

Public Facilities/Improvements and Public Services
PLEASE COMPLETE ALL HIGHLIGHTED SECTIONS.

Activity Priority: ____ Activity Title: _____

Subrecipient DUNS #: _____ Tax ID #: _____

Request: _\$ _____

Site Address: _____

Eligibility

Public Services _____
Public Facilities/Improvements _____

National Objective

Low/Moderate Income:
Low/Moderate Income Jobs _____
Low/Moderate Income, Limited Clientele _____
Low/Moderate Income, Area Benefit _____

Number Served

Total Number of Persons Served _____
Total Number of Low/Moderate Persons Served _____

For area benefit proposals:

Area Identifier/Name: _____

Circle One: Census Survey (Year Completed: _____)

Census Tract(s)/Block Group(s) _____
(If "survey", show all CT/BGs in the area surveyed)

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

Total Persons: _____
Total Very Low Income Persons _____
Total Low Income Persons _____
Total Moderate Income Persons _____
Total Low/Moderate Income Persons: _____ %

A. Activity Description (Append the following)

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 drawings if appropriate. If the project will be Energy Star compliant or have any other special design/siting considerations, please specify them herein. *(Use as much space as you need.)*

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. *(Please state specific needs, backed up by numeric data. This section need only be a paragraph.)*

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.

B. Activity Budget *(Please use separate Excel file for this information. It is in your application packet.)*

Other Sources:

Please detail other resources that have been sought and/or received in support of the proposed activity. *(Please use separate Excel file for this information.)*

Feasibility

Explain the basis for cost estimates and sources of funding. Attach cost estimates, engineering studies etc. to verify costs. List all proposed sources of funding and approximate dates funding will be available.

C: Timeline

Please detail the projected timeline for completion of this activity. Minimally (for construction projects) show when all funds are anticipated to 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. *(Use as much space as you need.)*

Newport CDBG Staff will complete the following sections.

D. Threshold Requirements

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.

E: Extra Project Considerations:

Is project supported by more than one community? Yes No
If Yes, identify other communities: _____

Is project requesting Preagreement consideration? Yes No
If Yes, identify date requested to begin obligations: _____

(Note: The community may not reimburse any costs previously incurred prior to receipt of approval of the activity and completion of the applicable environmental review). A narrative explanation of the reasons for this request should be included in the activity description.

Is project requesting support of State setaside for
Regional/Activities of significance? Yes No

If Yes, is it (circle all that apply):
Mobile Home Replacement Program Homeless Income Program
Statewide Regional Single Community
New Program Existing Program

How will project be monitored? On-site In-house
Monitoring will be conducted by: State OHCD Municipality Subrecipient
If Subrecipient, specify: _____