

State of Maine
Community Development
Block Grant Program



**2020 Micro-Enterprise Grant Program
Letter of Intent to Apply**

Due at DECD on or before 4:00 p.m. Friday, February 7, 2020.

Letters of Intent may be submitted via email to: ocd.loi@maine.gov
Please enter "MEA LOI" in the subject line.

All communities wishing to apply for a 2020 Micro-Enterprise Assistance 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

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: | | | |
| National Objective (Low/Mod) | | | |

2. Applying on Behalf of:

| | | | |
|--|--|---------|--|
| Sub-Grantee: | | Phone: | |
| Address: | | Fax: | |
| City, ZIP: | | E-Mail: | |
| Agency Rep: | | Title | |
| SBDC Councilor name and date of Consultation (required): | | | |
| Please attach the executive summary of your business plan (Plan must not be older than 18 months) and 2018 or 2019 tax return (1040) | | | |

3. Engineer/Architect consulted for project & providing cost estimates (if applicable):

| | | | |
|-------|--|--------|--|
| Name: | | Phone: | |
|-------|--|--------|--|

| | | | |
|------------|--|---------|--|
| Firm: | | Fax: | |
| Address: | | E-Mail: | |
| City, ZIP: | | | |

B. ELIGIBLE ACTIVITY

| |
|--|
| 1. Micro-Enterprise Assistance (accomplishment type: 08 Businesses) |
|--|

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.

Place an "X" in the box to the left if the statement is correct

| | |
|--|--|
| | Business has a business plan not older than 18 months |
| | Business has met with a Small Business Development Center (SBDC) business counselor in the three months prior to submitting this LOI |

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 (if applicable). 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: | \$ |
|-------------------------------|----|---------------|----|

| Funding Source | Amount | Date Secured |
|----------------|-----------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL: | \$ | |

E. CDBG CERTIFIED ADMINISTRATORS

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Name of Certified Administrator: | | | | |
| Date Certified: | | | | |
| Municipal Employee? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If not a municipal employee describe the procurement process used for selection: | | | | |
| | | | | |

F. COMPREHENSIVE PLAN

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

| | |
|---------------------|--|
| Adopted Date: | |
| Updated: | |
| MPAP Approval Date: | |

| | |
|--------------------------|---|
| <input type="checkbox"/> | Community does not have an adopted and consistent comprehensive plan. |
|--------------------------|---|


| | |
|--|--|
| Date Comprehensive Plan Expected to be Adopted and Consistent: | |
|--|--|

| |
|---|
| DUNS #: <i>This must be the town or city number, not the Police Department, and not the sewer or water district.</i> Applicant DUNS (Dunn & Bradstreet) #:(visit http://fedgov.dnb.com/webform .to obtain a number) |
|---|

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

| | |
|---|--|
|  | <p>Elimination or Prevention of Slums and Blight on a Spot Basis</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 pre-application 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.

| | | |
|--|--|--|
| | | |
|--|--|--|

Signature of Chief Executive Officer

Name of Community

Date: mm/dd/year