

State of Maine
Community Development
Block Grant Program



**2020 Public Infrastructure Grant Program
Letter of Intent to Apply**
Due at DECD on or before January 17, 2020, 4:00 p.m.

Letters of Intent may be submitted via email to: ocd.loi@maine.gov
Please enter "PI LOI" in the subject line.

All communities wishing to apply for a 2020 Public Infrastructure 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, 2020.

A. APPLICANT ELIGIBILITY

1. Legal Applicant:

Applicant:		Phone:	
Address:		Fax:	
City, ZIP+Four :		E-Mail:	
Chief Official:			
Census Tracts #(s) Where Proposed Activities Will Occur:			
DUNS #: <i>This must be the town or city number, not the Police Department, and not the sewer or water district.</i> Applicant DUNS (Dunn & Bradstreet) #:(visit http://fedgov.dnb.com/webform . to obtain a number)		DPM name and date of Consultation (required):	

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

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

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

Name:		Phone:	
Firm:		Fax:	
Address:		E-Mail:	

City, ZIP+Four :	
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B. CATEGORY

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

	1. Water/Sewer, Storm Drainage, Utility Infrastructure
	2. Infrastructure in Support of LMI Affordable Housing

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). Factor in 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. CDBG CERTIFIED ADMINISTRATORS

Name of Certified Administrator:				
Date Certified:				
Municipal Employee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not a municipal employee describe the procurement process used for selection:				

FOR WATER SYSTEM IMPROVEMENTS

Is the water system owned by the municipality or a district? Municipal____ District____

Quarterly water rate per 1200 Cubic Feet \$_____ Capital Reserve Account balance \$_____

Number of users on the water system? residential____ Business____ Approx. # of
Persons_____

Is this project a replacement of existing lines? Yes____ No____
If yes, how many linear feet_____

Is this project a new main extension? Yes____ No____
If yes, how many linear feet_____

Does the project involve improvements to water storage tanks or the treatment facility?
Yes____ No____

Has the water system sought financial assistance for this project from the Maine Drinking Water Program? *If yes attach copy of MDWP response.* Yes____ No____

Has the system sought financial assistance for this project from USDA Rural Utilities Program?
If yes attach copy of USDA-Rural Development response. Yes____ No____

FOR SEWER SYSTEM IMPROVEMENTS

Is the sewer system owned by the municipality or a district? Municipal____ District____

Current Quarterly Sewer rate per 1200 Cubic Feet \$_____

Number of users on the sewer system? residential____ Business____ Approx. # of
Persons_____

Is the sewer system currently operating under a Consent Agreement with the DEP?
Yes____ No____

If yes, please attach a copy of the Administrative Consent Agreement and Enforcement Order

If no, has the system received a notice of violation within the last 18 months?

Yes____ No____

Does the project involve improvements to the treatment facility?

Yes____ No____

Is this project a replacement of existing lines?

Yes____ No____

If yes, how many linear feet_____

Is this project a new main extension?

Yes____ No____

If yes, how many linear feet_____

Has the sewer system sought financial assistance for this project from the Maine Department of Environmental Protection?

Yes____ No____

If yes attach copy of MDEP response.

Has the system sought financial assistance for this project from USDA Rural Utilities Program?

Yes____ No____

If yes attach copy of USDA-Rural Development response.

F. COMPREHENSIVE PLAN

List the dates on which your local comprehensive plan was adopted, updated (if applicable) and deemed consistent by the Municipal Planning Assistance Program (MPAP).

Adopted Date:	
Updated:	
MPAP Approval Date:	
Community does not have an adopted and consistent comprehensive plan.	
Date Comprehensive Plan Expected to be Adopted and Consistent:	

G. NATIONAL OBJECTIVE

Check only one of the boxes below indicating how the National Objective will be met and attach all required documentation listed in the appropriate box.

BENEFITTING LOW-TO-MODERATE INCOME PERSONS (IMI)	
<input checked="" type="checkbox"/>	Community-Wide LMI National Objective Attach Census Figures indicating 51% or more of the community is LMI along with a completed <u>Beneficiary Profile</u> OR recent survey materials meeting the requirements set forth in OCD Policy Letter Number 19 and Income Survey Methodology Handbook.)
<input checked="" type="checkbox"/>	Target Area LMI National Objective Attach Census Figures indicating 51% or more of the target area is LMI along with a completed <u>Beneficiary Profile</u> OR recent survey materials meeting the requirements set forth in OCD Policy Letter Number 19 and Income Survey Methodology Handbook.)
<input checked="" type="checkbox"/>	Limited Clientele LMI National Objective 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.

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. With the exception of administrative or personnel costs, verify that no person who is an employee, agent, consultant, officer, or elected official or appointed official of state or local government or of any designated public agencies, or sub-recipients which are receiving CDBG funding may obtain a financial interest or benefit, have an interest in or benefit from the activity, or have an interest in any contract, subcontract or agreement with respect to CDBG activities, per 24 CFR part 570.611.
- d. 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, and the American Community Survey. You may access this data for your community online at <http://www.maine.gov/decd/meocd/forms/surveys.shtml> and clicking on [Low Mod% by Community 2014](#).

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		

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 12 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/ACS 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/ACS 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/ACS 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/ACS 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/ACS information.
- Line 8 Sign, date and indicate the title of the Beneficiary Profile signatory.