

CARES ACT SUPPORT FUND CIP APPLICATION INSTRUCTIONS

The CIP CARES Act Support Fund Application is designed to be straightforward and as easy to complete as possible. Most of the information requested is self-explanatory. Please do not hesitate to call the CIP Program Staff at 624-6450 with any questions.

Please e-mail your completed application to the Planning & Community Development Department.

E-mail: kroy@manchesternh.gov

Project Title/ Department - Self-explanatory

Project Description – Please provide a description of the project scope and desired outcomes including any specifics on location or schedule.

Project Service Area – Please refer to the attached CDBG eligible Census Tracts map and indicate if the project’s service area is located in a CDBG eligible Census Tract. Indicate if the project’s service area is located in a primarily residential area.

Project Implementation – Indicate if the project will require the procurement of a private firm.

Project Period – Projects should be completed by 9/30/2022. If the CIP Project will not be fully expended by this date please provide an explanation that includes the proposed completion date.

Estimated Expenditure of Funds by Quarter – Indicate the estimated amount of project funds that you plan on expending by the end of each quarter. These are benchmarks for the progress of the project.

Preliminary Activity Budget – Please provide estimates broken down by line item of how the funding will be expended.

Identify Anticipated External Funding Sources - If your Project will be funded in whole or in part by sources other than the City, CIP or CARES Act Support Funds, please list them. For example, the State may be giving the project \$100,000 in addition to the \$50,000 that you are requesting from the City, CIP, or CARES Act. Please identify **all** sources contributing to the project including what you are requesting from CIP or City funds.
