**RI CDBG Housing Rehabilitation Projects – Rolling Application Form**

**Part I. Cover Page**

**Instructions:** Submit this section once during the combined PY20 and PY21 program years. Attach the PY20/21 Municipal Cover Form, and the Tier 1 Environmental Review and Request for Release of Funds.

**Applicant (City/Town):**

**Applicant DUNS:**       **Applicant Tax ID:**

**Municipal Contact Person:**

 Name:

 Address:

 Phone:

 Email:

**Housing Rehabilitation Contact Agency/Person (if applicable):**

 Name:

 Address:

 Phone:

 Email:

**Local Program Design:** The State has adopted the following minimum standards for continued affordability (lien term) relative to any unit acquired or rehabilitated with CDBG resources:

|  |  |
| --- | --- |
| Under $15,000 | 5 years |
| $15,000 - $40,000 | 10 years |
| $40,001 - $100,000 | 15 years |
| Over $100,000 | 30 years |

Type of Assistance (attach sample/template of affordability lien):

Deferred Loans:       Forgivable Loans:

Lien Terms in event of default (brief description of prorating, if any):

Minimum Assistance (Not < $1,000):       Maximum Assistance:

Targeted Improvements (e.g. roofs, septic, handicap accessibility):

Target Population(s):

Target Area(s):

Household Selection:

      First come, first serve       Other, describe:

       Number of households currently on waitlist

Procurement and Contracting Process (Identify respective roles of homeowner, municipality, CDC in soliciting bids, signing contracts):

Local Grievance Procedure (briefly describe local process for handling homeowner/contractor grievances, to be supplemented by state grievance policy):

**Environmental Review:**

Has a Tier One Environmental Review been conducted, with all required public notice periods observed? Attach a copy, if not previously provided to OHCD. Applications will not be processed prior to receipt of a Tier One Environmental Review.

     Yes      No

Is a Programmatic Agreement with RIHPHC currently in effect? If yes, please attach.

      Yes      No

**Citizen Participation:**

Ad Date(s):       Hearing Date(s):

I hereby certify that public hearing(s) duly advertised and convened on the above listed date(s) have been completed and that public comments made as the result of this process have been considered in the development of proposals contained in this CDBG application. The content of such hearing(s) included activity-specific information relative to this application in accordance with 24 CFR Part 570.486(a)(6).

I further certify that I am hereby authorized to file this application with the Office of Housing and Community Development, to provide any additional information or documents required by said Office, to make any assurances required in connection with this program, to execute an agreement with the State of Rhode Island and to otherwise act as the Representative of the Municipality in all matters relating to this application and any award which may be based upon this application.

Name:

Title:

Date: