



Whitehouse FY26 CDS Application

Name & Contact Info	Mailing Address	Permanent Address
Name:	Street 1:	Street 1:
Phone:	Street 2:	Street 2:
Phone:	City:	City:
Email:	State/Zip:	State/Zip:

* indicates a required field.

Section 1. Contact Information

1. Name of Requesting Organization *

Legal grantee name

100 character limit

2. Tax Identification Number/EIN *

Federal Tax Employer Identification Number (EIN) must be provided (for both non-profits and State/local governments). An employer identification number (EIN) is a nine-digit number assigned by the IRS. It's used to identify the tax accounts of employers and certain others who have no employees. You must be a non-profit or government entity to be eligible for CDS funds.

100 character limit

Primary Point of Contact

Please note, the Appropriations Committee does not allow third parties to be a listed point of contact. This point of contact cannot be a lobbyist or external entity.

3. Name *

100 character limit

4. Title *

100 character limit

5. Email Address *

 i.e. your-email@mail.com

6. Phone Number *

 ###-###-####

7. Address Line 1 *

100 character limit

8. Address Line 2

100 character limit

9. City *

100 character limit

10. State *

100 character limit

11. Zipcode *

or #####-####

If the head of your organization is different than the primary point of contact, please add their contact information below.

12. Name

100 character limit

13. Title

100 character limit

14. Email Address

 i.e. your-email@mail.com

15. Phone Number

 ###-###-####

16. Address Line 1

100 character limit

17. Address Line 2

100 character limit

18. City

100 character limit

19. State

100 character limit

20. Zipcode

or #####-####

Section 2. Project Summary

1. Project Name *

100 character limit

2. Name of Requesting Organization *

100 character limit

3. Project Purpose *

What will these funds be used for? (In 1-2 sentences, briefly describe the intended use of these funds) (e.g. For equipment, for a job training program, for flood mitigation, to purchase public safety communications equipment).

4. Priority Ranking

If you are submitting multiple requests, note the ranking for each request in this field. (example: Priority 1 or 2)

No decimals or symbols.

Section 3. Project Details

1. Project Description *

Describe the services, products, research, or work that would be funded under this request. Please use non-technical language where possible.

2. Justification *

Outline the problem or issue that you are trying to address through this request. Describe how this project will benefit Rhode Island. If possible, include metrics such as jobs created, jobs maintained, people served, etc.

3. In which city/town will this project take place? *

If more than one, please choose the central/dominant location.

4. List any entities or organizations partnering in or supporting the project *

5. Timeline *

Anticipated timeline for the project and, if relevant, the expected start and completion date for the project or program.

6. Is your project included in a state plan? *

Yes No

7. Project Website

If applicable. Please provide your organization's website if no project-specific website is available.

8. Do you intend to submit this request to other members of Congress? *

Yes Other No

8.1 If yes, which member?

Senator Reed Congressman Magaziner Congressman Amo N/A

9. Have you previously submitted this project to our office for funding? *

Yes No

10. Additional Comments

Section 4. Funding Details

NOTE: The Build America, Buy America Act requires that all infrastructure projects funded with federal assistance use only iron, steel, manufactured products, and construction materials produced in the United States. This requirement applies to articles, materials, and supplies that are consumed in, incorporated into, or affixed to an infrastructure project. If you are submitting a CDS request for funding for an infrastructure project, please take this requirement into account.

NOTE: The budget cannot include contingency funding. Furthermore, projects that require matching funds, for which matching funds are not already in hand, may or may not be considered.

1. Under which appropriations bill does this request fall? *

If you do not know, select "Unknown."

- Agriculture, Rural Development, Food and Drug Administration Subcommittee
- Commerce, Justice, Science and Related Agencies Subcommittee Energy & Water Development Subcommittee
- Financial Services and General Government Subcommittee Homeland Security Subcommittee
- Interior, Environment, and Related Agencies Subcommittee
- Transportation, Housing and Urban Development, and Related Agencies Subcommittee
- Labor, Health and Human Services, Education and Related Agencies Subcommittee
- Military Construction, Veteran Affairs, and Related Agencies Subcommittee Unknown

2. Has this project received past Congressionally Directed Funding? *

If yes, please identify when and what funding.

- Yes No

2.1 If yes, please identify when and what funding.

100 character limit

3. Funding Request *

What is the funding level you are requesting in Fiscal Year 2026? Please round up to the nearest \$10,000.

#
No decimals or symbols.

4. Total Project Cost *

What is the total cost to complete the project?

#
No decimals or symbols.

5. Budget Breakdown *

Provide a complete budget breakdown for the amount requested showing major project elements. Please state dollar amounts numerically and how the funds will be spent.

6. Please indicate how current the budget estimates are: *

mm/dd/yyyy

7. Additional Project Funding *

If the project has received funding, please indicate the amount, the fiscal year, and the funding source. Funding sources include, but are not limited to, other federal funding (e.g. grants, federal tax credits, etc.), local or state government funding, or private or non-profit funding. Please also provide the status of the funding (e.g. application submitted, funding awarded, funding received).

8. Matching Funds *

Some Appropriations Subcommittees require a cost-match. If your project falls within one of these accounts, you must be able to meet the cost-match. Cost-match can range from 25% - 75%. Please indicate if the organization has funding available to meet federal matching requirements (if applicable).

- Yes No

9. Source of Matching Funds *

If applicable, detail the sources and amounts of non-federal matching funds.

10. Is your funding request scalable? *

Should the full amount of the request not be met, would your organization still be able to make progress on this project?

Yes No

10.1 Minimum Funding Needed

What is the minimum amount of funding needed for this project to proceed?

No decimals or symbols.

11. Does this project require approval and permitting from state and local authorities? *

Yes No

11.1 If yes, have such approvals been secured, or what is the timeline for securing such approvals?

12. Will the project, if funded, become self-sustaining after a defined period of time? *

Yes No

Section 5. Supplemental Information

For certain kinds of projects, the Appropriations Committee typically requires supplemental information to ensure that the project is eligible for funding.

If this information cannot be provided initially, applicants should still submit their request. Our office will work to help them obtain the required information.

1. Is this a transportation project? *

Yes No

1.1 TIP ID

To ensure your project is eligible for federal funding, please provide a project ID from the current Transportation Improvement Program or attach a letter of support from RIDOT or RIPTA indicating that this project will be added to the TIP. (If this information is not immediately available, applicants should still submit their request.)

100 character limit

2. Is this a water infrastructure project? *

Yes No

2.1 Project Priority List Status

Please indicate the project's name and rank on the applicable Project Priority List for Clean Water/Stormwater ([here](#)) or Drinking Water ([here](#)). If the project is not on the PPL, please consult with RIDEM (Clean Water) or RIDOH (Drinking Water) to determine if the project would meet the criteria to be included on the PPL. (If this information is not immediately available, applicants should still submit their request.)

100 character limit

2.2 What is the project purpose?

e.g., drinking water, wastewater, stormwater, and/or water quality protection

Drinking Water Wastewater Stormwater Water Quality Protection Other

2.3 How will the project help the recipient meet applicable water standards?

e.g. improve drinking water quality or improve surface/groundwater quality

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2.4 Is this project primarily to support existing water needs or to support future growth?

Note that projects primarily to support future growth are typically ineligible for State Revolving Funds.

 Support existing water needs Support future growth**2.5 Total project cost**

What is the total estimated cost of the project, based on the facilities plan or preliminary engineering report?

No decimals or symbols.

2.6 Please list any funding received from federal appropriations, including the fiscal year and source

e.g. Clean Water SRF, Drinking Water SRF, STAG grants, USDA Rural Development Program, FEMA, or others

2.7 Does the community have a financing plan certified by an authorized local official demonstrating how it will cover the matching funds of 20% or more? Yes No**3. Is this a historic preservation project? *** Yes No**3.1 National Register of Historic Places**For Historic Preservation projects, please provide the name and reference number for the historic property from the National Register of Historic Places ([link](#)). *(If this information is not immediately available, applicants should still submit their request.)***4. Is this a housing, community or economic development project? *** Yes No**4.1 What national objective(s) does this project address in accordance with the U.S. Department of Housing and Urban Development's authorization?**(1) benefit low- and moderate-income persons or communities; (2) prevent or eliminate slums or blight; or (3) address community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community for which other funding is not available. For more information, see [here](#). (1) Benefit low- and moderate-income persons or communities (2) Prevent or eliminate slums or blight (3) Address community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community for which other funding is not available Other

4.2 If applicable, what is the percentage of low- and moderate-income persons for the service area?

The Community Development Block Grant (CDBG) program requires that each CDBG funded activity must either principally benefit low- and moderate-income (LMI) persons, aid in the prevention or elimination of slums or blight, or meet a community development need having a particular urgency. Most activities funded by the Community Development Block Grant (CDBG) program are designed to benefit low- and moderate-income (LMI) persons. This benefit may take the form of housing, jobs, and services. Additionally, activities may qualify for CDBG assistance if the activity will benefit all the residents of a primarily residential area where at least 51 percent of the residents are low- and moderate-income persons, i.e. area-benefit (LMA). [Certain exception grantees may qualify activities as area-benefit with fewer LMI persons than 51 percent.]

If using the LMI National Objective, please review this HUD

resource: <https://www.hudexchange.info/programs/cdbg/cdbg-low-moderate-income-data/>

Use the “Map Application” tool to provide the necessary data points demonstrating the LMI

benefit: <https://hud.maps.arcgis.com/home/item.html?id=ffd0597e8af24f88b501b7e7f326bedd>

100 character limit