

# GARDINER CITY COUNCIL AGENDA ITEM INFORMATION SHEET



	1134		
Meeting Date	01/22/2020	Department	Planning/Economic Dev
Agenda Item	4.8 Review and Possibly Approve Community E	Enterprise Progran	m Letter of Intent for Façade and Streetscape Grant
Est. Cost	25% Match Required (by grant	t recipients	and/or city)
& Eligible improvem to update participate	Streetscape projects) will continue to nents. Gardiner last received this gran their facades. This grant was in the a	assist Gardin at in 2016, whi mount of \$155 outed \$165,27	ich then assisted downtown businesses 5,797.50. Those businesses who 5 of private funds towards their projects

The Letter of Intent to Apply for the \$100,000 grant is due January 31, 2020 with a 25% match (\$25,000) either from the city and/or businesses receiving the grant.

This grant is open to all Gardiner businesses who meet the criteria of blight.

Tracey Desjardins, EDD, will be present to answer any questions and to help facilitate the discussion.

Requested Action	'I move to approve submitting the Letter of Intent to Apply for a 2020 Community Enterprise Grant through the State of Maine Community Development Block Grant Program.'
City Manager and/or Finance Review	The City Manager recommends the above action.
Council Vote/ Action Taken	
Departmental Follow-Up	

City	1 <sup>st</sup> Reading	Advertised	EFFECTIVE DATE
Clerk Use Only	2 <sup>nd</sup> Reading	Advertised w/in 15 Days	
	Final to Dept	Updated Book	Online

### State of Maine Community Development Block Grant Program



# 2020 Community Enterprise Program Letter of Intent to Apply

Due at DECD on or before January 31, 2020 4:00 p.m.

Letters of Intent may be submitted via email to: <a href="mailto:ocd.loi@maine.gov">ocd.loi@maine.gov</a> Please enter "CE LOI" in the subject line.

All communities wishing to apply for a 2020 Community Enterprise 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

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

2. Applying on	Benait of Sub-Grantee (it applicable): (e.g.: Non-Profit)
Sub-Grantee:	Phone:
Address:	Fax:
City, ZIP:	E-Mail:
Agency Rep:	Title

3. Engineer/Ai	chitect consulted for project & providing cost estimates:
Name:	Phone:
Firm:	Fax:
Address:	E-Mail:
City, ZIP:	

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D.		Helb.	AL	VIIY	LA	TEGORIES

Place an "X"	to the left	of the CE	categories for	or which this	Intent to	Apply is	being made:
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1. Business Façade Grants (accomplishment type: 08 Businesses)
 2. Streetscapes (accomplishment type: 01 People)

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ise description of the proposed project using specific in identifying how the money will b	
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#### 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 of 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

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.

#### E. COMPREHENSIVE PLAN

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

Adopted Date:	
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Updated:					
MPAP Approval					
Date:					
Community does not have an adopted and consistent comprehensive plan.					
Date Comprehensive Plan Expected to be Adopted and Consistent:					
Applicant DUNS (Dunn & Bradstreet) #:					

#### F. NATIONAL OBJECTIVE

Check <u>all</u> applicable boxes below indicating how the National Objectives will be met and attach all required documentation listed in the appropriate box.

Il required documentation listed in the appropriate box.				
BENEFITTING LOW-TO-MODERATE INCOME PERSONS (IMI)				
Community-Wide LMI National Objective				
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				
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				
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				
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.	4			
Elimination or Prevention of Slums and Blight on a Spot Basis				
Attach completed Spot Blight Designation form and required	1			
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 Page 24 of the Survey Methodology Handbo contiguous census tracts, from U.S. Census online at <a href="http://www.census.gov/prod/cen200">http://www.census.gov/prod/cen200</a>	ook or, for HUE Data. You ma	Disted 51% LM ay access this o	II communities or			
1. Community:		Date:				
Name of Target Area:as above")		(If cor	nmunity-wide, state "same			
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 town-wide surveys or contiguous census tracts use data						
	At or below 80%	80% Plus	Jove.,			
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:		_				