

## SECTION 4: Public Facilities/Infrastructure, Public Services, Planning

Activity Priority: 2    Type: Public Facility

Activity Title: Jamestown Senior Center Meal Site Kitchen Appliances

Subrecipient/Municipal Dept. Name: Jamestown Senior Services

Subrecipient Contact Information: Lisa W. Bryer, Town Planner, 401-423-7209

Subrecipient DUNS #: 0756991667    Tax ID #: 05-6000202

Amount of Request: 28,866

Site Address: Jamestown Senior Center, 6 West Street, Jamestown, RI

Eligibility:

- ☐ Public Services Program Support
- ☒ Public Facilities/Infrastructure  
    Number of Public Facilities Improved: 1  
    Linear Feet of Infrastructure Improved:
- ☐ Planning Only Activity  
    Number of Planning Documents:

National Objective:    *Documentation must be maintained to show that the selected National Objective has been met. If National Objective is not met, funds must be returned to the State. Note that Limited Clientele and Area Benefit activities are mutually exclusive; do not select both as National Objective.*

- ☐ Low/Moderate Income - Jobs (# LMI jobs created/retained must be documented)
- ☒ Low/Moderate Income - Limited Clientele (# LMI persons served must be documented)
- ☐ Low/Moderate Income - Area Benefit (HUD LMI Census/Survey data must be documented)

For Limited Clientele Activities:

Total Number of Persons Served:

Total Number of Low/Moderate Persons Served:

Presumed Population, if applicable:

<https://www.hudexchange.info/onecpd/assets/File/Basically-CDBG-State-Chapter-3-Nat-Obj.pdf>

For Area Benefit proposals:

Area Identifier/Name:

Check One:    ☐ Census  
                  ☐ Survey >>> (Year Completed:        )

To complete the remaining Area Benefit sections below, please refer to HUD Census data tables found at <https://www.hudexchange.info/programs/acs-low-mod-summary-data/>

County Code:

Area Benefit Census Data. If "survey," show all CT/BGs in the area surveyed

Tract #	Block Group(s) (check all that apply)									
Tract:	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the income characteristics of the area served by this activity:

Total Persons (Low/Mod Universe Population):

Total Low Income Persons:

Total Moderate Income Persons:

Total Low/Moderate Income Persons: Number:                      Percent:

**A. Activity Description**

**1a. Abstract/Eligibility:** In the space provided, describe the activity to be undertaken, including only the information necessary to succinctly define and quantify the proposal, and demonstrate how the project will meet eligibility requirements, showing appropriation citation (HCDA/24 CFR Part 570).

The Jamestown Senior Center at 6 West Street provides a broad base of social, health, wellness and learning programs to Jamestown's 2,629 (52% - 2010 Census) residents that are fifty and above years old (50+). The Town of Jamestown encourages engagement into its programs and provides affordable access to support aging in our community. Transportation is provided for specific programs. The \$28,866 funds requested will serve to replace the 20-30-year-old, increasingly unserviceable appliances in the kitchen of the Senior Meal Site which provides a nutritional dining program to Jamestown Seniors both in house and through the Meals on Wheels programs.

**1b. National Objective:** In the space provided, provide DETAILED information on how the above described activity will comply with CDBG National Objective requirements. Applicable regulation citation(s) must be provided, along with details on backup documentation which will verify compliance if the activity is funded. Applicants must attach copies of income-verification forms and/or other documentation which will be maintained to document compliance. Failure to adequately detail national objective compliance will result in the elimination of the activity from consideration.

Public Facility/Improvements and Infrastructure requests must **attach** a FIRM (flood map) and a locator map, with service area clearly marked.

Low/Moderate Income Limited Clientele per 24 CFR 570.483(b)(2)(ii)(A): Exclusively benefit a clientele who are generally presumed by HUD to be principally L/M income persons – Elderly persons.

**2. Append the Following:** At the conclusion of this form, use as much space as necessary to describe the activity to be undertaken; providing quantities, numbers, area, locations and other information necessary to clearly define the proposal. Illustrative material may be appended including a target area map and/or architectural (site plan and elevations) drawings if appropriate. If the project will be Energy Star compliant or have any other special design/siting considerations, please specify them herein.

Discuss the relationship of this proposal to local community development needs and objectives. If appropriate, discuss the relationship of this proposal to other proposed and funded CDBG activities.

The description provided is used to determine if the activity is fundable under the Rhode Island CDBG program. It is ESSENTIAL that the description clearly demonstrate how the project will meet eligibility and national objective requirements. Provide documentation to support conclusions.

For service proposals, indicate outcome goals and method for tracking outcomes and evaluating effectiveness. Service proposals with education and job training components should attach curricular summary documentation, evidence of demand by income eligible persons and address how they will meet reporting requirements.

**B. Timeline.** Please detail the projected timeline for completion of this activity. Minimally (for construction projects) show bid documents will be available, when construction is anticipated to commence and complete and when the project will be occupied. For service projects, indicate when the service will be undertaken and funds drawn down. For planning activities, indicate procurement and vendor start/end dates.

<b><u>Timeline/Benchmarks (Public Facility/ Infrastructure ONLY)</u></b>		
<b><u>No.</u></b>	<b><u>List of Benchmarks</u></b>	<b><u>Projected Completion Date</u></b>
	90% Permit set plans and specifications complete	
	Permit applications submitted to agencies: _____	
	Draft environmental review record (ERR) sent to OHCD for review	
	All necessary permits received	
	Complete Environmental Review Record/Advertise Request for Release of Funds (RROF)	
	Bid documents complete	
	Procurement initiated [signed Release of Funds (ROF) in hand]	
	Bids due	
	Notice to Proceed/Start of Construction	
	Construction complete	
	Final request for payment submitted to OHCD	
	Project closeout	
	Other:	
The information provided above will inform the contract performance projections.		

<b><u>Timeline/Benchmarks (Public Services ONLY)</u></b>		
<b><u>No.</u></b>	<b><u>List of Benchmarks</u></b>	<b><u>Projected Completion Date</u></b>
	Environmental review record (ERR) complete	
	Subrecipient agreement executed	
	Subrecipient Performance Period Start Date	
	Subrecipient Performance Period End Date	
	Accomplishment/Beneficiary Data Received	
	Final payment to subrecipient	
	Final request for payment submitted to OHCD	
	Project closeout	
	Other:	
The information provided above will inform the contract performance projections.		



<b><u>Timeline/Benchmarks (Planning ONLY)</u></b>		
<b><u>No.</u></b>	<b><u>List of Benchmarks</u></b>	<b><u>Projected Completion Date</u></b>
	Environmental review record (ERR) complete	
	Scope/Request for Proposal complete / Procurement Initiated	
	Proposals due	
	Vendor Contract executed / Notice to Proceed	
	Complete draft deliverables received from vendor	
	All deliverables 100% complete	
	Final request for payment submitted to OHCD	
	Project closeout	
	Other:	
The information provided above will inform the contract performance projections.		

### **C. Projected Accomplishments**

Use the section below to describe the projected accomplishments for the activity proposed. Include information on the number of facilities, linear feet, more detail on persons served, other outcome measures, etc., as appropriate.

Jamestown hired a full time Department Head/Senior Services Coordinator in 2019 to focus its attention on our aging population. The additional outreach to the community that this position has encouraged has increased senior participation by 25% in the nutritional dining program with an even greater increase in the senior recreational and wellness programming.

D. **Budget Summary – Source & Use of Funds (be as detailed as possible)**

APPLICANTS MUST USE BUDGET FORMS PROVIDED

<b><u>Budget Certification</u></b>	
<i>The following certification must be completed and submitted as part of the final application:</i>	
I hereby certify that, to the best of my knowledge, the attached budget accurately and fully represents all known project costs (uses) and all requested funds and funding commitments by all sources to this project (sources), as of the date of this certification.	
Date:	Signature:
	Title:

**Feasibility.** Explain the basis for cost estimates and sources of funding. Attach cost estimates, engineering studies, recent operating budgets, etc. to verify costs. Attach funding commitment/denial letters from other sources and list all proposed sources of funding and approximate dates funding will be available. Be sure to specify how the CDBG funds will be used.

See attached estimate.

**Other Sources:** Please detail all other resources that have been sought and/or received in support of the proposed activity. Use the following key in checking all that apply: (Please include more detail in activity narrative, if justified)

- (1) Funds have been sought/applied for from this source.
- (2) Application has been denied.
- (3) Application has been approved.
- (4) Funds will be sought/applied-for from this source.
- (5) No funds will be sought from this source.

SOURCE	(1)	(2)	(3)	(4)	(5)
DEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DOH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rhode Island Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### E. Threshold Requirements

CDBG funded projects must meet all of the following threshold requirements. Select one applicable check box for **each** requirement. If none of the check boxes apply, the project is likely ineligible for CDBG assistance.

This project is generally consistent with the State Land Use policy because it is (select 1):

- ☒ Limited solely to rehabilitation/conversion of existing structures or rehab of existing infrastructure
- ☐ Located within the Urban Services Boundary
- ☐ Located within reasonable proximity of an existing "Growth Center" in the Comp. Plan
- ☐ Specifically listed in the current approved local Affordable Housing Plan
- ☐ Supported by an attached Division of Statewide Planning advisory opinion

Floodplains: This project is (select 1):

- ☒ Not new development in a designated FEMA 1% annual change floodplain
- ☐ Development of shore or waterfront facilities where
  1. Appropriate flood-proofing and flood protection measures are implemented,
  2. Hazards to other properties are not increased, and
  3. NFIP requirements are met.

Planned Transportation Actions: This project is (select 1):

- ☒ Not in a location which conflicts with a planned major transportation action or investment

Stream Discharges: This project will (select 1):

- ☒ Not result in discharges in Class A/SA or B/SB waters  
☐ Have the written consent of the Department of Environmental Management

Ground Water Aquifers: This project will (select 1):

- ☒ Not result in wastewater discharge into an identified major ground water aquifer or principal recharge area  
☐ Be designed to ensure protection of the ground water resource and have the written consent of the Department of Environmental Management

Farmland: This project will (select 1):

- ☒ Not involve construction or development in a location with prime/important farmlands soils  
☐ Demonstrate that
1. No other location is feasible,
  2. The land cannot because part of a viable farm unit and has not been in farming use for 5 or more years, and
  3. Urban development has taken place within a ½ mile and utilities are available within ¼ mile.

Describe how the proposal complies with each of the following threshold requirements.

- 1) Recognition of Flood Plain Restrictions:
- 2) Recognition of Historic Resources: Attach correspondence notifying R.I. Historic Preservation Commission and the Narragansett Indian Tribal Historic Preservation Office of proposed activities and location.
- 3) Other Regulatory Reviews: Indicate any Federal or State review or regulatory system which may have jurisdiction over the proposed activity(s), such as: Federal programs of the Corps of Engineers and the Environmental Protection Agency, and State programs of the Department of Health, the Department of Environmental Management, the Coastal Resources Management Council.

**F. Compliance Areas:** This project is expected to trigger the following cross-cutting compliance areas (Check all that apply):

- ☐ Labor Standards, including Davis Bacon  
☐ Section 3 Low/Moderate Income Persons Hiring Goals  
☐ Acquisition and/or Relocation (Check if easements are likely to be required)  
☐ Procurement Action > \$250,000 (Note: All costs must be necessary and reasonable.)  
☐ Full Environmental Assessment (Note: All funded activities are covered by NEPA.)  
☒ Fair Housing/Equal Opportunity



**G: Extra Project Considerations:**

Is project supported by more than one community? Yes ☐ No ☒

If Yes, identify other communities and attach letters of support:

How will project be monitored? ☐ On-site ☒ In-house

Monitoring will be conducted by: ☐ State OHCD ☒ Municipality

☐ Subrecipient. If Subrecipient, specify:

**PLEASE ATTACH ANY ADDITIONAL INFORMATION AND ACTIVITY NARRATIVE HERE.**

(For digital submittal file creation, please aggregate additional information to the maximum extent feasible and label with the activity name (or community priority number) and the word 'attachments.'

# Project Sources & Uses/Development Budget - Public Facilities & Infrastructure

**Jamestown Senior Center Meal** *Project Name*  
11-Jun-20 *Date*

**Low/Mod Limited Clientele** *National Objective*

USES		SOURCES						
Development Uses	Amount	CDBG PY19	Local Bond	Municipal Funds	Utility Funds	Other:	Amount	
<b>Acquisition Costs</b>								
Land							\$	-
Existing Structures							\$	-
Easements/Rights-of-Way							\$	-
Other Real Property							\$	-
Appraisals							\$	-
Pre-Purchase Property Inspections							\$	-
Other Acquisition Costs							\$	-
<b>Design Costs</b>								
Architect Fee -- Design							\$	-
Architect Fee -- Construction Supervision							\$	-
Engineering Fee - Design							\$	-
Engineering Fee - Construction Supervision							\$	-
As-Built Fee							\$	-
Permit Fees							\$	-
Survey							\$	-
<b>Construction Hard Costs</b>								
Debris Removal							\$	-
Demolition/Clearance							\$	-
Site Remediation							\$	-
Buildings - Rehabilitation							\$	-
Buildings - New Construction							\$	-
Site Work							\$	-
General Requirements							\$	-
Builder's Overhead							\$	-
Builder Profit							\$	-
Bond Premium							\$	-
Construction Contingency							\$	-
<b>Financing and Carrying Costs</b>								
Construction Loan Fees							\$	-
Construction Loan Interest							\$	-
Taxes during Construction							\$	-
Insurance during Construction							\$	-
Utilities during Construction							\$	-
Permanent Loan Fees							\$	-
Financing Legal Fees							\$	-
<b>Other Soft Costs</b>								
Environmental Review (HUD ERR)							\$	-
Real Estate Legal Fees							\$	-
Other Legal Fees							\$	-
Accounting/Cost Certification							\$	-
Market Study							\$	-
Furniture, Fixtures & Equipment	\$ 28,866						\$	28,866
Specialized Consultant Services							\$	-
Misc.							\$	-
<b>Project Uses Subtotal (excluding Admin.)</b>	<b>\$ 28,866</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 28,866</b>
<b>Activity Delivery Costs (Administration)</b>								
Personnel							\$	-
Consultant Services							\$	-
Public Notice/Legal Ad Fees							\$	-
Other							\$	-
<b>Activity Delivery Costs Subtotal</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL USES</b>	<b>\$ 28,866</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 28,866</b>

Funding Status\*

Funds will be requested from

\*Provide detail in activity narrative, as appropriate.