

# PUBLIC FACILITIES Pre-Application FY2021

Community Development Block Grant (CDBG) Program

Red River Regional Council



All Pre-Applications must be received by 3:00 p.m. on December 21, 2021. The Pre-Application and Red River Regional Council's (RRRC) Program Distribution Statement, which is the program's guidelines, are available on the RRRC website, [www.RedRiverRC.com](http://www.RedRiverRC.com). For questions or assistance please contact Stacie Sevigny at 701-352-3550 or [Stacie@redriverrc.com](mailto:Stacie@redriverrc.com).

## 1. Applicant Information

<b>Applicant</b> (City or County only):		<b>Project Title:</b>	
<b>Applicant Address</b> (Street/PO Box, City, State, Zip):			
<b>DUNS Number:</b>		<b>Tax ID/FEIN Number:</b>	
<b>SAM Expiration Date</b> (City/County must have current SAM registration. Contact RRRC staff for guidance):			
<b>Local Government Contact Person/Title:</b>		<b>Phone:</b>	<b>Email:</b>
<b>Other Contact Person</b> (if applicable):		<b>Phone:</b>	<b>Email:</b>

## 2. Engineer/Architect Information (if applicable)

<b>Engineer/Architect:</b>		<b>Contact Name:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Address</b> (Street/PO Box, City, State, Zip):			

## 3. Use of Funds & National Objective

USE OF FUNDS (Check all that apply)	NATIONAL OBJECTIVE
<input type="checkbox"/> Removal of Architectural Barriers (Handicap Accessibility)	<input type="checkbox"/> Benefit to Low Income (Including Limited Clientele)
<input type="checkbox"/> Construction/Rehabilitation	<input type="checkbox"/> Elimination of Slum or Blight
<input type="checkbox"/> Purchase/Acquisition	<input type="checkbox"/> Alleviation of Urgent Need
<input type="checkbox"/> Special Assessments	
<input type="checkbox"/> Other (please specify):	

**4. Brief Description of the Proposed Project** (including the problem/need to be addressed; project area or location; how long issue/problem has existed; who the owner is of the property or building; and delineate the parts which are to be funded by CDBG and other funds):

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**5. Proposed Project Cost & Funding Sources**

PROJECT ACTIVITY COST		FUNDING SOURCES	
<b>Construction Cost:</b>	\$	<b>CDBG Grant Funds:</b>	\$
<b>Grant Administration:</b> (10% of CDBG amount - \$15,000 max; to be paid with local funds)	\$	<b>Local Matching Funds:</b> (Including grant administration & E/A services)	\$
<b>Engineering/Architectural:</b> (To be paid with local funds)	\$	<b>Other matching funds:</b>	\$
<b>Other Costs:</b>	\$	<b>TOTAL:</b>	\$
<b>TOTAL:</b>	\$	<b>TOTALS SHOULD MATCH</b>	

**6. What is the source(s) and amount(s) of the other Matching Funds?**

(If noted above, please indicate source **and** status of funds: i.e. under development, pending, secured)

SOURCE	AMOUNT
	TOTAL: \$

**7. What is the source(s) and amount(s) of the Local Match?**

(Please indicate source **and** status of funds: i.e. under development, pending, secured)

SOURCE	AMOUNT
	TOTAL: \$

**8. Project Duration** (Maximum is 18 months)

Anticipated Project Start Date:	Anticipated Project Completion Date:
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**9. Project Specifics**

<b>Is/Will the Project:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Entirely within city limits?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Entirely outside city limits?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Features within and outside city limits?</b> (If yes, please explain in Project Description)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Within a designated floodplain?</b> (Applicants should consult local floodplain maps and/or contact ND State Water Commission. If yes, please explain in Project Description and include floodplain map with project area noted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Take place within a structure or area listed on the National Register of Historic Places?</b> (If yes, please provide documentation and explain in Project Description)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Benefit a church-owned property or organization with religious purpose or affiliation?</b> (If yes, please explain in Project Description)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Has any on-site construction and/or rehabilitation work been conducted?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Has an asbestos inspection been conducted by a state licensed inspector?</b> (Rehabilitation/demolition of structures requires inspection and remediation if necessary. If yes, attach full copy of inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Has a lead-based paint inspection been conducted by a licensed inspector?</b> (Lead-based paint inspection required for some projects. If applicable, attach full copy of report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to further explain any of the above Project Specifics not already addressed in the Project Description under #4 on Page 2 of the pre-application:

**10. Project Beneficiaries**

	<b>Persons</b>	<b>Families*</b>
a. Total number in project area:		
b. Total number of low and moderate income in project area:		
c. Total number of persons to benefit from project:		
d. CDBG dollars requested:	\$	
e. CDBG dollars per person to benefit:	\$	

The above numbers should be derived from either Census data or from a survey utilizing an appropriate methodology as outlined in the state’s Program Distribution Statement. Contact the RRRRC for assistance.

*\*Family figures are needed only for special assessment projects.*

## PRE-APPLICATION NARRATIVE

Applicants are encouraged to provide as much pertinent information as possible. Complete scoring and ranking criteria for Public Facilities projects can be found on the RRRC website: [www.redriverrc.com](http://www.redriverrc.com)

### 11. Project Need

Describe why you need to do this project. The greatest number of points will be given to those proposals that address an existing or imminent problem with significant impact on the health and safety of citizens, or which would eliminate architectural barriers that prevent persons with handicaps from receiving services or utilizing community spaces.

### 12. Financial Need

Why is CDBG needed for this project? In describing that need, you may reference figures provided on Page 2 and include explanations as to why other sources of financing, including borrowing and anticipated future revenues are inadequate or not feasible in financing the project. Describe efforts made to identify other sources of grant or loan funds and describe the results of those efforts. Provide a brief statement why more matching dollars cannot be pledged.

**13. Commitment**

Describe whether the problem was recent or unexpected or, if long-term, what previous efforts have been undertaken to address it. Describe other major projects or programs undertaken during the past 5 years and include a description of how they were funded.

**14. Appropriateness**

What other alternatives were considered and why is the proposal considered the best long-term solution? Are the cost estimates reasonable and well-documented? Is the proposal cost-effective? Have you received a CDBG public facilities grant in the past 5 years? If yes, for what project in what year?

**Applicant Certification:**

To the best of my knowledge and belief, data and statements in this application are true and correct.

Name (Mayor/Commission Chairman):	Title:
Signature:	Date: