

## **Resilient Investments through Support and Capital (RISC) Application for Funding**

*Instructions: save this to your computer and provide responses to the following questions using word. Once complete, email this and any supporting attachments to riscapplication@hcr.ny.gov with the subject "GRANT FUNDING APPLICATION".*

### **APPLICANT INFORMATION**

Organization Name:

City / Town:

County:

Unique Entity Identifier (UEI) number from SAM.gov:

### **Primary Contact Information**

Name:

Position / Title:

Address:

Phone:

Email:

### **Applicant Type**

Please check applicant type below

Local government

County government

State agency

State Authority

Soil and Water Conservation Districts

Public school

University

First responders (including volunteer fire and EMS facilities)

not-for-profit entities that serve communities within disaster-declared counties

consortium of any of the above

- 1. Is your organization eligible to receive federal funding awards?**
- 2. Does your organization have experience applying for state or federal infrastructure grants? If so, please provide examples of grants pursued, year of application, and funds awarded.**
- 3. Does your organization have experience implementing infrastructure and resiliency projects. If so, please provide examples of projects completed or in progress, brief description, budget, and date of completion or anticipated completion.**
- 4. Has your organization completed a 2 CFR 200 Subpart F Single or Program-specific Audit in the last five years? (If yes, please confirm what years. Please also provide the most recent audit completed):**
- 5. Please provide a copy of your current organizational chart as a stand-alone attachment.**

#### **PROJECT INFORMATION**

- 1. Project Title/Name** *(Limit to 300 characters including spaces):*
- 2. Project Description / Project Problem Abstract (What is the issue that you are applying for assistance to address?)** *(Limit to 1000 characters including spaces):*
- 3. Is your project in response to a direct or indirect impact of Hurricane Ida? For example, was the project property/site flooded by Hurricane Ida? If yes, please describe.** *(Limit to 300 characters including spaces):*
- 4. Is this project identified in a local or County adopted Hazard Mitigation Plan? If so, is the Hazard being addressed high risk according to the plan?**
- 5. Is the proposed project located in a floodway? Is the proposed project located in a floodplain? If yes, 100 year? 500 year? Please describe how the project will address climate change and future flood elevations?**

6. Will the proposed project include modifications / improvements to an existing structure? If yes, has this structure benefited from disaster recovery assistance in the past? If yes, has flood insurance maintained for the structure?
7. Summarize the intended long-term outcome(s) of the Project - *Limit to 200 characters (including spaces)*:
8. Please identify any project development steps previously completed. This includes but is not limited to: concept designs, environmental studies, geological surveys, H&H studies, estimates, applications for permitting, NEPA or SEQRA evaluations, etc.
9. Do you own the land the proposed project will be implemented on? If no, please identify the property owner and provide a brief description of how your right to implement the project in the area identified has or will be documented (easement, partnership agreement, land transfer, ext.)

#### **PARTNERS AND COMMUNITY OUTREACH:**

1. Who are the partners (e.g., organizations, government agencies, business, individuals) currently engaged in efforts to advance this project? Please briefly outline the roles and responsibilities of each partner.
2. Will the project involve relocation of residents or business? If yes, please describe how your project will minimize the loss of housing units in your community.
3. **Communities Engaged and Impacted:** Describe the community(ies) where the project will take place and any associated target audience(s). For example: Who will specifically benefit from the project? How were they or will they be engaged in project development and implementation?
4. Who was or will be engaged in project development and implementation? (e.g., communities, user groups, affected/impacted constituencies)?
5. What is the Social Vulnerability Index or available income data for the community(ies) served by this proposed project?

**SCHEDULE / WORK PLAN:** What are the major tasks or activities you plan to execute through the proposed project, who is responsible for each task/activity, and when do you plan to complete each major task/activity? *Use the general template below and add rows as needed.*

Activity Description	Associated Deliverables	Responsible Parties / Lead	Completion Date (Month and Year)

**BUDGET**

**Funding Requested for this grant:**

**Anticipated implementation (construction) funding need:**

**Sources of funding:**

Source	Amounts

**Please complete and sign the Duplication of Benefits Questionnaire documenting all other (not from this grant) sources of funding received or anticipated to be received for project development.**

**Does your organization have funding available for a local match if required by a construction implementation grant?**

**Anything else we should know?**

**Pre-proposal Narrative (Attach as a separate word document)**

*Writing Instructions: Please review scoring criteria attach a narrative (two pages maximum) that elaborates on the long-term resilience outcome(s) summarized previously. Please include the major obstacles and/or opportunities you will address to achieve the outcome(s); the measurable result(s) you plan to achieve to address this hazard. Please describe how you will measure progress; a brief description of your strategy (activities) for achieving project outcomes; and where you are in the planning and implementation. Please include specifics regarding how a RISC Ida grant will help secure funding for your project or allow your project to move from planning into implementation. If you have identified a specific*

*funding source to pursue for construction funds, please list the activities you expect to complete in order to submit an application for that funding source.*

### **Certifications**

By entering your name below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

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By entering your name below, you agree on behalf of the applicant that, if RISC Assistance is provided for the project described in this Application, the applicant shall comply with all laws, regulations, provisions and guidance with respect thereto, including but not limited to 2 CFR part 200, 24 CFR Part 58, 24 CFR 570 as modified by Federal Register Notices applicable to PL 117-43 and PL 117-180 CDBG-DR grants, and NYS Environmental Quality Review Act (SEQRA).

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### **Required Documents for Complete Application**

- Completed Grant Application
- Completed and Executed Duplication of Benefits Questionnaire
- Organizational Chart
- 2 CFR 200 Subpart F Audits if applicable or other audit if not subject to 2 CFR 200 Subpart F

**DUPLICATION OF BENEFITS QUESTIONNAIRE**

**Applicant:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

Federal regulations require a duplication of benefits (DOB) analysis for projects receiving U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant-Disaster Recovery (CDBG-DR) support to ensure that applicants do not receive more funds for a project than are needed. Applicants must report all assistance they have received or reasonably expect to receive for a project from such sources as insurance, Small Business Administration (SBA), Federal Emergency Management Agency (FEMA), and other local, State, or Federal programs, and private or nonprofit charitable organizations. Any funds received from these sources for this project must be considered when the amount of the CDBG-DR grant is determined. If a project has been included in the applicant’s annual budget or long-term capital improvement plan, there may be DOB, unless the subrecipient can document these funds are no longer available. CDBG-DR is a funding source of last resort, and should funds become available for a project in the future such that some or all of the CDBG-DR funds budgeted for the project would constitute a duplication of benefits, those CDBG-DR funds will be disallowed or, if outlaid, must be returned to the Governor’s Office of Resilient Homes and Communities (RHC). Please consult with RHC staff if you have any questions regarding whether a potential DOB exists. Please use the chart below to describe the funds the subrecipient has received, expected and/or committed for the project.

**FUNDS RECEIVED, EXPECTED OR BUDGETED FOR THE PROJECT**

<b>SOURCE OF FUNDS</b>	<b>Amount received for the project</b>	<b>Additional funds expected</b>
FEMA		
Other Federal Agencies (Describe)		
State Agencies		
Budgeted Subrecipient Funds		
Private Insurance		
National Flood Insurance		
Nonprofit Organizations (Describe)		
Local Funds (Describe)		
Budgeted Program Participant Funds (Annual Budget)		
Estimated value of in-kind donation of services or materials for this project (Describe)		
Other Funds (Describe)		
<b>TOTAL</b>		

Documents Needed:

Along with this form, please provide documents that show the amounts received for the project from each source listed above. Note: All documents, including Program Participant budgets, must be retained and produced for review at the request of RHC and/or HUD.

CERTIFICATION:

I certify that the information provided in this questionnaire is true and accurate to the best of my ability. I understand that if this information is not correct, it may affect the amount of any grant I may receive or may lead to the recapture of disbursed funds by RHC and/or HUD

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Program Participant

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