State of Maine
Community Development Block Grant Program
2013 Downtown Revitalization Program

# Letter of Intent to Apply

Due at DECD on or before February 1, 2013, 4:00 p.m.
Letters of Intent may be submitted via email to: ocd.loi@maine.gov
Please enter "DR LOI" in the subject line.

All communities wishing to apply for a 2013 Downtown Revitalization Grant must use this Letter of Intent to document compliance with requirements established by Title I of the Housing and Community Development Act of 1974, as amended and the State of Maine CDBG program. Applicants who submit a completed Letter of Intent and demonstrate meeting a CDBG National Objective will be notified by OCD that they are eligible to submit a final application. Eligibility to submit a final application does not imply final project approval or funding. Funds will not be available until after July 1, 2013.

## A. APPLICANT ELIGIBILITY

### 1. Legal Applicant:

| | | | |
|---|---|---|---|
| Applicant: | | Phone: | |
| Address: | | Fax: | |
| City, ZIP+ four: | | E-Mail: | |
| Chief Official: | | | |
| DPM name and date of Consultation (required): | | | |
| Census Tracts #(s) Where Proposed Activities Will Occur: | | | |
| Year of Slum & Blight Declaration | | Parameters of Slum & Blight area (such as High St. to Green St. to Main St. etc.) | |
| National Objective (Low/Mod, or S/B) | | Percent of blighted buildings in area | |

### 2. Applying on Behalf of Sub-Grantee (if applicable): (e.g.: Water District, Sewer District, Non-Profit)

| | | | |
|---|---|---|---|
| Sub-Grantee: | | Phone: | |
| Address: | | Fax: | |
| City, ZIP: | | E-Mail: | |
| Agency Rep: | | Title | |

### 3. Engineer/Architect consulted for project & providing cost estimates:

| | | | |
|---|---|---|---|
| Name: | | Phone: | |
| Firm: | | Fax: | |
| Address: | | E-Mail: | |
| City, ZIP: | | | |
| DUNS # (Dun & Bradstreet) | | | |

## B. ELIGIBLE ACTIVITY CATEGORIES

Place an "X" to the left of the DR categories for which this Intent to Apply is being made:

| | |
|---|---|
| | **1. Public Facilities** **(accomplishment type: 01 People)** |
| | **2. Public Infrastructure** **(accomplishment type: 01 People)** |
| | **3. Housing Assistance** **(accomplishment type: 10 Housing Units)** |
| | **4. Micro-Enterprise** **(accomplishment type: 01 People or 08 Businesses)** |

**C. PROJECT INFORMATION**

Provide a clear, concise description of the proposed project using the space below. The scope of work should be very specific in identifying how the money will be used in meeting a National Objective.

| |
|---|
| |

**D. COST ESTIMATES & PROJECT FUNDING**

Provide the estimated project cost, amount of CDBG funds to be requested and sources, amounts and dates secured for all anticipated cash matching funds. All construction estimates should be prepared by the Engineer/Architect (from section A-3). Take into account the inflation rate in relation to the anticipated starting date of the project and applicable DAVIS/BACON wage rates as they apply to construction costs.

| | | | |
|---|---|---|---|
| Total Estimated Project Cost: | $ | CDBG Request: | $ |

| Funding Source | Amount | Date Secured |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **TOTAL:** | **$** | |

**E. COMPREHENSIVE PLAN & DOWNTOWN PLAN**

List the dates on which your local comprehensive plan was adopted, updated (if applicable) and deemed consistent by SPO.

| | |
|---|---|
| Adopted Date: | |
| Updated: | |
| SPO Approval Date: | |

| | |
|---|---|
| | Community does not have an adopted and consistent comprehensive plan. |

| | |
|---|---|
| Date Comprehensive Plan Expected to be Adopted and Consistent: | |

| | |
|---|---|
| Date of Downtown Revitalization Plan or Downtown Action Plan: | |

**F. NATIONAL OBJECTIVE**
**Check *all* applicable boxes below indicating how the National Objectives will be met and attach all required documentation listed in the appropriate box.**

| BENEFITTING LOW-TO-MODERATE INCOME PERSONS (IMI) | |
|---|---|
| | **Community-Wide LMI National Objective**<br>Attach Census Figures indicating 51% or more of the community is LMI along with a completed Beneficiary Profile **OR** recent survey materials meeting the requirements set forth in OCD Policy Letter Number 19 and Income Survey Methodology Handbook.) |
| | **Target Area LMI National Objective**<br>Attach Census Figures indicating 51% or more of the target area is LMI along with a completed Beneficiary Profile **OR** recent survey materials meeting the requirements set forth in OCD Policy Letter Number 19 and Income Survey Methodology Handbook.) |
| | **Limited Clientele LMI National Objective**<br>Attach written documentation that the proposed CDBG activity will serve only LMI persons or a HUD recognized Limited Clientele group as set forth by the United States Department of Housing and Urban Development in 24 CFR Part 570 and the State of Maine CDBG Program. |
| | **ELIMINATION OF SLUMS AND BLIGHTING CONDITIONS** |
| | **Elimination or Prevention of Slums and Blight on an Area-Wide Basis**<br>Attach completed Slum & Blight Declaration meeting the requirements of Maine State Statute 30-A, Chapter 205, Section 5202 and regulations set forth by the United States Department of Housing and Urban Development in 24 CFR Part 570. |
| | **Elimination or Prevention of Slums and Blight on a Spot Basis**<br>Attach completed Spot Blight Designation form and required attachments which meets regulations set forth by the United States Department of Housing and Urban Development in 24 CFR Part 570. |

# Applicant Certifications

a. To the best of my knowledge and belief, the information in this Letter of Intent and all attached documentation is true and correct;

b. This pre-application complies with all applicable State and federal laws and regulations; and

c. Approval of this Letter of Intent by OCD to submit a final application does not imply final project approval or funding.

| | | |
|---|---|---|
| | | |
| Signature of Chief Executive Officer | Name of Community | Date: mm/dd/year |

# BENEFICIARY PROFILE

The demographic information is garnered from local survey forms and the Benefit Data Worksheet on Page 24 of the Survey Methodology Handbook or, for HUD listed 51% LMI communities or contiguous census tracts, from U.S. Census Data. You may access this data for your community online at http://www.census.gov/prod/cen2000/dp1/2kh23.pdf

1. Community: _____ Date: _____

2. Name of Target Area: _____ (If community-wide, state "same as above")

3. Description of Target Area: _____
_____

4. Census Tracts #(s) contained in Survey Area (whole or partial): _____
_____

5. POPULATION

   a. Total Population _____

   b. Total Persons at or below 80% of county median income_____

   c. Total Persons above 80% of county median income _____

6. FAMILY RACE **(Indicate total estimated persons for each racial group from Benefit Data Worksheet on Page 24; for town-wide surveys or contiguous census tracts use data from U.S. Census web site listed above.)**

| **Racial Group** | At or below 80% | 80% Plus |
|---|---|---|
| White | | |
| Black/African American | | |
| Asian | | |
| Native Hawaiian/Other Pacific Islander | | |
| American Indian/Alaskan Native | | |
| Asian & White | | |
| American Indian/Alaskan Native & White | | |
| Black/African American & White | | |
| American Indian/Alaskan Native & Black/African American | | |
| Other | | |

7. DEMOGRAPHICS **(Indicate total estimated persons for each demographic group from Benefit Data Worksheet on Page 24; for town-wide surveys or contiguous census tracts use data from U.S. Census web site listed above.)**

| **Demographic Group** | At or below 80% | 80% Plus |
|---|---|---|
| Total Number of Elderly | | |
| Total Number of Severely Disabled | | |
| Total Female Heads of Households | | |

8. Date Submitted: _____

Authorized Signature: _____ Title: _____

## Instructions for completing the Beneficiary Profile

**All page numbers referenced below are from the Survey Methodology Handbook**

**Line 1** State name of community.

**Line 2** Give name of target area; state "same as above if community-wide.

**Line 3** Give a brief description of target area.

**Line 4** List ***all*** Census Tracts contained in the target area

**Line 5a** In regard to a target area; use the estimated total number of persons on line 15 of the Low to Moderate Income Worksheet contained on Page 19. In regard to the entire Town or City being the target area, use the latest census information.

**Line 5b** In regard to a target area; use the total estimated number of persons at or below 80% of county median income from the CDBG Benefit Data Worksheet on Page 24. In regard to the entire Town/City being the target area, use the latest census information.

**Line 5c** In regard to a target area; use the total estimated number of persons above 80% of county median income from the CDBG Benefit Data Worksheet on Page 24. In regard to the entire Town/City being the target area, use the latest census information.

**Line 6** In regard to a target area; use the electronically generated figures for all racial groups from the Low to Moderate Income Worksheet contained on Page 19. In regard to the entire Town/City being the target area, use the latest census information.

**Line 7** In regard to a target area; use the electronically generated figures for all demographic groups from the Low to Moderate Income Worksheet contained on Page 19. In regard to the entire Town/City being the target area, use the latest census information.

**Line 8** Sign, date and indicate the title of the Beneficiary Profile signatory.