in support of the proposed activity. Use the following key in checking all that apply: (Please include more detail in activity narrative, if justified)

 (1) Funds have been sought/applied for from this source.

 (2) Application has been denied.

 (3) Application has been approved.

 (4) Funds will be sought/applied-for from this source.

 (5) No funds will be sought from this source.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SOURCE** | **(1)** | **(2)** | **(3)** | **(4)** | **(5)** |
| DEM | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| DOT | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| EDC | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| DHS | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| DOH | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Rhode Island Foundation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other:      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other:      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other:      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other:      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other:      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**E. Threshold Requirements**

CDBG funded projects must meet all of the following threshold requirements. Select one applicable check box for **each** requirement. If none of the check boxes apply, the project is likely ineligible for CDBG assistance.

This project is generally consistent with the State Land Use policy because it is (select 1):

[ ]  Limited solely to rehabilitation/conversion of existing structures or rehab of existing infrastructure

[ ]  Located within the Urban Services Boundary

 [ ]  Located within reasonable proximity of an existing “Growth Center” in the Comp. Plan

 [ ]  Specifically listed in the current approved local Affordable Housing Plan

 [ ]  Supported by an attached Division of Statewide Planning advisory opinion

Floodplains: This project is (select 1):

[ ]  Not new development in a designated FEMA 1% annual change floodplain

[ ]  Development of shore or waterfront facilities where

1. Appropriate flood-proofing and flood protection measures are implemented,
2. Hazards to other properties are not increased, and
3. NFIP requirements are met.

Planned Transportation Actions: This project is (select 1):

[ ]  Not in a location which conflicts with a planned major transportation action or investment

Stream Discharges: This project will (select 1):

[ ]  Not result in discharges in Class A/SA or B/SB waters

[ ]  Have the written consent of the Department of Environmental Management

Ground Water Aquifers: This project will (select 1):

[ ]  Not result in wastewater discharge into an identified major ground water aquifer or principal recharge area

[ ]  Be designed to ensure protection of the ground water resource and have the written consent of the Department of Environmental Management

Farmland: This project will (select 1):

[ ]  Not involve construction or development in a location with prime/important farmlands soils

[ ]  Demonstrate that

1. No other location is feasible,
2. The land cannot because part of a viable farm unit and has not been in farming use for 5 or more years, and
3. Urban development has taken place within a ½ mile and utilities are available within ¼ mile.

Describe how the proposal complies with each of the following threshold requirements.

1) Recognition of Flood Plain Restrictions:

2) Recognition of Historic Resources: Attach correspondence notifying R.I. Historic Preservation Commissionand the Narragansett Indian Tribal Historic Preservation Office of proposed activities and location.

3) Other Regulatory Reviews: Indicate any Federal or State review or regulatory system which may have jurisdiction over the proposed activity(s), such as: Federal programs of the Corps of Engineers and the Environmental Protection Agency, and State programs of the Department of Health, the Department of Environmental Management, the Coastal Resources Management Council.

**F. Compliance Areas:** This project is expected to trigger the following cross-cutting compliance areas (Check all that apply):

[ ]  Labor Standards, including Davis Bacon

 [ ]  Section 3 Low/Moderate Income Persons Hiring Goals

 [ ]  Acquisition and/or Relocation (Check if easements are likely to be required)

 [ ]  Procurement Action > $250,000 (Note: All costs must be necessary and reasonable.)

 [ ]  Full Environmental Assessment (Note: All funded activities are covered by NEPA.)

[x]  Fair Housing/Equal Opportunity

**G: Extra Project Considerations:**

 Is project supported by more than one community? Yes[ ]  No[ ]

 If Yes, identify other communities and attach letters of support:

 How will project be monitored? [ ] On-site [ ] In-house

 Monitoring will be conducted by: [ ] State OHCD [ ] Municipality

[ ] Subrecipient. If Subrecipient, specify:

**PLEASE ATTACH ANY ADDITIONAL INFORMATION AND ACTIVITY NARRATIVE HERE.** (For digital submittal file creation, please aggregate additional information to the maximum extent feasible and label with the activity name (or community priority number) and the word ‘attachments.’