

**ECONOMIC & COMMUNITY DEVELOPMENT USE ONLY:**

APPLICATION # \_\_\_\_\_ Date Received: \_\_\_\_\_ ECD AWARD: \$ \_\_\_\_\_

---

**COMMUNITY DEVELOPMENT BLOCK GRANT- CORONAVIRUS (CDBG-CV)  
APPLICATION FOR CARES ACT FUNDS**

The City of Bristol has been awarded \$382,741 from THE U.S. Department of Housing & Urban Development (HUD) for the third round of CDBG-CV grant-making. A Call for Proposals is hereby issued for all non-profit organizations serving the residents of Bristol, to submit proposals for grants to PREVENT, PREPARE FOR, AND RESPOND TO THE CORONAVIRUS – especially to assist residents of low and moderate income (according to the FY 2020 Income Limits Summary by Household Size, attached). These are non-renewable 3-year grants.

1. **PROJECT/PROGRAM TITLE:** \_\_\_\_\_

2. **NAME OF AGENCY:**

AGENCY ADDRESS:		PROGRAM LOCATION: (If confidential leave blank.)	

3. **NAME OF CONTACT:** \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

501(c)3?: Yes No DUNS #: \_\_\_\_\_ FEIN: \_\_\_\_\_

4. **PROGRAM SUMMARY** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. **AMOUNT REQUESTED:** \$ \_\_\_\_\_

**THE DEADLINE FOR SUBMISSION OF APPLICATION TO ECD is Oct. 16, 2020 @ 5:00 p.m.**

One electronic copy should be emailed to dawnleger@bristolct.org.

One original must be mailed or submitted in person to:

Dawn Leger  
Economic & Community Development Dept.  
Bristol City Hall, 2<sup>nd</sup> Floor  
111 North Main Street, Bristol, CT 06010

FOR ASSISTANCE CALL: Dawn Leger at 860-584-6191

**7. NEEDS/GOALS:** The CDBG-CV3 Grant program will award funds ONLY for projects that directly address ways that your organization is working to PREVENT, PREPARE FOR, AND RESPOND TO THE CORONAVIRUS, especially for Bristol residents of low and moderate income. Please explain in detail how your program/project will specifically address the coronavirus pandemic. Attach additional sheets or program material if necessary.

**8. CAPITAL PROJECTS:** Rehabilitation of an existing facility is allowable within the CDBG-CV3 guidelines provided the project is designed to meet Covid-related needs that are clearly spelled out, such as addressing the social-distancing needs of clients and staff in the wake of the Covid-19 pandemic, efforts to create safer workspaces or to make physical changes in organization facilities related to the pandemic. CDBG-CV3 funds can be expended over a three-year period.

Before a contract can be signed, the following items must be provided and found satisfactory by the ECD. Applicants who do not complete these requirements in a timely fashion will forfeit the grant and another high-scoring organization will be invited to submit their construction documents.

- A. Will the proposed construction require any local, state, or federal permits? Are there any approvals that have been or will have to be obtained, such as planning or zoning approval? Include a copy of any approvals received to date or provide a timeframe to obtain approval.
- B. Provide a Construction Cost Estimate: Construction documentation must be obtained at applicant's expense. Estimate documents must include the **Scope of Work** and **Technical Specifications**. Applicant will also be responsible for obtaining all project-related **Engineering Specifications and Engineered Drawings**. Estimates must include clearly labeled Federal Wage Scale Labor costs, see [www.wdol.gov](http://www.wdol.gov). The City of Bristol reserves the right to adjust Cost Estimates to accommodate soft costs.
- C. Architectural Drawings/Engineering Studies/Environmental Reports (if available).
- D. Is the building 50 years old or more or listed on the Historic Properties Index? A formal review by the State Historic Preservation Officer may be needed. If unsure, please contact ECD.
- E. When do you anticipate construction will begin? Provide a development schedule.

**9. Please estimate the following data for the anticipated clients in your program:**

<b>Clients total:</b>		
Clients from Bristol:		
<b>Race/Ethnicity:</b> (Total # includes # Hispanics; then list # Hispanic alone in next column)	Total #	# Hispanic
White:		
Black/African American:		
Asian:		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander:		
Other Multi-Racial		

Client Income Group	#	% of Total
Extremely Low 0-30% AMI		
Very Low 31-50% AMI		
Low 51-80% AMI		

<b>Total Staff:</b>		<b>Volunteers:</b>	
Full-Time Employees:		Part-Time Employees:	

***All applicants must fully complete either 10.a. or 10.b.***

**10.a. TOTAL PROJECT COST (Public Facility/construction projects only):**

	Estimated Project Cost	CDBG Request	Funds Expected or Already in Place Indicate source, amount and status.* Use additional sheet as necessary.	Total (should equal estimated cost)
Environmental Study	\$	\$		
Architectural/Engineering	\$	\$		
Construction (Allow for Federal Wage Scale)	\$	\$		
Contingency	\$	\$		
Other: _____	\$	\$		
Other: _____	\$	\$		
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>		

\*Status: Received, Awarded, or Application Submitted. If the amount of the CDBG grant is less than the amount requested, will the project be implemented? YES NO Explain impact on the project:

**10.b. TOTAL COST FOR THE PROGRAM (Public Services only):**

	<b>Estimated Project Cost</b>	<b>CDBG Request</b>	<b>Funds Expected or Already in Place</b> Indicate source, amount and status.* Use additional sheet if necessary.	<b>Total</b> (should equal estimated cost)
Salaries:	\$	\$		
Expenses:	\$	\$		
Program Supplies:	\$	\$		
Other: _____	\$	\$		
<b>Total:</b>	<b>\$</b>	<b>\$</b>		

\*Status: Received, Awarded, or Application Submitted. If the amount of the CDBG grant is less than the amount requested, will the program be implemented? YES NO Explain impact on the program:

---

**PLEASE PROVIDE A COPY OF YOUR MOST RECENTLY AUDITED FINANCIAL STATEMENTS.** (If audited statement is unavailable, please include review. If review is unavailable, please include compilation). IF UNAVAILABLE, PLEASE EXPLAIN WHY.

Applicant understands that there is an extended approval process; that no expenses for any project will be reimbursed without a Notice to Proceed form or signed Agreement, and adherence to any and all applicable City, State, and Federal regulations.

Applicant agrees that to the best of his/her knowledge all statements contained within this application are accurate.

Applicant understands that incomplete applications may be rejected.

SIGNATURE OF AUTHORIZED INDIVIDUAL  
(Person authorized to enter legal agreements): \_\_\_\_\_

NAME/TITLE OF AUTHORIZED INDIVIDUAL: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_