

**State of Maine  
 Community Development  
 Block Grant Program  
 2026 Downtown Revitalization Program**  
**Letter of Intent to Apply**  
**Due at DECD on or before January 23, 2026, at 4:00 p.m.**



Letters of Intent must be submitted via email to: [ocd.loi@maine.gov](mailto:ocd.loi@maine.gov)  
 Please enter "DR LOI" in the subject line.

All communities wishing to apply for a 2026 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, 2026.**

#### **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		
Applicant UEI (please visit <a href="http://www.sam.gov">www.sam.gov</a> ) #:				

##### **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:			

**B. ELIGIBLE ACTIVITY CATEGORIES**

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

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

**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.

<b>1. Is any part of the project in a Floodplain? YES NO</b>
<b>2. Will the project involve a property on or eligible to be on the historic register? YES NO</b>

**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. **A minimum cash match equivalent to 25% of the grant award** may come from any public or private source.

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: \$
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Funding Source	Amount	Date Secured

	<b>TOTAL:</b> \$	

#### E. CDBG CERTIFIED ADMINISTRATORS

Name of Certified Administrator:				
Date Certified:				
Municipal Employee?	Yes	No		
If not a municipal employee describe the procurement process used for selection:				

#### F. COMPREHENSIVE PLAN & DOWNTOWN PLAN

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

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:	
Date of Downtown Revitalization Plan or Downtown Action Plan:	

#### G. 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)	
<input checked="" type="checkbox"/>	<b>Community-Wide LMI National Objective</b> Attach Census Figures indicating 51% or more of the community is LMI along with a completed <u>Beneficiary Profile</u> <b>OR</b> recent survey materials meeting the requirements set forth in OCD Policy Letter Number 19 and Income Survey Methodology Handbook.)
<input checked="" type="checkbox"/>	<b>Target Area LMI National Objective</b> Attach Census Figures indicating 51% or more of the target area is LMI along with a completed <u>Beneficiary Profile</u> <b>OR</b> recent survey materials meeting the requirements set forth in OCD Policy Letter Number 19 and Income Survey Methodology Handbook.)
<input checked="" type="checkbox"/>	<b>Limited Clientele LMI National Objective</b> 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.
<b>ELIMINATION OF SLUMS AND BLIGHTING CONDITIONS</b>	

	<p><b>Elimination or Prevention of Slums and Blight on an Area-Wide Basis</b></p> <p> Attach completed Slum &amp; 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.</p>
	<p><b>Elimination or Prevention of Slums and Blight on a Spot Basis</b></p> <p> 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.</p>

## **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 Letter of Intent 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.

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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 <https://www.maine.gov/dafs/economist/census-information> or at <https://www.census.gov/quickfacts/ME>

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 website.)

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. Regarding 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. Regarding 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. Regarding 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. Regarding 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. Regarding 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.