



TOWN OF LEDYARD
CONNECTICUT
MAYOR'S OFFICE

741 Colonel Ledyard Highway
Ledyard, Connecticut 06339
(860) 464-3221
(860) 464-1126 (Fax)

May 25, 2016

Mr. Dimple Desai, Community Development Director
Department of Housing
CDBG Small Cities and Technical Services
505 Hudson Street
Hartford, CT 06106-1379

RE: Town of Ledyard
Main Street Investment Fund
Route 12/Gales Ferry Improvements


Dear Mr. Desai:

The Town of Ledyard is pleased to submit, for your review, two copies of our 2016 Main Street Investment Fund Application. For us, the program represents a unique opportunity to achieve longstanding community goals and to provide physical form to planning activities which go back many years.

Route 12 and the Gales Ferry area of our community are underutilized resources. This proposal, along with recent and planned future private investment, can establish the momentum to enhance the area and promote quality growth.

Should you have any question or require additional information please contact me.

Sincerely,


Michael T Finkelstein,
Mayor

c. Catherine Osten, Senator
John Scott, Representative
Mike France, Representative

Application

Main Street Investment Fund

1. APPLICANT INFORMATION

Municipality: Town of Ledyard

Mailing Address with zip code: 741 Colonel Ledyard Highway, Ledyard, CT 06339

Name of Authorized Official: Michael T Finkelstein Title: Mayor

Telephone #: 860.464.3221

Fax #: 860.464.1126

Email: mayor@ledyardct.org

Municipality FEIN number: 06-6002023

Municipal population as per the latest federal decennial census: 14,741

STEAP Municipality **Yes** No Grantee's Fiscal Year: From 7/1 To 6/30

Total Project Cost: \$512,000

Amount of Funding Requested: \$500,000

Will municipality share project cost if it is partially funded by DOH? **Yes** No

Requesting Private owner/s reimbursement? Yes **No**; If yes, \$_____

Name of Project Contact: Charles Karno Title: Town Planner

Telephone #: 860.464.3215

Fax #: 860.464.1126 Email: planner@ledyardct.org

2. LOCAL APPROVALS

- a. Submit a certified resolution adopted in the last 60 days by the municipality's legislative body:
- Authorizing submission of this grant application;
 - Identifying the individual who can sign the grant application and administer the grant.

The certified resolution should be signed by the City or Town Clerk and embossed with the corporate seal. Please use the sample resolution provided in **Appendix A**.

- b. Submit a certified statement from the town manager or town engineer that proper building permits have been or will be required and that the work has been or will be inspected by the town.

3. PRIVATE OWNER INFORMATION (APPLICABLE ONLY if the applicant is seeking funds to reimburse owner/s of commercial private property); provide information for EACH private owner, attach additional pages as necessary.

Owner Name: _____

Project Address: _____

Business Name and Address: _____

Contact Name: _____ Title: _____ Telephone #: _____

Email: _____

Private owner Total Project Cost: \$_____ Amount of Funding Requested: \$_____

4. PROJECT INFORMATION

Was a "plan" approved by the governing body of the municipality to develop or improve a town commercial center to attract small businesses, promote commercial viability, and improve aesthetics and pedestrian access? **Yes** No

If no, your municipality is not eligible for funding under this program.

If yes: (1) are you submitting a copy of the approved plan? Yes No; and

(2) Did you submit a copy of the governing body approval of such a plan? Yes No

In 1000 words or less, summarize how the proposed project is consistent with such plan and how will it attract small businesses, promote commercial viability, and improve aesthetics and pedestrian access: _____

Municipal Project

Project Title: Gales Ferry/Route 12 Improvements

Attach a project location map delineating the intended improvements within the approved town commercial center.

Does the municipality own the property on which project will be undertaken? Yes **No**

If not, who is the property owner and does the applicant have authorization from the owner to work on the property and can the property be used by the general public? State of CT Right of Way

Is the project ready for construction? Yes **No**

Are all the required state and local permits secured? Yes **No** (If so, provide copies)

Is a ROW required and if so, has it been obtained? Yes No (If so, provide a copy of the agreement)

If applicable, has CT DOT provided project approval? Yes **No** (If so, provide approval copy)

Are all construction documents prepared? Yes **No** (If so, provide a copy)

Are all bid documents prepared? Yes **No** (If so, provide a copy)

Are all project funds committed? **Yes** No.

Source of these estimates: **Architect/Engineer** Contractor Municipality

Are there other sources of funds for this project: **Yes** No If yes, Amount: \$12,000

Will construction start within 3 months of executing the DOH funding contract? **Yes** No

Is the project consistent with the State Conservation and Development Policies Plan (C&D Plan) and state priorities? **Yes** No **Explain in detail** - consistency with the C&D Plan and state priorities such as TOD, affordable housing, brownfields reuse, reuse of existing facilities, complete streets concept, etc. _____.

Owner/s of the commercial private property (APPLICABLE ONLY if the applicant is seeking funds to reimburse owner of "commercial" private property)

Project Title: _____

Is the project complete? Yes No
Are the improvements above and beyond what is required by the zoning? Yes No
Is this project consistent with the municipality's design standards, if any? Yes No
Is this project consistent with the plan approved by the governing body? Yes No

Has the town reviewed the invoices for the costs to be reimbursed? Yes No
Has the town submitted invoices for reimbursement to DOH? Yes No
Has the town conducted final inspection of the project? Yes No
Who performed the work? Explain in detail _____.

Is the project consistent with the State Conservation and Development Policies Plan?
Yes No Explain in detail _____.

Provide reasons for town recommendations for eligible activities to be reimbursed by this grant, e.g. how is this project consistent with the intent of the MSIF program: _____

Are there other sources of funds for this private project? Yes No Amount: \$_____

A written statement attached from the owner that he/she is committed to doing the project and that they have all the funds secured. Yes No

5. PROJECT PLAN

Please provide all the information requested on Page 4 of the Application Instructions, Section 5 – Project Plan. Include following additional details in answering the project readiness.

- Provide details about the permitting requirements and approvals in place. Are there any permits that may delay the project? Has CT DOT provided approval, if required? Is there acquisition of ROW to complete the project? If yes, what is the status? Can the construction start in 3 months of executing the DOH funding contract?

6. PROJECT BUDGET (visit DOH website for Financing Plan and Budget form)

Please complete the Project Financing Plan & Budget and submit as **Appendix B** to the application.



My signature below, for and on behalf of _____, indicates
Name of Grantee

acceptance of the following and further certifies that:

1. I have the authority to submit this grant application;
2. I will comply with the General Grant Conditions and Special Conditions, if any;
3. I understand that funding associated with this grant application is one-time in nature and that there is no obligation for additional funding from the Department of Housing or the State of Connecticut;
4. I understand that should this grant application be approved, such grant funds shall be expended within the time frame specified in the Notice of Grant Award (NOGA);
5. I understand that requests to extend the grant end date shall be submitted in writing to the Department of Housing no later than thirty (30) days before the grant end date as specified in the NOGA;
6. I understand that unexpended funds shall be returned to the State of Connecticut within sixty (60) days of the grant end date;
7. I understand that if this organization meets the requirements of the State Single Audit Act, Sections 4-230 through 4-236, as amended, of the Connecticut General Statutes, the organization is required to submit a State Single Audit, at its own expense, no later than six (6) months after the end of the audit period; and
8. I hereby certify that the statements contained in the responses to this application and accompanying documents are true to the best of my knowledge and belief and that I know of no reason why the applicant cannot complete the project in accordance with the representations contained herein.

Michael T Finkelstein

Mayor

Print Name

*Date:

* The application must be signed subsequent to the adoption of the resolution by the local legislative body.

Checklist of required Documents

Identify documents submitted with the Application:

- Attachment 1: Legislative Body Resolution
- Attachment 2: Certified Statement
- Attachment 3: Project Location Map and a map of the Town Commercial Center
- Attachment 4: A copy of approved Plan with a copy of the resolution adopted by the Governing body approving the Plan
- Attachment 5: Cost estimates
- Attachment 6: Contracts with architect/engineers and contractors, if applicable
- Attachment 7: Project drawings/plans, if applicable
- Attachment 8: Description of Façade Improvement Program
- Attachment 9: Schedule for use of funds and project completion timeline
- Attachment 10: Invoices from the commercial private owner for reimbursement