

Aleutian Pribilof Island Community Development (APICDA) 2020 Infrastructure Grant Program (AIG) Instruction and Application Packet

• APPLICATION DEADLINE-SEPTEMBER 30, 2020

Applications must be submitted during the project's resource gathering phase when all funding sources are being solicited.

• ELIGIBILITY REQUIREMENTS

1. Applicant must be a local government entity of the community (city or tribe), in an APICDA community: Akutan, Atka, False Pass, Nelson Lagoon, Nikolski, False Pass, or St. George and be the entity responsible for infrastructure development and maintenance in their community.
2. The AIG shall not be the primary funding source for an infrastructure project. Applicants must solicit and obtain majority funding (50% or more) for the project from other non-APICDA sources. Applications for the AIG must be a funding request that will cover the remaining costs association with the total cost of the project or aid in leveraging other funding sources.
3. Applications must be for infrastructure defined as structures and/or facilities for development or repair/replacement for/of roads, water, power, wastewater, harbors, docks, or community/municipal buildings that house (clinics, community centers/warehouses/shops, etc.)

• LETTER OF SUPPORT OR COMMITMENT

An applicant may request a letter of support or a letter of commitment from APICDA for the infrastructure development project. The applicant must submit a complete application. The application must be approved for funding prior to the letter being provided. If the applicant has a template of the requested letter format, they shall submit that template. A sunset date will be established and will be included in the letter of support or commitment. In the event the letter expires, and the awardee has not obtained full funding for the project, the awardee must submit a status report of the project and request an updated letter from APICDA. APICDA reserves the right to request a re-application or additional information to determine status of funding the project beyond the sunset date.

WHAT IS THE AIG?

The purpose of the APICDA Infrastructure Grant Program is to assist APICDA communities with a funding source to help leverage grant funds from state, federal or private funders for community-initiated infrastructure development projects.

APICDA supports our member communities by focusing on economic development, programs for individual residents and governing entities to achieve sustainable and diverse local economies, the alleviation of poverty, and providing meaningful social benefits.

The AIG provides financial assistance to APICDA's CDQ communities for infrastructure development in the communities of **Akutan, Atka, False Pass, Nelson Lagoon, Nikolski and St. George** where development in the region is costly and a logistical challenge.



To request more information or to submit a grant application contact APICDA at programs@apicda.com or call (907) 929-5273.

APICDA Infrastructure Grant (AIG) 2020 Application Form

Application Deadline September 30, 2020

Instructions: Complete the application form and provide all additional documents listed under the Required Attachments checklist. Answer all fields in the application form as thoroughly as possible. A complete application will assist APICDA in evaluating the grant request.

APICDA staff may request additional information as needed. The APICDA Program Committee reviews all complete applications. After a full review, applications are submitted to the APICDA Board of Directors for funding consideration. All applicants will be notified in writing of the Board's decision.

Should you need assistance completing this application, please contact APICDA at programs@apicda.com or toll-free at 1-800-927-4232.

PROJECT INFORMATION

Date of Application		
Project Title		
Purpose of Project (one sentence)		
Total Estimated Cost of Project \$	Grant Amount Requested (may not be greater than 50% of total estimated cost) \$	Other Funding Source Total \$
Anticipated Length of Project	Start Date	End Date

APPLICANT INFORMATION

Entity Name	
President/Mayor	Email Address
Mailing Address	City, State, Zip Code
Phone Number	Fax Number
Names, titles, and contact information of the project manager(s) who will direct the project. (Include email address and cell phone if applicable)	
Name, title and contact information for person who will be responsible for finances. (Include email address and cell phone if applicable)	

1. Describe the primary purpose and the need or problem that you are seeking to address with this project.

2. Describe specifically how this project provides economic benefits to the community.

3. Describe how this project contributes to employment or other long-term income generating opportunities for community residents?

JOB CREATION

List new jobs or enhanced currently employed job positions that this project creates in the community.

Number of Full-time Jobs:	Job Titles:
Number of Part-time Jobs:	Job Titles:
Number of Temporary Jobs:	Job Titles:

5. Describe how this project directly or indirectly supports the fishing industry in the community and/or region?

6. Describe the steps to be taken to maintain and sustain the project goals and desired outcomes into the future? Include any planning activities or programs that will be put in place to sustain this project after completion.

7. What major projects have been carried out by your organization in the past two years?

Year	Project Title	Budget	Source of Funding

8. Do you require a letter of support or commitment from APICDA?

Letter of Support

Letter of Commitment

Deadline for letter of support or commitment: _____

*Please note that a letter of commitment from APICDA may be offered only after this application is approved and APICDA has been provide the timeline for the project funding.

Budget Form

PROJECT TITLE: _____

REVENUE SOURCE	COMMITTED FUNDS	PENDING FUNDS
Grants/Loans/Contributions:		
Local Government		
State Government		
Corporations (itemize on separate lines)		
Foundations (itemize on separate lines)		
Earned Income		
In-Kind Support		
Other (specify)		
TOTAL REVENUE	\$	\$
EXPENSE ITEMS	LINE ITEM TOTAL	AMOUNT REQUESTED FROM APICDA
Administration		
Payroll		
Benefits		
Consultants/Professional Fees		
Travel		
Professional Development/Training		
Other (specify)		
Operations		
Materials		
Equipment		
Shipping		
Permitting		
Other (specify)		
TOTAL EXPENSE	\$	\$

Detailed Project Planning Form

PROJECT TITLE: _____

TASKS	RESPONSIBLE PERSON	START DATE	END DATE	BUDGETED COST	STATUS
PHASE 1					
PHASE 2					
PHASE 3					
PHASE 4					
PHASE 5					

PROJECT TEAM-Complete with your application and submit changes with each quarterly report		
NAME & ROLE	QUALIFICATIONS	RESPONSIBILITIES

Required Attachments:

1. Grant Proposal Narrative Guidelines

Provide the following project information:

1. Description of the project: Identify problem/current need and why it is important to develop new or to repair/improve existing infrastructure.
2. Describe project goals and outcomes to be achieved.
3. Identify and provide documentation of other funding sources.
4. Documentation of project readiness, project phases and/or project timeline.
5. Identify all federal, state and local permit approval or demonstrate application in-process.
6. Describe how funding from APICDA's Infrastructure grant will be spent on the project.
7. Demonstrate the project's benefits and limitations to the community and/or region, including employment creation generated in the community from project, to include number of local hires.
8. Statement addressing the entities ability to complete initial infrastructure project and subsequent years of operation.
9. Outline costs for other related investment necessary to achieve the projects full benefit.

2. Budget Form

3. Detailed Project Planning Form

4. Documentation of previous grants or projects administered by applicant in the last two years.

5. Template of letter of support or commitment, if required for APICDA to complete for state, federal or private funding source(s).

6. Supplemental information regarding items of significance resulting from the project or documentation to support application.

By signing below, I certify all information is true and correct to the best of my knowledge and if approved, I agree to carry out this project as approved by the APICDA Board of Directors. I am authorized to sign and accept funding on behalf of this organization.

X _____ Title
Signature

X _____ Date
Printed Name