

**Building Improvement & Small Business Affordability**

**PRA and City of Pawtucket ARPA Grant Program**

**Applications Open: February 27, 2025**

**Q & A Information Session: March 3, 2025 at 11:30 am (Zoom)**

**Deadline for Submission: March 27, 2025**

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

**arpa-bip2@pawtucketri.gov**

**City of Pawtucket Building Improvement & Small Business Affordability (BISBA) Grant**

|  |  |
| --- | --- |
| **General Information** | |
| **Date:** | **SAM UEI:** |
|  |  |
| **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 Type:** Eligible proposals must align with one of the four allowable categories. Each project may only address a single category and must fall under one of the four designated Expenditure Categories. Please select the eligibility category that applies, please only select just one category.   * Category #1: Rehabilitation of commercial properties, storefront improvements, and/or façade improvements for a small business disproportionately impacted by COVID-19. * Category #2: Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites and remediation of known or suspected environmental contamination. * Category #3: The rehabilitation of publicly or privately owned commercial or industrial buildings, except that the rehabilitation of such buildings owned by a private for-profit business is limited to improvement to the exterior of the building, abatement of asbestos hazards, lead-based paint hazard evaluation and reduction, and the correction of code violations. * Category #4: Improvements to increase the efficient use of energy in structures through such means as installation of storm 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.   TOTAL PROJECT COSTS: | |
| **Total project cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Total Request from BISBA grant funds:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Ensure that the overall project costs account for both your matching funds and any other external funding sources, while the grant request itself should reflect only the amount you are seeking. |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |  | | |

|  |
| --- |
| **4.** **Eligibility & Compliance** |
| Please provide explain and attach documentation demonstrating that you are the owner of a building located in the designated Downtown Pawtucket area and that you meet Grant eligibility requirements as described in the Grant Overview Document. In your response, include details or supporting documentation showing that your property has no outstanding city/state code violations or that you have an approved compliance plan in place. |
| Start Narrative here (Please add additional sheets if necessary): |

|  |
| --- |
| **5.** **Project Feasibility & “But For” Rationale:** |
| Describe the clear and compelling need for your proposed rehabilitation or construction project. Explain why this project cannot proceed without grant funding (the ‘but for’ rationale) and attach at least two competitive bids for the proposed work to support your explanation. |
| Start Narrative here (Please add additional sheets if necessary): |

|  |
| --- |
| **6. Alignment with Eligible Expenditures & COVID-19 Impacts:** |
| Detail how your project aligns with one of the four eligible expenditure categories. Additionally, explain how your project addresses the negative economic impacts of COVID-19 on small businesses, or renters and describe how it contributes to downtown revitalization by improving building/housing stock, reducing vacancies, and enhancing the streetscape. |
| Start Narrative here (Please add additional sheets if necessary): |

|  |
| --- |
| **7. Affordability & Commitment to LMI Small Businesses:** |
| Outline your plan to support low- to moderate-income (LMI-chart attached, s.t. annual adjustments) small business owners or residential renters by offering reduced and affordable rent. In your response, describe your commitment to providing affordable rent for at least 24 months, how the proposed rental reduction meets or exceeds the 25% below Fair Market Rental Rate threshold (currently FMR is $18-$24 psf). Outline your efforts at outreach to the targeted populations of this grant and describe your commitment to demonstrating the efforts made. No agreements may be made without proven best efforts. |
| Start Narrative here (Please add additional sheets if necessary): |

|  |
| --- |
| **7. Project Sustainability & Management Capacity:** |
| Describe your strategy for ensuring the long-term sustainability of the project beyond the grant period. Include details about your project management team (such as architects, engineers, and/or contractors), highlighting their relevant experience and the roles they will play in managing and sustaining the project. |
| Start Narrative here (Please add additional sheets if necessary): |

|  |
| --- |
| **8. Budget Justification & Financial Leverage: (Please follow example template provided)** |
| Using the attached budget template that outlines grant project(s), please provide justification for each line item under Materials, Labor, and Soft Costs for each project. Please add additional sheets if required for your grant request. |
| **Please attached to your application.** |

**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. proof of ownership, additional funding) in pdf or excel (budget) format and submit to the email address identified (arpa-bip2@pawtucketrilgov). Applications will not be accepted by facsimile machine submission. Applicants selected for awards must execute a grant agreement and complete a W9 before receiving the award.

|  |  |
| --- | --- |
| **Certification by Authorized Representative**  The attached statements and exhibits are hereby made part of this application, and the undersigned representative of the Applicant certifies that the information in this application and the attached statements and exhibits is true, correct, and complete to the best of his/her knowledge and belief. By initialing each item and signature at the end of this application, he/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 PRA and City of Pawtucket. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 of applicable.* | | | | | |
| \_\_\_\_\_**Line-item Budget**  Confirm budget attached to this application. (*Budget template can be found on the main application page.*)  \_\_\_\_\_**Proof of Ownership (***Deed, Mortgage Statement***)**  Confirm attached to this application  **\_\_\_\_\_Provide proof of additional funding or Match Funds. (***Letter from bank, Available line of credit, bank statement with capital***)** Confirm attached to this application  **\_\_\_\_\_Before Photographs of Existing Conditions (and After photos upon completion)**  Confirm attached to this application  **\_\_\_\_\_City Code Violations (***List of Violations***)**  Confirm attached to this application. **(***If applicable***)**  **\_\_\_\_\_ 2 Competitive bids or quotes for each project (***Please provide 2 quotes or bids for each project being submitted for grant funding.***)** Confirm attached to this application. | | | | | |
| **Submittal Information** | | | | | |
| The Application can be found by visiting our website at [**https://www.pawtucketri.gov/arpa-bip2**](https://www.pawtucketri.gov/arpa-bip2%20%20%20)  If you need any assistance, please reach out via email to **arpa-bip2@pawtucketri.gov** | | | | | |
|  | | |  | | |
|  | | |  | | |
| **Application Signature** | | | | | |
| **Please note: Original signatures are required for each application.** | | | | | |
|  | | | | | |
| **SIGNATURE OF AUTHORIZED REPRESENTATIVE** | | | | | |
|  | ,, |  | | , |  |
| **TYPED NAME** |  | **TYPED TITLE** | |  | **DATE** |