

Resilient Investments through Support and Capital (RISC) Application for Technical Assistance

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 "Technical Assistance Request".

APPLICANT INFORMATION

Organization Name:

City / Town:

County:

Primary Contact Information

Name:

Position / Title:

Address:

Phone:

Email:

Applicant Type

Please check applicant type below

- | | |
|--|---|
| <input type="checkbox"/> Local government | <input type="checkbox"/> University |
| <input type="checkbox"/> County government | <input type="checkbox"/> First responders (including volunteer fire and EMS facilities) |
| <input type="checkbox"/> State agency | <input type="checkbox"/> not-for-profit entities that serve communities within disaster-declared counties |
| <input type="checkbox"/> State Authority | <input type="checkbox"/> consortium of any of the above. |
| <input type="checkbox"/> Soil and Water Conservation Districts | |
| <input type="checkbox"/> Public school | |

1. **Is your organization eligible to receive federal funding awards?**
2. **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.**
3. **Should the application for funding be successful, who will implement the construction project?**
4. **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. **Problem area Location Description and project area location description (if different)** *(Limit to 300 characters including spaces. Optional – attach a map showing the project area and impacted area(s)):*
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. **Project Problem (What is the issue that you are applying for assistance to analyze and address?)** *(Limit to 1000 characters including spaces):*
5. **Does your organization have funding available for a local match if required by a construction implementation grant?**
6. **Is this problem addressed by a project identified in a local or County adopted Hazard Mitigation Plan? If so, is the Hazard being addressed high risk according to the plan?**
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 where the problem exists? Do you own the land where a proposed project could be implemented to address the issue identified? 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.)**

- 10. 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?**

- 11. What is the Social Vulnerability Index or available income data for the community(ies) served by this proposed project?**

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

Writing Instructions: Please review NOFA scoring criteria and attach a narrative (two pages maximum) that elaborates on the problem identified, proposed solution(s), and the desired long-term resilience outcome(s) summarized previously. Please include as much detail as possible about the specific outcomes you are trying to achieve, any historical or ongoing impacts that will be mitigated, any steps completed to date, and how the project will be constructed should your implementation grant application be successful.

Anything else we should know?

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.

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, and NYS Environmental Quality Review Act (SEQRA).

Required Documents for Complete Application

- Completed Technical Assistance Application
- Completed and Executed Duplication of Benefits Questionnaire
- Organizational Chart

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

SOURCE OF FUNDS	Amount received for the project	Additional funds expected
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)		
TOTAL		

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

Program Participant

Signature of Authorized Certifying Official

Printed Name of Authorized Certifying Official

Date

WARNING: The information provided on this form is subject to verification by the State of New York and the Department of Housing and Urban Development (HUD) at any time. Title 18, Section 1001 of the U.S. Code states that knowingly and willingly making a false or fraudulent statement to a department of the United States Government can result in termination of assistance and civil and criminal penalties.