

Rhode Island Site Readiness Grant Program

Application Materials

# Submission Instructions

**Please submit a complete electronic copy of the application by email to Investments@commerceri.com. The subject line should read “Site Readiness - [applicant name],” (eg. “Site Readiness – XYZ Development”). Proposals should be submitted as a single PDF file, saved as “Site Readiness - [applicant name]”.**

Questions on the application process may be submitted to: [Investments@commerceri.com](mailto:Investments@commerceri.com) or to Kara.Kunst@commerce.ri.gov

First Round Application Deadline: March 17, 2021 at 5:00 PM

* Read and review the application in full before completing this application.
* This application may be updated from time to time. Please ensure the most up-to-date version of the application is used for a response. The up-to-date version is located here: <https://commerceri.com/site-readiness/>
* The Site Readiness application consists of an application form, a certification form, and optional attachments. To be considered for a grant, all items must be submitted in a single submission submitted electronically. Failure to provide required information could result in a delay in the review of, or rejection of, an application.
* Letter(s) of Support are optional but recommended. Applications that include letters of support from representatives of properties, the city or town in which the project is located, or similar will be given special consideration.
* The Commerce Corporation reserves the right to require the submission of additional information in connection with any application or to require the revision of an application.
* Applicants approved will be required to enter a grant agreement with the Commerce Corporation in order to receive the funding. The Commerce Corporation may request additional information in the course of negotiating that agreement.

## Part 1. Applicant Information

**Applicant Name** (City, Town or Entity Name): Click or tap here to enter text.

**Project or Site Address** (if applicable) Click or tap here to enter text.

Plat/Lot Numbers(if applicable) Click or tap here to enter text.

Size of the parcel/building (if applicable) Click or tap here to enter text.

**Is the applicant a subsidiary or affiliate of another company?** Yes No

Name of parent or affiliate (if applicable) Click or tap here to enter text.

**Provide a 2-3 sentence description of the applicant:** Click or tap here to enter text.

**RI House District #**Click or tap here to enter text.

**RI Senate District #**Click or tap here to enter text.

### Primary contact for application:

**Full Name** Click or tap here to enter text.

**Job Title** Click or tap here to enter text.

**Mailing Address** Click or tap here to enter text.

**City, State, Zip** Click or tap here to enter text.

**Phone** Click or tap here to enter text.

**Email** Click or tap here to enter text.

### Grant Category

See FAQ for additional information <https://commerceri.com/site-readiness/>

Site Specific Improvements. Select one of the following if applicable:

Site specific planning and pre-development activities including property surveys, master planning, engineering surveys, or environmental studies

Site specific project improvements including activities that will support planned or future build out of significant sites including infrastructure improvements, land assembly activities, site clearing or demolition, and building improvements

Other Click or tap here to enter text.

Municipal Assistance (municipalities only). Select one of the following if applicable:

LEAN Consultation

Building, Zoning, or Planning Training or Education initiative

Assistance with writing zoning ordinances, updating comprehensive plan, or similar

Strategic planning effort support, including matching funds or support for federal grants

Marketing support that will lead to the development or redevelopment of significant sites in a municipality

Other Click or tap here to enter text.

Funding Requested

Grant Request (dollar amount requested): Click or tap here to enter text.

Is this a matching fund request? Yes  No

Are there additional or other funds dedicated to support this project? Yes  No

If you answered “yes” to either of the above questions, please describe the purpose of the matching funds or additional/ other funds invested in this project: Click or tap here to enter text.

Anticipated Project Timeline (period during which grant funding will be utilized): Click or tap here to enter text.

### Site Specific Projects: Additional Information

If applicable, please attach information responsive to the following items. Please check the box next to each item included.

Map showing project location or area

Renderings or photos of site or proposed development

Studies or plans that support the request for funding

Other information. Description of attachment: Click or tap here to enter text.

### Municipal Assistance: Additional Information

If there is additional information that supports this grant request, please check the box below and include a brief description of the additional information.

Other information. Description of attachment: Click or tap here to enter text.

## Part 2. Project Narrative

Please use as much space as needed to fully respond to the prompts below.

### Project Description

Provide a description of the initiative, project or development this grant will support. If this grant will fund a portion of a larger initiative, project, or development, please describe (1) the larger initiative, (2) progress made to-date, and (3) how this grant will contribute to the larger initiative.

Click or tap here to enter text.

### Statement of Need

Provide a description of why the money is needed (ex. How will this modest investment enable the site to become shovel-ready or how will this funding support the proposed municipal process improvement).

Click or tap here to enter text.

### Work Plan and Approach

Provide a description of the proposed work plan and approach. This response can include the steps that will be taken, deliverables expected, and, if applicable, a description of the in-kind or matching resources and/or funds that will be dedicated to support the project. Please also describe the steps that would occur following this grant in order to make the larger initiative successful.

Click or tap here to enter text.

### Project Impact

Provide a description of the impact and public benefits that will result from this grant-funded initiative, project, or development.

Click or tap here to enter text.

## Part 3. Project Budget

Using the space below, or by attaching a similarly formatted spreadsheet, please provide a budget showing how the requested grant funding will be used. If quotes or bids for services or work are available, please include those as an attachment to this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Project Expense | Price  (if applicable) | Quantity  (if applicable) | Total |
| Ex. Preliminary engineering report | **$20,000** |  | **$20,000** |
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| Total: | | | Click or tap here to enter text. |

## Part 4. Project Timeline

Fill in the following table with expected activities for this grant request. If extra space is needed, please attach a similarly formatted table to your grant application.

|  |  |
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| Activity | Project Timeframe or Completion Date |
| Ex. Solicit bids for Preliminary Engineering Report from 3 companies | **January 15, 2020** |
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## Part 5. Letter(s) of Support (Recommended)

Letters of Support are optional but recommended. For private developers or site owners, letters of support should be from the city, town, or similar governmental unit that represents the property. If the applicant is a municipality interested in seeking assistance with planning or marketing a specific site or sites, the letter of support should be from a representative of the property. Up to three letters of recommendation from municipal partners, community organizations, businesses, or developers can be included in an application.

## Part 6. Applicant Certification

The undersigned is an authorized representative of the Applicant listed below with the authority to bind the Applicant for the proposed Site Readiness Program.

I certify that I have reviewed the information contained in this application and confirm that all statements made in this Application in its entirety including all attachments, etc. are true and correct to the best of my knowledge.

**Applicant or Authorized Representative**: Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_