

CDBG-CV
Rhode Island
COMMUNITY DEVELOPMENT BLOCK GRANT
(CDBG) PROGRAM

COMPETITIVE APPLICATION FORM

Applicant: _____

SECTION 1: Public Facilities/Infrastructure, Public Services

Type: Facility/Infra or Service

Activity Title:

Applicant/Municipal Dept. Name:

Applicant 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:

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)

Urgent Need See Guide for required elements for such proposals. Limited funds are available to support activities meeting this national objective.

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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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.

ESSENTIAL: Discuss how this proposal prevents, plans for or responds to impacts of the COVID-19 pandemic the COVID-19 pandemic. 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-CV 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.

| <u>Timeline/Benchmarks (Public Facility/ Infrastructure ONLY)</u> | | |
|--|--|---|
| <u>No.</u> | <u>List of Benchmarks</u> | <u>Projected Completion Date</u> |
| | 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. | | |

| <u>Timeline/Benchmarks (Public Services ONLY)</u> | | |
|--|---|---|
| <u>No.</u> | <u>List of Benchmarks</u> | <u>Projected Completion Date</u> |
| | Environmental review record (ERR) complete | |
| | Recipient/Subrecipient agreement executed | |
| | Recipient/ Subrecipient Performance Period Start Date | |
| | Recipient/ Subrecipient Performance Period End Date | |
| | Accomplishment/Beneficiary Data Received | |
| | Final payment to recipient/ subrecipient | |
| | 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

| <u>Budget Certification</u> | |
|--|------------|
| <i>The following certification must be completed and submitted as part of the final application:</i> | |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DOT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EDC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DHS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DOH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rhode Island Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 be 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 Commission and 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.)
- 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.’)