



Remove the Whole Lead Pipe Program

Town of North Providence

A Partnership with Providence Water

APPLICATION FORMS & GUIDANCE



Charles A. Lombardi, Mayor

Remove the Whole Lead Pipe Program Contact Information

Dean Martilli

RWLP Program Manager

401-477-4297

Djmartilli77@comcast.net

North Providence Town Hall

2000 Smith Street

North Providence RI 02911

Office Hours: By Appointment

If you have problems with your water, please contact Providence Water directly:

- **Water Main Rehabilitation Hotline (Normal Business Hours)**
401-521-6303
- **Water Main Emergency Line (After Hours)**
401-952-6535

I. Introduction

The Remove the Whole Lead Pipe Program is a partnership between the Town of North Providence and Providence Water under the leadership of Mayor Lombardi. It is the Town's goal to have all the lead water pipes in North Providence replaced so that threats to public health and safety can be eliminated in a pro-active manner. Lead is a neuro-toxin, which is hazardous to you and your families' health. The clean, safe water coming through lead pipes can become contaminated. the Funding for this program is through the RI Office of Housing & Community Development's CDBG program.

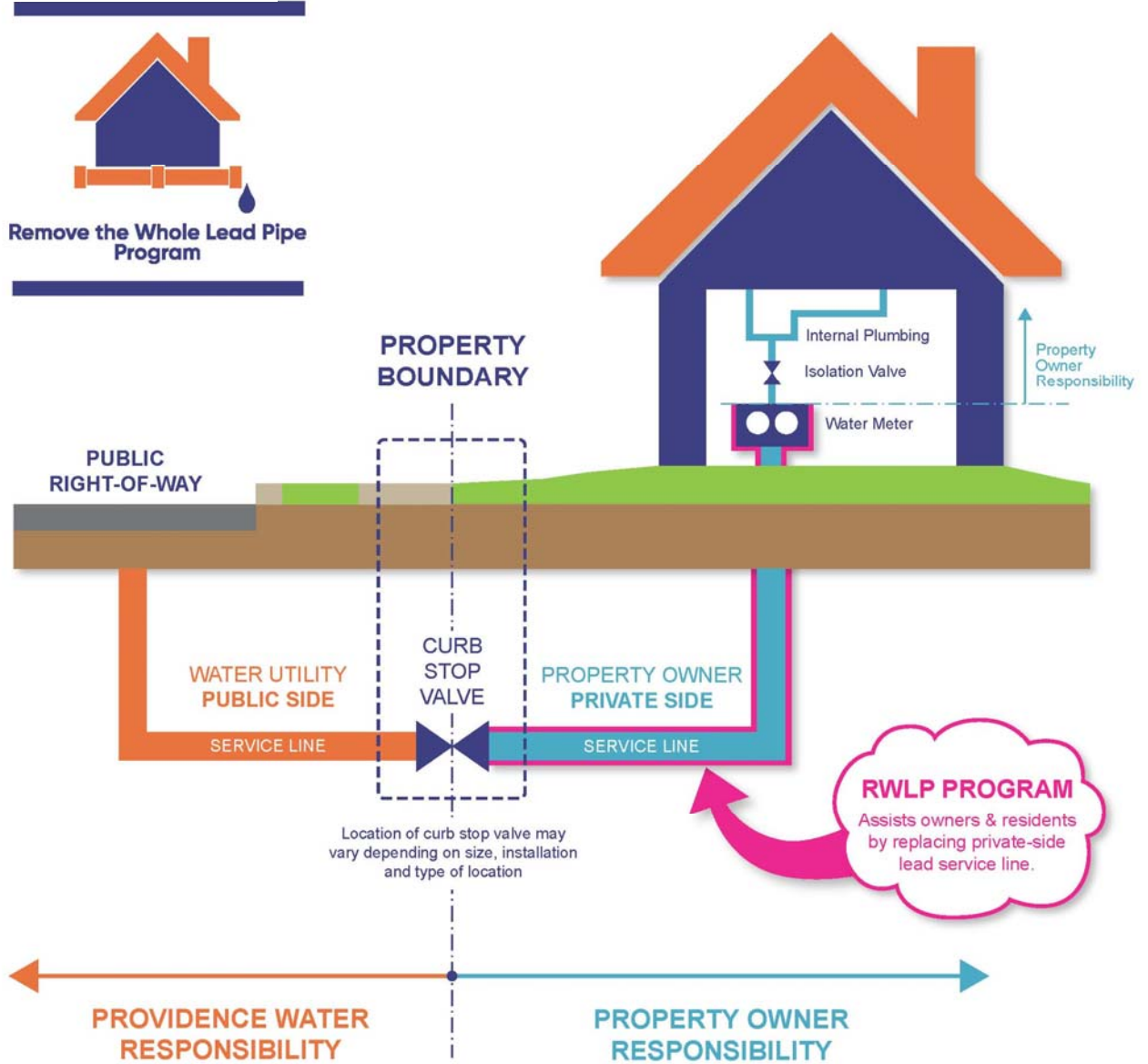
The water service line between the street (the curb stop) and the house is owned by the residential property owner, as illustrated in the diagram on the next page. For residents, who receive their water from Providence Water, Providence Water owns the water main and the service line from the water main to the curb stop. Removal and replacement of private-side lead service lines will be a multi-year process, and is dependent upon funding. The funding rules require each household (owners and tenants) assisted to make a formal application. We appreciate your help and cooperation in fully completing the application forms, so that the Town can properly spend grant money to pay for the replacement of private-side lead water service lines.

Funding will be used to pay for the replacement of the private-side lead service lines from curb-stop to the meter. As part of the replacement process, the Replace the Whole Lead Pipe Program will undertake a water quality test at your home following replacement of the private-side lead service line to assure that the water is safe following construction activities.

Overall, it is important to know that the water provided by Providence Water is safe to drink, and is regularly monitored for quality. Water can become contaminated by lead service lines, particularly when it lies still for a period of time. Thank you for completing the application form, so that we can properly spend grant money and remove the whole lead pipe.



Assistance provided by the Remove the Whole Lead Pipe Program is a one-time grant to replace the private-side lead service line from the curb stop to the meter. Each property owner will be responsible for any future maintenance, repair or replacement of the private-side water service line, after this one-time assistance program to eliminate lead water service lines.

Figure 1.



Remove the Whole Lead Pipe Program

Town of North Providence, RI
Providence Water



Charles, A. Lombardi, Mayor

Applications for the Remove the Whole Lead Pipe Program can be obtained at North Providence Town Hall, 2000 Smith Street, North Providence, RI 02911. Applications will also be distributed directly to affected property owners and residents each year in the area where the Remove the Whole Lead Pipe program is working with Providence Water on lead service line replacements. You may request an application form by contacting Dean Martilli, the program manager directly by email at djmartilli77@comcast.net or by calling 477-4297.

II. Eligible Project Costs

The Remove the Whole Lead Pipe program will provide grant assistance to individual property owners and residents to pay the costs of the replacement of the private-side lead water service line, as illustrated in Figure 1 on page 4. The Remove the Whole Lead Pipe Program will also pay for the water quality test after replacement of the lead water service line. The Remove the Whole Lead Pipe Program is working in partnership with Providence Water. Eligible contractors have been pre-selected and vetted by Providence Water. A contractor will prepare an individual cost estimate for each residence before starting work. To do so, the contractor will need to access the basement and area where the water meter is located. You do not have to pay the contractor. The Remove the Whole Lead Pipe program pays the cost of the contractor, but you have to let them to your home.

III. Eligibility Criteria for Applicants & Properties

- A. All residential properties with a lead service line in North Providence are potentially eligible for grant assistance. Commercial or non-residential properties are not eligible.
- B. An **Application Form** found on page 8 must be completed in full and signed for each residence. For multi-family buildings, an application form must be completed by each individual residential unit. The Remove the Whole Lead Pipe Program will assist both home owners and owners of rental housing with the replacement of the private-side lead water service line.
- C. The funding source for this program, CDBG, has strict rules regarding conflict of interest, as does the RI State Ethics Code, RIGL §36-14-2. You will need to complete a **Conflict of Interest Disclosure Form**. If you or anyone in your household works for the Town of North Providence or the state of Rhode Island, or is an elected governmental official or is a relative of North Providence employee, elected governmental official, or directly involved with CDBG, you may have a conflict of interest. Since the Remove the Whole Lead Pipe Program intends to assist all households with lead pipes in North Providence, we will apply for a waiver to provide assistance, but we need everyone to complete the disclosure form.
- D. Any vacant residential property will be addressed on a case by case basis.

IV. Application Approval

- a. Applicants must meet eligibility criteria outlined in Section III. Assistance is for residential properties in North Providence served by Providence Water with private-side lead water service lines. Assistance will be provided as Providence Water and the Remove the Whole Lead Pipe Program works in each targeted work area.
- b. Award is at the discretion of the North Providence Remove the Whole Lead Pipe program manager and North Providence CDBG Program.
- c. Three forms must be completed and signed in full. They are:
 - i. **Application Form.** Note: If you are a landlord, your tenants must also complete the applications, one for each unit.
 - ii. **Conflict of Interest Form.** Home owners, tenants, and landlords must complete this form.
 - iii. **Right of Entry.** If you are a tenant, the property owner must sign and execute the Right of Entry.
- d. Application approval is subject to the authorization by the review team comprised of Town staff, including the Program Manager, Planner/CDBG contractor.
- e. You will also need to draw a water sample for testing following the replacement of the lead service line. A water sample at the meter and a water sample at the kitchen tap (when water has not flowed for six hours, like first thing in the morning or after work) is requested. The water sample is sent to a laboratory to assure that the water is safe and meets water quality standards.

**Rhode Island
Community Development Block Grant (CDBG) Program**

Conflict of Interest Form

Applicant's Name: _____

Address: _____

Are you or any member of your immediate household or family (father, mother, sister, brother, daughter, son, grandfather, grandmother, grandchild, etc.) currently or within the have past year) an employee/agent/consultant/official or elected/appointed official of:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. The State of Rhode Island? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Town of North Providence or North Providence School Department | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A public agency or sub-recipient which is receiving CDBG funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you exercise any function or responsibilities with respect to the State/Local Community Development Block Grant (CDBG) Program or a CDBG-funded initiative? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you in a position to participate in the CDBG decision-making process or gain inside information with regard to such activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have family/business ties with anyone who would answer "Yes" to any of the above? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, to any of the above questions, please explain: _____

If the answer to any of the questions above is "yes", further review is required to determine if a Conflict exists. I hereby certify that the above information is accurate to the best of my knowledge. I understand that provision of false information may subject me to criminal/civil penalties.

Applicant's Signature: _____

Date: _____



APPLICATION

DATE: _____

APPLICANT NAME: _____

STREET ADDRESS: _____, UNIT # _____

NUMBER OF UNITS: _____

APPLICANT AGE: _____ APPLICANT GENDER: MALE FEMALE

DATE of BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MARITAL STATUS: MARRIED WIDOWED SINGLE DIVORCED

NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD? _____

IS ANY MEMBER OF YOUR HOUSEHOLD DISABLED? Yes No
IF YES, EXPLAIN _____

Our funder, the US Department of Housing & Urban Development, requests that we report data as to the race of the head of household. We appreciate your response to the following questions:

RACE:
 WHITE BLACK ASIAN AMERICAN INDIAN / NATIVE AMERICAN
 NATIVE HAWAIIAN & PACIFIC ISLANDER PERSON OF 2 OR MORE RACES

HISPANIC? YES NO

CO-APPLICANT(S) NAME: _____

AGE: _____

DATE of BIRTH: _____

Please list the names of all persons residing in the household, including adult students living away from home or those who are temporarily absent.

NAME	AGE	ANY INCOME?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

IF ANY RESIDENT AGE 18 OR ABOVE HAS INCOME, PLEASE LIST AMOUNT AND SOURCE OF INCOME.

EMPLOYMENT:

APPLICANT OCCUPATION:

APPLICANT'S EMPLOYER'S NAME & ADDRESS:

APPLICANT ANNUAL GROSS INCOME OR WAGES: _____

CO-APPLICANT'S OCCUPATION: _____

CO-APPLICANT'S EMPLOYER'S NAME & ADDRESS:

CO-APPLICANT ANNUAL GROSS INCOME OR WAGES: _____

RETIREMENT INCOME (PENSION):

NAME & ADDRESS of SOURCE

AMOUNT of MONTHLY INCOME: \$ _____

SOCIAL SECURITY INCOME:

APPLICANT AMOUNT of BENEFIT PER MONTH: \$ _____

CO-APPLICANTS AMOUNT of BENEFIT PER MONTH: \$ _____

SOCIAL SECURITY DISABILITY PAYMENTS MONTHLY BENEFIT: \$ _____

OTHER SOURCES of INCOME (include dependents' income)

STOCKS & BONDS
OTHER

RENTAL

ROOM & BOARD

APPLICANT WILL BE REQUESTED TO PROVIDE INCOME VERIFICATION, e.g, last 3 pay stubs, Social Security Award/Benefit level for current year; or tax return.

ATTACH SHEETS WITH ADDITIONAL INFORMATION AS NEEDED

HAVE THERE BEEN ANY CHANGES IN INCOME IN THE PAST 12 MONTHS?

Yes

No

If yes, please explain: _____

CERTIFICATION

Each applicant hereby certifies and acknowledges the following:

1. Under penalties of perjury, I certify that to my best knowledge and belief, all information provided in this application is true and accurate and I understand that the information I have provided on my household is subject to verification by representatives of the Town of North Providence and RI CDBG. Furthermore, I understand that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in penalties or prosecution
2. Submittal of an application for this project is not a guarantee of funding assistance from the North Providence Remove the Whole Lead Pipe Program.
3. The North Providence Remove the Whole Lead Pipe Program manager during the application review process may request additional information or clarification, and the applicant agrees to provide such in a timely manner.
4. If the project is approved for assistance, the North Providence Remove the Whole Lead Pipe Program reserves the right to reduce and/or cancel assistance if federal funding is canceled, reduced, or rescinded.
5. If the project is funded, the applicant shall comply with all federal, state, municipal and program policies, procedures and requirements. Program procedures must be followed in accordance with federal and state CDBG program regulations.
6. The applicant or his /her point of contact is fully capable of fulfilling obligations under this application.

SIGNATURE of APPLICANT

DATE

PRINT NAME

ADDRESS

SIGNATURE of Co-Applicant

DATE

PRINT NAME

DATE

**RIGHT OF ENTRY PERMIT AND
TEMPORARY CONSTRUCTION EASEMENT
WATER SERVICE LINE REPLACEMENT CONSTRUCTION**

This agreement made and entered into on this _____ day of _____,
2017 between _____, property

PRINT NAME(S)

owner of _____ in the Town of North Providence,
ADDRESS

State of Rhode Island, hereinafter referred to as the OWNER, Providence Water Department, the local public water supply utility, hereinafter referred to as PROVIDENCE WATER, and the Town of North Providence, herein after referred to as the TOWN.

WHEREAS, PROVIDENCE WATER and the TOWN are working together to replace water service lines in North Providence that contain lead, which are considered to be a public health risk.

WHEREAS, the TOWN has received grant money to assist individual residential private property owners with the costs of the privately-owned section of lead water service lines.

WHEREAS, the OWNER, and his/her tenants, if applicable, have completed an APPLICATION form for replacement of the private lead service line.

WHEREAS, PROVIDENCE WATER is upgrading the water main and publicly-owned water service lines in the neighborhood of the OWNER's residential property; and

WHEREAS, in order to replace the water service line to the OWNER's residential property, namely the private-side water service line from the curb stop to the residence and other related facilities will need to be installed on the OWNER's property; and

WHEREAS, in order to install these facilities at the OWNER's residential property, the OWNER will need to grant a right of entry permit and a temporary construction easement to PROVIDENCE WATER and the TOWN.

NOW THEREFORE, in consideration of the benefit of replacing the private-side lead service line at no cost to the residential property owner, subject to the completion of said Application Form for Replacement of Private-side Lead Service Lines, the following agreements are made:

1. The OWNER hereby permits PROVIDENCE WATER and the TOWN the right of reasonable entry and temporary construction easement upon the land of the

residence in the project area. The right of entry permit and the temporary construction easement are for the portion of the OWNER's property where the existing water service line lays. The temporary construction easement will not exceed 25 feet in width.

2. The OWNER will allow PROVIDENCE WATER and the TOWN reasonable access to enter and reenter his/her property for a period of up to seven months. The purpose of this access is to allow PROVIDENCE WATER and the TOWN to construct, install, and repair the water main and water service lines and associated facilities for the safe operation of the public water supply. In some cases, the location of the lines and facilities may need to be altered to allow for more efficient operation of the system.
3. The OWNER will allow PROVIDENCE WATER and the TOWN to remove gates, fences, shrubs, and other obstacles to the construction of the water mains and water service lines and associated facilities. PROVIDENCE WATER and the TOWN will relocate, repair, and/or reconstruct any items removed from the OWNER's land for the purpose of constructing and upgrading the water main, water service lines and associated facilities.
4. The OWNER acknowledges that PROVIDENCE WATER and the TOWN are assisting the OWNER with the replacement of the privately-owned lead water service line at no charge to the OWNER, subject to receipt of a completed application form for all residential units in said property.
5. PROVIDENCE WATER and the TOWN will not be responsible for any damage to the OWNER's property beyond reasonable repairs to be provided by PROVIDENCE WATER's construction contractor. Any requests for repair must be made within 30 days of the completion of the installation of the water service lines and associated facilities at the OWNER's residential property.
6. This document shall not be considered a permanent easement. Once the construction and upgrade of the private water service line and the associated facilities and equipment is complete, the improvements will become the property of and the sole responsibility of the OWNER.

AGREED TO BY:

Property Owner Signature

Property Owner Signature

Print Name: _____

Print Name: _____