

**Building Improvement Program Grant Application**

**City of Pawtucket ARPA Grant Program**

**Applications Open: August 8th 2024 until all funds are obligated**

**All completed applications must be sent to the following email address:**

**arpa-bip@pawtucketri.gov**

**City of Pawtucket Building Improvement Program (BIP) Grant**

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| **General Information** | |
| **Date:** | **SAM UEI:** |
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| **Entity Name:** | **Federal Tax ID:** |
|  |  |
| **Main Contact Name:** | **Main Contact Title:** |
|  |  |
| **Position of person authorizing submittal:** | **Signature of person authorizing submittal:** |
|  |  |
| **Project’s Property Address:** | |
| **Applicant Type:** (check all that apply)   * Non-Profit Organization * For profit – Individual * For profit Organization or LLC * Other. Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     **Project Management Assistance Requested**: \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No | |

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| **Project Type:** Please select the eligibility category that applies, limit selections to no more than 2.  Non-Title I Uses   * Assistance to tourism, travel, hospitality, and other impacted industries for facilities per 31 C.F.R. § 35.6(b)(3)(ii)(D).[[1]](#footnote-1) * Rehabilitation of commercial properties, storefront improvements, and/or façade improvements for a small business disproportionately impacted by COVID-19 per 31 C.F.R. § 35.6(b)(3)(ii)(B)(2). Including abatement of hazardous materials, and the correction of code violations. * Capital expenditures including clearance, demolition and removal of buildings and improvements to address vacant or abandoned properties in a disproportionately impacted community[[2]](#footnote-2) per 31 C.F.R. § 35.6(b)(3)(ii)(A)(11)(iv). * Improvements to increase the efficient use of energy in structures through such means as installation of windows and doors, siding, wall and attic insulation, and conversion, modification, or replacement of heating and cooling equipment, including the use of solar energy equipment. Per 31 C.F.R. 35.6 * The rehabilitation, preservation or restoration of historic properties, whether publicly or privately owned. Historic properties are those sites or structures that are either listed in or eligible to be listed in the National Register of Historic Places, listed in a State or local inventory of historic places, or designated as a State or local landmark or historic district by appropriate law or ordinance. 31 C.F.R. § 35.6(h)(2); 24 C.F.R. § 570.202(d). | |
| **Total project cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Total Request from BIP grant funds City of**  **Pawtucket:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **1.**  **Applicant Contact Information** | | | |
| **Authorized Representative Name**: | |  | |
| **Authorized Representative Title:** | |  | |
| **Mailing Address Line 1:** | |  | |
| **Mailing Address Line 2:** | |  | |
| **City:** | |  | |
| **State:** | |  | |
| **Zip Code:** | |  | |
| **Property Address Line 1:** | |  | |
| **Property Address Line 2:** | |  | |
| **Phone Number:** | |  | |
| **E-Mail Address:** | |  | |
| **2. Application Preparer Contact Information (If different from Applicant Contact Information)** | | | |
| **Firm Name:** | | |  |
| **Contact Name:** | | |  |
| **Mailing Address Line 1:** | | |  |
| **Mailing Address Line 2:** | | |  |
| **City:** | | |  |
| **State:** | | |  |
| **Zip Code:** | | |  |
| **Phone Number:** | | |  |
| **E-Mail Address:** | | |  |
| **3.** **Partner Contact Information (if applicable)** | | | |
| **Partner(s) Name**: |  | | |
| **Contact Info-email & phone number:** |  | | |
| **Mailing Address 1:** |  | | |
| **Mailing Address 2:** |  | | |
| **City, State, Zip:** |  | | |

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| **4.** **Project Description and Concept Drawings** |
| Communicate the objectives and benefits of the project and explain why the proposed project is a good use of Covid dollars. Describe the potential impact and other effects on your community and its residents. Provide a timeline for project start and completion.  Please attach concept drawings that identify the scope of work and any product information available. |
| Start Narrative here (and attach drawings and/or specification sheets separately): |

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| **5.** **Applicant and Team Background and Qualifications:** |
| Describe the applicant and/or organization and its qualifications for project success including background and prior projects of Key Staff and experience of the Team in executing projects of this kind. If a partnership, identify ownership share and roles. Identify consultants, contractors and subcontractors that you expect to enlist for this project if known. |
| Start Narrative here: |

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| **6. Assessment of Needs**: |
| Problem. Explain why the work is necessary, and what your organization is proposing to do to address this problem. Explain who will benefit from the proposed improvements, including your targeted end users. Identify potential challenges the project may face (regulatory, environmental, historic or other constraints) and discuss how these challenges will be addressed and/or minimized. |
| Start Narrative here: |

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| **7**. Proforma Budget: Please attach a detailed budget using the template provided, with itemized materials, labor, soft costs, along with a Narrative explanation for each line item. Identify other funding resources that may have been or will be used to complete the project. Each line item needs to relate back to its respective eligible use. |
| Insert or Attach Budget: |

**SUBMISSION OF APPLICATIONS**

All applicants must complete thesubmission form and fill out all required fields. In the form, all applicants are to download the application and the budget using the template provided. The form, the application, the budget and all supporting documentation (e.g. concept drawings or spec sheets) in pdf or excel (budget) format and submit to the City. Applications will not be accepted by facsimile machine submission. Applicants selected for awards must sign grant agreements before receiving the award.

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| **Certification by Authorized Representative** | |
| TThe attached statements and exhibits are hereby made part of this application, and the undersigned representative of the Aapplicant certifies that the information in this application and the attached statements and exhibits is true, correct, and c ccomplete to the best of his/her knowledge and belief. By initialing each item and signature at the end of this application, hhhe/she further certifies that: | |
| \_\_\_\_\_\_\_ | 1. As Authorized Representative, he/she has been authorized to file this application |
| \_\_\_\_\_\_\_ | 2. The governing body agrees to provide any additional documentation or information requested regarding this proposed project; |
| \_\_\_\_\_\_\_ | 3. The Applicant has substantially complied with or will comply with all federal, state, and local laws, rules, and regulations and ordinances as applicable to this project/program; |
| \_\_\_\_\_\_\_ | 4. The project budget provided in this application form includes all funding requested from all sources of funding proposed for this project; and |
| \_\_\_\_\_\_ | 5. The Applicant acknowledges that all funds are subject to approval by the City of Pawtucket. |

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| **Application Completeness Checklist** | | | | | |
| *In addition to this application,* ***the following items should be included for a complete application package****; please initial that each item is included in this submittal if applicable.* | | | | | |
| **\_\_\_\_\_Application Document**  Confirm application document emailed to **arpa-bip@pawtucketri.gov**    \_\_\_\_\_**Line-item Budget**  Confirm budget uploaded into application portal. Budget template can be found on the main application page.    \_\_\_\_\_**W9 Form (March 2024 version)**  Confirm uploaded into application portal.      **\_\_\_\_\_Provide any letters of support for your program/project.**  Optional | | | | | |
| **Submittal Information** | | | | | |
| The Application can be found by visiting our website at [**https://www.pawtucketri.gov/arpa-bip**](https://www.pawtucketri.gov/arpa-bip)  If you need any assistance, please reach out via email to **arpa-bip@pawtucketri.gov** | | | | | |
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| **Application Signature** | | | | | |
| **Please note: Original signatures are required for each application.** | | | | | |
|  | | | | | |
| **SIGNATURE OF AUTHORIZED REPRESENTATIVE** | | | | | |
|  | ,, |  | | , |  |
| **TYPED NAME** |  | **TYPED TITLE** | |  | **DATE** |

1. Only those businesses operating prior to the pandemic and affected by required closures and other efforts to contain the pandemic are eligible. [↑](#footnote-ref-1)
2. Funds may be provided to geographic areas disproportionately impacted by the pandemic. In identifying these disproportionately impacted communities, the applicant should be able to support its determination for how the pandemic disproportionately impacted the populations or geographic areas to be served. Guidance from the Treasury provides that low-income communities are presumed to be disproportionately impacted. Low-income households and communities are those with (i) income at or below 185 percent of the Federal Poverty Guidelines for the size of its household based on the most recently published poverty guidelines or (ii) income at or below 40 percent of area median income for its county and size of household based on the most recently published data. Recipients can measure the median income for the community. Recipients can use a default household size of three when easier for administration or when measuring income for a general community. Recipients can always presume that a community with median income below $40,626 per year, is disproportionately impacted by the pandemic and eligible for services to respond. [↑](#footnote-ref-2)