# **Community Facilities Direct Loan and Grant: Overview**

This program provides affordable funding to develop essential community facilities in rural areas. An essential community facility is defined as a facility that provides an essential service to the local community for the orderly development of the community in a primarily rural area, and does not include private, commercial, or business undertakings.

## **Requirements**

Borrowers must have legal authority to construct, own, operate, maintain, manage, borrow funds, and pledge collateral.

**Eligible Borrowers Include:** 

- Public Bodies
- Community-Based, Not-For-Profit Corporations
- Federally Recognized Tribes

Applicants must have legal authority to borrow money, obtain security, repay loans, construct, operate, and maintain the proposed facilities.

Applicants must be unable to finance the project from their own resources and/or through commercial credit at reasonable rates and terms.

Facilities must serve rural area where they are/will be located.

Project must demonstrate substantial community support.

Environmental review must be completed/acceptable.

Applicant must be eligible for grant assistance, which is provided on a graduated scale with smaller communities with the lowest median household income being eligible for projects with a higher proportion of grant funds. Grant assistance is limited to the following percentages of eligible project costs:

Maximum of 75 percent when the proposed project is:

- Located in a rural community with a population of 5,000 or fewer; and
- The median household income of the proposed service area is below the higher of the poverty line or 60 percent of the State's nonmetropolitan median household income.

Maximum of 55 percent when the proposed project is:

- Located in a rural community with a population of 12,000 or fewer: and
- The median household income of the proposed service area is below the higher of the poverty line or 70 percent of the State's nonmetropolitan median household income.

Maximum of 35 percent when the proposed project is:

- Located in a rural community with a population of 20,000 or fewer; and
- The median household income of the proposed service area is below the higher of the poverty line or 90 percent of the State's nonmetropolitan median household income.

The proposed project must meet both percentage criteria. Grants are further limited. Funds must be used to purchase, construct, and/or improve essential community facilities, purchase equipment, and pay related project expenses.

Examples of essential community facilities include:

- Health care facilities such as hospital, medical clinics, dental clinics, nursing homes or assisted living facilities.
- Public facilities such as town halls, courthouses, airport hangars or street improvements.
- Community support services such as childcare center, community centers, fairgrounds, or transitional housing.
- Public safety services such as fire departments, police stations, prisons, police vehicles, fire trucks, public works vehicles or equipment.
- Educational services such as museums, libraries, or private schools.
- Utility services such as telemedicine or distance learning equipment
- Local food systems such as community gardens, food pantries, community kitchens, food banks, food hubs, or greenhouses.

## **National Architect Requirements**

Applicants, at the earliest possible time, should provide a Preliminary Architectural Feasibility Report, including the Cost Estimate, for the review by the RD Area Loan Specialist and RD State Architect. These two documents are needed to determine the project's feasibility. RD's State Architect will evaluate and provide architectural/construction guidance to the Applicants and their Architects, for RD financed architectural project, in the following areas

- Initial site visit & evaluation of the proposed project.
- Preliminary Architectural Feasibility Report
- Agency Architectural Feasibility Report
- Agency Concurrence of Owner/Architect Agreements
- Agency Acceptance of Plans & Specifications
- Agency Concurrence of Construction Contact Documents
- Construction & Construction Monitoring

## **CHECKLIST**

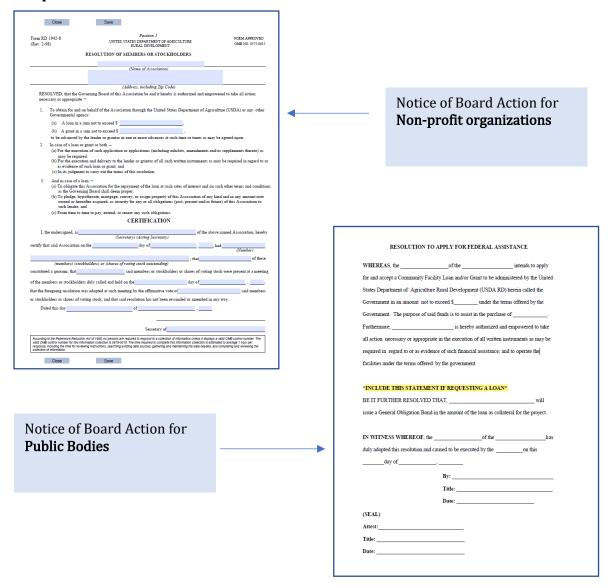
The USDA developed a Community Facilities Application Package to serve as a checklist to assist applicants prepare the required documents.

| Notice of Board Action Instructions     |
|---|
|   |
| Evidence of Organization                |
| Instructions                            |
| Standard Form 424                       |
| Instructions                            |
| Standard Form 424A                      |
| Instructions                            |
| Standard Form 424B                      |
| Instructions                            |
| Standard Form 424C                      |
| Instructions                            |
| Standard Form 424D                      |
| Instructions                            |
| Project Narrative                       |
| Instructions                            |
| <b>Credit Elsewhere Certification</b>   |
| Instructions                            |
| Financially Information                 |
| Instructions                            |
| <b>Preliminary Architectural Report</b> |
| Instructions                            |
| Evidence of Local Support               |
| Instructions                            |
| <b>Environmental Review</b>             |
| Instructions                            |
| msti uctions                            |

| United States Department of Agriculture  |  |  |  |  |  |
|--|--|--|--|--|--|
| COMMUNITY FACILITIES LOAN AND/OR GRANT<br>PRE-APPLICATION PACKAGE  |  |  |  |  |  |
| Please use this checklist as a guide in preparing your pre-application. Please fill out all necessary form fields and obtain signatures prior to submission. Please contact our office if you have any questions.  |  |  |  |  |  |
| We look forward to working with you on this project!   |  |  |  |  |  |
| <ol> <li>Notice of Board Action – Resolution of the board OR meeting minutes approving to apply for loan/grant for the<br/>proposed project (See <u>Tab A</u> for example)</li> </ol>  |  |  |  |  |  |
| 2. Evidence of Organization (non-profit only)  • IRS Letter of Tax Exempt Status  • Articles of Incorporation  • Bylaws - signed by appropriate official  • List of active board members - include names, addresses, and their term  • Certificate of Good Standing  • Charter (The Charter should show that it is recorded in the Office of the Secretary of State)   |  |  |  |  |  |
| 3. "Pre-application for Federal Assistance" (See 424 Forms Portfolio)  |  |  |  |  |  |
| Complete the following forms for Non-Construction projects only  a.  |  |  |  |  |  |
| Complete the following forms for Construction projects only  a.  Form SF 424, "Pre-application for Federal Assistance"  b. Form SF 424C, "Budget Information – Construction Programs"  c. Form SF 424D, "Assurances – Construction Programs"   |  |  |  |  |  |
| 4. Project Narrative a. Explanation for the project b. Need for the project c. Cost breakdown of the project   |  |  |  |  |  |
| 5. System for Award Management (SAM) https://www.sam.gov   |  |  |  |  |  |
| 6.  Credit Elsewhere Certification – applicant must certify in writing that they are unable to finance the proposed project from their own resources and/or through commercial credit. Applicant should provide written Certification and at least three (3) letters from local lenders that show the potential rates and terms the applicant might receive. (See <u>Tab B</u> for example Certification and Commercial Credit letter) |  |  |  |  |  |
| 7.   |  |  |  |  |  |
| 8. Preliminary Architectural Report. (See <u>Tab D</u> , Guide 6 and Attachment for Architect) *for construction projects only   |  |  |  |  |  |
| 9. Evidence of Local Support from local officials in your service area. (See <u>Tab E</u> ) *only needed for non-profit applicants   |  |  |  |  |  |
| 10. Environmental Review (consult with RD Specialist for level of review)  |  |  |  |  |  |
| USDA is an equal opportunity provider, employer, and lender.  Updated 8/8/22   |  |  |  |  |  |
|  |  |  |  |  |  |

### **Notice of Board Action**

Resolution of the board OR meeting minutes approving to apply for loan/grant for the proposed project. Non-profit organizations will utilize "Form 1942-8", Resolution of Member or Stockholders may be used, or similar Resolution. Public bodies will use "Resolution to Apply for Federal Assistance Template."



## **Evidence of Organization and IRS Letter of Tax-Exempt Status**

For a non-profit corporation, a copy of the Articles of Incorporation, Bylaws, and Certificate of Good Standing. Also include an IRS Letter of Tax-Exempt Status, a list of active board members (alongside with names, addresses, and their term), and a copy of the Charter (the Charter should show that it is recorded in the Office of the Secretary of State).

#### INSTRUCTIONS FOR THE SF-424

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the litems are required and some are optional at the discretion of the applicant or the federal agency (agency). Required fields on the form are identified with an asterisk (\*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

| 2. 2. 3.      | Entry: Type of Submission: (Required) Select one type of submission in accordance with agency instructions.  * Pre-application  * Application  * Application  * Application  * Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.  Type of Application: (Required) Select one type of application in accordance with agency instructions.  * New – An application that is being submitted to an agency for the first time.  * Continuation – An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.  * Revision – Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.  * Increase Award  * D. Decrease Duration  * B. Other (specify)  * Detail Control of the property of the | 11.<br>11.<br>12.<br>13. | Entry:  Name Of Federal Agency: (Required) Enter the name of the federal agency from which assistance is being requested with this application.  Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.  Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.  Competition Identification Number/Title: Enter the competition identification number and title of the competition under which assistance is requested, if applicable.  Areas Affected By Project: This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.  Descriptive Title of Applicant's Project: (Required) Enter a |
|---------------|---|--------------------------|---|
|               | by the Federal agency.  |                          | brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.  |
| 4.            | Applicant Identifier: Enter the entity identifier assigned buy the<br>Federal agency, if any, or the applicant's control number if  |                          |   |
| 5a. 5b. 6. 7. | applicable.  Federal Entity Identifier: Enter the number assigned to your organization by the federal agency, if any.  Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.  Date Received by State: Leave this field blank. This date will be assigned by the state, if applicable.  State Application Identifier: Leave this field blank. This identifier will be assigned by the state, if applicable.  Applicant Information: Enter the following in accordance with agency instructions:  a. Legal Name: (Required) Enter the legal name of applicant that   | 16.                      | Congressional Districts Of: 15a. (Required) Enter the applicant's congressional district. 15b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation — 3 characters state district number, e.g., CA-005 for California 5a district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter 'all' for the district number, e.g., MD-all for all congressional districts in Mayland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 0-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needs  |
|               | will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting www.Grants.gov.  D. Employer/Taxpayer Number (EIN/TIN): (Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.   | 18.                      | proposed start date and end date of the project.  Estimated Funding: (Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the  |
|               | c. Address: Enter address: Street 1 (Required); city (Required);<br>County/Parish, State (Required if country is US), Province,<br>Country (Required), 9-digit zip/postal code (Required if country<br>US).   | 19.                      | change. For decreases, enclose the amounts in parentheses.<br>Is Application Subject to Review by State Under Executive<br>Order 12372 Process? (Required) Applicants should contact the<br>State Single Point of Contact (SPOC) for Federal Executive Order<br>12372 to determine whether the application is subject to the State<br>intergovernmental review process. Select the appropriate box. If<br>"a." is selected, enter the date the application was submitted to<br>the State.   |
|               | d. Organizational Unit: Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.  e. Name and contact information of person to be contacted on matters involving this application: Enter the first and last name (Required); perks, midde name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.   | 21.                      | Is the Applicant Delinquent on any Federal Debt?  (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.  Authorized Representative: To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)   |
| 9.            | Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.  |                          |   |
|               | A. State Government B. County Government C. City or Township Government D. Special District Government R. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education L. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Triball Government (Other than Federally Recognized) V. Non-US Entity W. Other (specify) V. Other (specify) V. Other (specify)   |                          |   |

## **Standard Form 424**



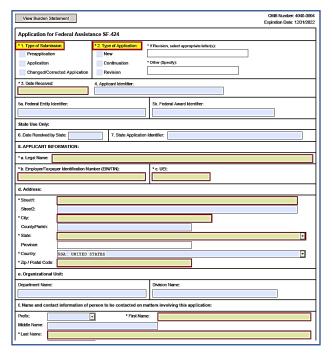
This section can be left blank, or reenter the CFDA

If new applicant: Contact your USDA Area Office to register for SAM.gov and to obtain a Unique Entity ID (UEI).

## Forms for **Non-Construction** Programs

| View Burden Statement CMB Number: 4940-05 Expiration Date: 1231/2  |   |
|--|---|
| Application for Federal Assistance SF-424  |   |
| *1. Type of Submission:  *2. Type of Application:  *If Revision, select appropriate letter(s):   |   |
| Preapplication New Application Continuation Other (Specify):   |   |
| Changed/Corrected Application Revision   |   |
| * 3. Date Received: 4. Applicant Identifier:   |   |
| Sa, Federal Entity Identifier: Sb. Federal Award Identifier:   | T   |
|  | Form SF 424 – "Preapplication for   |
| State Use Only:  | Federal Assistance" (3 pages)   |
| Date Received by State:     7. State Application Identifier:      8. APPLICANT INFORMATION:  | ✓ Instructions can be found in  |
| *a. Legal Name:  |   |
| * b. Employer/Texpeyer Identification Number (EIN/TIN): * c. UEI:  | Application Package on usdatap.org  |
|  |   |
| d. Address:  *Street1:   |   |
| Street2:   |   |
| *City:   |   |
| County/Parish:  * State:   |   |
| Province:  |   |
| *Country: USA: UNITED STATES  *Zp / Postal Code:   |   |
| e. Organizational Unit:  |   |
| Department Name: Division Name:  |   |
|  |   |
| Name and contact information of person to be contacted on matters involving this application:  Prefix  - First Name:   | <del>-</del>  |
| Middle Name:   | <u> </u>  |
| *Last Name:  | BUDGET INFORMATION - Non-Construction Programs OMB Number 4040-0000 Exprision Date: 02/28/0225  |
|  | SECTION A - BUDGET SUMMARY  Grant Program Function or Domestic Assistance Domestic Assistance Domestic Assistance   |
|  | Activity Number Federal Non-Federal Federal Non-Federal Total   |
|  | 1. (a) (b) (c) (d) (e) (f) (g) (1) (1) (2) (3) (4) (5) (5) (5) (6) (7) (7) (8) (7) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8 |
|  |   |
|  |   |
|  | 2   |
| Form SF 424A – "Budget Information   |   |
| - Non-Construction Programs" (3  |   |
| · · · · · · · · · · · · · · · · · · ·  |   |
| pages total)   |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  | 5. Totals   |
|  | 3 10 10 10 10 10 10 10 10 10 10 10 10 10  |
|  | Statistic Form 424A (new 7-197) Prescribed by OMB (Circular A -102) Page 1  |
| OMB Number: 449-0107 Upper Burden Statement Upperson Date: 02/28/2025  |   |
| ASSURANCES - NON-CONSTRUCTION PROGRAMS   |   |
| Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and manifacting the data needed, and completing and reviewing the collection of information. Send conversely reporting the burden estimates or gave other severe of this collection of information including to suggestions for  |   |
| Information and contents regarding the bounder state of any other species of this bounder of information of the contents of th |   |
| IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.   |   |
| NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency: Printer, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.   |   |
| As the duty authorized representative of the applicant, I certify that the applicant:  |   |
| Has the logal authority to apply for Foderal assistance Act of 1973, as amended (29 U.S.C. §794), which and the institutional, managerial and financial capability prohibits discrimination on the basis of handicaps; (d)   |   |
| (including funds sufficient to pay the non-Federal allaws<br>of project colls) for extra proper planning, management<br>and completion of the project described in this<br>application.  Trailment Aur of 1972 (P. 19.25-25), as amended,  | Form SF 424B – "Assurances – Non-   |
|  | Construction Programs" (2 pages,  |
| of the United States and, if appropriate, the State, Alcoholism Prevention, Treatment and Rehabilitation through any authorized representative, access to and Act of 1970 (P.L. 91-616), as amended, relating to the right to common all records, books, pagess, or representative and propriate the state of alcohol allurge or   |   |
| documents related to the award; and will establish a alcoholism; (g) §§523 and 527 of the Public Health proper accounting system in accordance with generally Service Act of 1912 (42 U.S.C. §6290 dd-3 and 290  | signature required on second page)  |
| accepted accounting standards or agency directives.  ep. 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (fi) Tille VIII of the Civil Rights Act of 1966 (2 U.S.C. §§350) et sexp.), as   |   |
| using their positions for a purpose that constituties or amended, relating to nondiscrimination in the sale,<br>presents the appearance of personal or organizational rental or financing of housing; (i) any other<br>conflict of interest or pressonal gain nondiscrimination provisions in the specific statute(s)  |   |
| under which application for Federal assistance is being  which application for Federal assistance is being  made, and, (i) the requirements of any other  modiscrimination statute(s) which may apply to the   |   |
| agency. application.   |   |
| <ol> <li>Will comply, with the integrowmented Personnel Act of<br/>1970 (EV LD C. \$972-WT-878) reliefing to presenthed<br/>statedards for medi systems the programs braded under<br/>Appendix A of OPMS Statedards to a Neth Systems of<br/>Appendix A of OPMS Statedards to a Neth Systems of</li> </ol>   |   |
| Personnel Administration (5 C.F.R. 900, Subpart F). federally accorded programs. Those requirements  |   |
| Will comply with all Federal statutes relating to apply to all interests in real property acquired for project purposes regardless of Federal participation in conditormination. These include but are not limited to:   |   |
|  |   |

## Forms for **Construction** Projects



Form SF 424 – "Preapplication for Federal Assistance" (3 pages) Instructions can be found in Application Package on usdatap.org

## Form SF 424C – "Budget Information – Construction Programs"

| _        | View Burden Statement ASSURANCES - CONSTR  | UCTION F                                   | PROGRAMS OMB Number: 4040-0009<br>Expiration Date: 02/28/2025   |
|----------|--|--|---|
| in in re | ablic reporting burden for this collection of information is estimate forustons, exacting existing data sources, gathering and maint formation. Send comments regarding the burden estimate or any during this burden, to the Office of Management and Budget, Pa LEASE DO NOT RETURN YOUR COMPLETED ND BUDGET. SEND IT TO THE ADDRESS PRIND IT TO THE | oining the da<br>other asper<br>perwork Re | ata needed, and completing and reviewing the collection of<br>ct of this collection of information, including suggestions for<br>duction Project (0348-0042), Washington, DC 20503.   |
|          | OTE: Certain of these assurances may not be applicable to yo<br>Awarding Agency. Further, certain Federal assistance are<br>assurances. If such is the case, you will be notified.<br>It the duly authorized representative of the applicant, I certify that   | warding age                                | encies may require applicants to certify to additional  |
| 1.       | Has the legal authority to apply for Federal assistance,<br>and the institutional, managerial and financial capability<br>(including funds sufficient to pay the non-Federal share<br>of project costs) to ensure proper planning,<br>management and completion of project described in<br>this application.   | 8.   | Will comply with the Intergovernmental Personnel Act<br>of 1970 (42 U.S. C. §84728-4783) relating to prescribed<br>standards of merit systems for programs funded<br>under one of the 10 statutes or regulations specified in<br>Appendix A of OPM's Standards for a Merit System of<br>Personnel Administration (6 C.F. 900, Subpart F).   |
| 2.       | Will give the awarding agency, the Comptroller General<br>of the United States and, if appropriate, the State,<br>the right to examine all records, books, papers, or<br>documents related to the assistance; and will establish<br>a proper accounting system in accordance with<br>generally accepted accounting standards or agency<br>directives.  |  | Will comply with the Lead-Based Paint Poisoning<br>Prevention Act (42 LSC. §§4801 et seq.) which<br>prohibits the use of lead-based paint in construction or<br>rehabilitation of residence structures.<br>Will comply with all Federal statutes relating to non-<br>discrimination. These include but are not limited to: (a)  |
| 3.       | Will not dispose of, modify the use of, or change the<br>terms of the real property tills or other interest in the<br>site and facilities without permission and instructions<br>from the awarding agency. Will record the Federal<br>awarding agency directives and will include a covenant<br>in the tille of real property acquired in whole or in part<br>with Federal assistance funds to assure non-<br>discrimination during the useful life of the project.  |  | Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discomination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §1681 modification of 1972, as a mercial of 1973, as a mercial of 1973, as a mercial of 1973, as a mercial of 2019, U.S.C. §764), which prohibits discrimination on the basis of handicaps; (d) the Ago Biscrimination Act of 1979, as |
| 4.       | Will comply with the requirements of the assistance<br>awarding agency with regard to the drafting, review and<br>approval of construction plans and specifications.   |  | amended (42 U.S.C. §§8101-6107), which prohibits discrimination on the basis of age: (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of  |
| 5.       | Will provide and maintain competent and adequate<br>engineering supervision at the construction site to<br>ensure that the complete work conforms with the<br>approved plans and specifications and will furnish<br>progressive reports and such other information as may be<br>required by the assistance awarding agency or State.   |  | amended relating to nondiscrimination on the basis of<br>drug abuse; If the Comprehensive Alcohol Abuse and<br>Alcoholism Prevention, Treatment and Rehabilitation<br>Act of 1970 (P. L. 91-16), as amended, relating to<br>nondiscrimination on the basis of alcohol abuse or<br>alcoholism; (g) §§523 and 527 of the Public Health<br>Service Act of 1912 (42 U.S.C. §§200 dd-3 and 290 ee  |
|          |  |  | 3), as amended, relating to confidentiality of alcohol  |

**BUDGET INFORMATION - Construction Programs** COST CLASSIFICATION s [ \$ Architectural and engineering fees s [ \$ [ Other architectural and engineering fee Project inspection fees Site work s [ \$ [ Construction 10. Equipment s [ s [ s [ 11. Miscellaneous s [ \$ [ 12. SUBTOTAL (sum of lines 1-11) s [ \$ [ 14. SUBTOTAL s [ \$ [ 16. TOTAL PROJECT COSTS (subtract #15 from #14) \$ s [ \$ [ 

Form SF 424D – "Assurances –Construction Programs" (2 pages, signature required on second page)

## **Project Narrative**

A project narrative serves as a template for the proposed project and how it will improve the community of its origin. Please include:

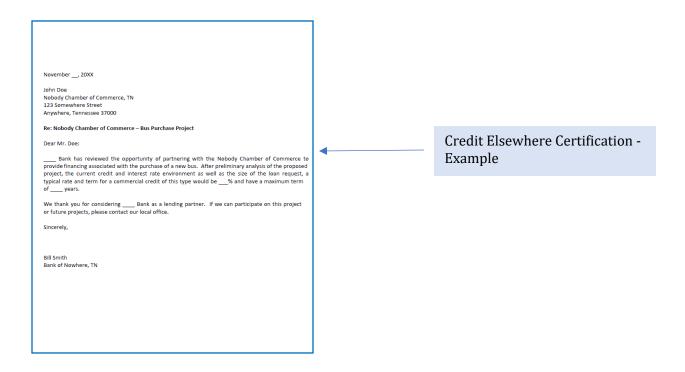
- a. Explanation for the project
- b. Need for project
- c. Cost breakdown of the project

### **System for Award Management**

Completing the SAM registration process takes up to five business days, and applicants are strongly encouraged to begin the process early. Once registered, the applicant will receive a CAGE (Commercial and Government Entity) Code Number. The SAM registration must remain active, with current information, at all times during which an entity has an application under consideration by an agency or has an active Federal Award. To remain registered in the SAM database after the initial registration, the applicant is required to review and update on an annual basis. Website for SAM: https://www.sam.gov

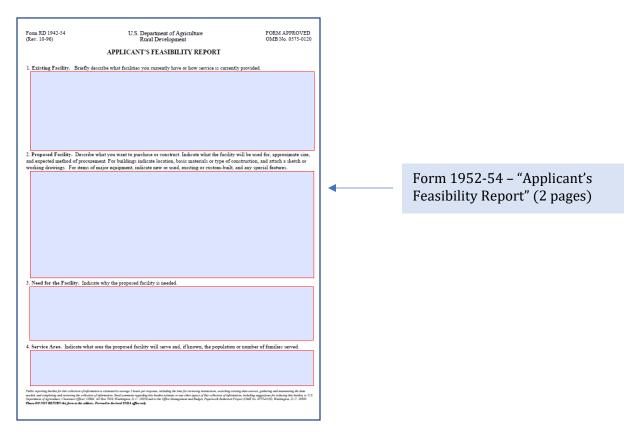
#### **Credit Elsewhere Certification**

Applicant must certify in writing that they are unable to finance the proposed project from their own resources and/or through commercial credit. Applicant should provide **written Certificate and at least three (3) letters** from local lenders that show the potential rates and terms the applicant might receive.



#### **Financial Information**

- a. Five Years of Audited Financial Statements
- b. Current Operating Budget and Proposed Budget for upcoming Fiscal Year (if available).
- c. Current Balance Sheet (must be within 90 days of application)
- d. Capital Improvement Plan
- e. Financial Feasibility Report
  - i. Projects with a cost of \$300,000 and under, use Form 1942-54
  - ii. Project with cost >\$300,000, consult with Rural Development Specialist for level of report



## **Preliminary Architectural Feasibility Report**

#### TAB D

(Guide 6)

RD Instruction 1942-A

#### PRELIMINARY ARCHITECTURAL FEASIBILITY REPORT

C GENERAL. The following may be used as a guide for preparation of the Preliminary Architectural Peasibility Report as required for Rural Development financed facilities.

#### A Need for the facility.

B <u>Existing facilities</u>. Describe - include condition, adequacy, suitability for continued use and other pertinent information.

C <u>Proposed facility</u>. General description of proposed facility including design criteria adopted for continued use and other pertinent information.

#### D <u>Building sites</u>.

- 1 Amount of land required.
- 2 Location Alternate locations.
- 3 Site plan.
- 4 Site suitability

#### E Cost estimate

- 1 Development and construction.
- 2 Land and rights.
- 3 Legel.
- 4 Architect fees.
- 5 Interest.
- 6 Equipment.
- 7 Contingencies.
- 9 Pofinancina
- 9 Other (described)

RD Instruction 1942-A (Guide 6) (Page 2)

#### F Annual operating budget.

- 1 Income Enclude rate schedule. Project income realistically.
- 2 Operation and maintenance costs Project costs realistically. In the absence of other data, base on actual costs of other existing facilities of similar size and complexity. Include facts in the report to substantiate operation and maintenance cost ostimates.

#### G Maps, drawings, sketches, and photographs.

l Maps - Show locations, boundaries, elevations, population distribution, existing and proposed facility, right-of-way, and land ownership.

 $_{\rm 2}$   $_{\rm Drawings}$  and sketches - Show preliminary design and layout elevations.

3 Photographs - As needed.

 $\rm H$  . Construction problems. Discuss in detail - Include information on items which may affect the cost of construction.

I  $\underline{\text{Conclusions and recommendations}}$ . Discuss possible alternatives to proposed plans.

This is an example of the instructions available for a Preliminary Architectural Feasibility Report.
All available instructional sheets will be available in the portal.
(Construction projects only)

The USDA has provided a small list of known Architects that have worked with Applicants in the past.

This list will be made available upon request.

## Evidence of Local Support TAB E

This is an example of a
Certificate of Support.
These are required for applicants who are Not-For-Profit Organizations.

We have considered the proposal of \*Applicant Name\*

\*\*Troposed Project Description\*

\*\*The proposal will provide needed services in the community and will have no adverse impact on other community facilities providing similar services.

\*\*Mayor, Town of or County Executive\*\*

Date

#### **Environmental Review**

Consult with Rural Development Specialist for level of review.

These workshop documents were created in association with the TAP-USDA Site, a portal created to ease the process of applying for grants. All information within these documents were sent from the USDA for the Business and Economic Research Center's use.