

**ENVIRONMENTAL PROTECTION FUND
APPLICATION FOR STATE ASSISTANCE PAYMENTS
NEW YORK STATE SMART GROWTH GRANT PROGRAM
COUNTYWIDE RESILIENCY PLANNING GRANTS**

PLEASE CONTINUE ON ADDITIONAL SHEETS AS NECESSARY

PART A - APPLICATION INFORMATION

1. APPLICANT:

County or a not-for-profit corporation located in New York State applying on behalf of a county

2. APPLICANT MAILING ADDRESS:

(no. & street) _____

(city) _____ NY (zip) _____

PHONE: (____) _____ FAX: (____) _____

3. FEDERAL TAX IDENTIFICATION No. _____
NYS CHARITIES REGISTRATION No. _____

4. CONTACT PERSON: _____ TITLE: _____

5. PHONE: (____) _____ FAX: (____) _____

6. E-MAIL _____

7. CONTACT MAILING ADDRESS (if different from applicant)

(no. & street) _____

(city) _____ NY (zip) _____

PART B – CERTIFICATION/ NOT-FOR-PROFIT LETTER OF AUTHORIZATION

Authorization letter is attached. Authorization letter will be submitted by _____, 2017.

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal law.

Print name: _____ Title _____ of (entity) _____

Date _____ Signature _____

PART C - GENERAL PROJECT INFORMATION

1. PROJECT NAME: _____

2. PROJECT LOCATION: COUNTY _____

SENATE DISTRICT _____

ASSEMBLY DISTRICT _____

PART D - PROJECT TIMING AND COST

1. Proposed Start Date: _____ 2. Expected Completion Date: _____

3. Total Project Costs: \$ _____ 4. State Assistance Requested: \$ _____

PART E - PROJECT SUMMARY

Describe the planning project; area to be covered by the plan; the need for the plan; and what will result if the plan is undertaken. Please attach additional pages as necessary.

Type here:

PART F - PROJECT PARTNERS

Please list each partner with their contact name, address and telephone number. Briefly state their role in this planning project. Please attach additional pages as necessary.

Type here:

PART G - WORK PROGRAM

In detail, describe the proposed planning process, including the objectives to be achieved and problem(s) to be addressed. Discuss how the Smart Growth Principles and goals for building countywide resiliency are addressed by the work proposed. Identify the project's component tasks or stages and their costs, and provide a schedule for their completion. Identify the anticipated benefits of the proposed project. Use appropriate narrative to demonstrate how the proposed project meets the Grant Selection Criteria in the Request for Applications. Include a schedule for the development of the plan, and describe the public participation in the planning process. Please attach additional pages as necessary.

Type here:

PART H - PROJECT PERSONNEL

Identify the key personnel who will work on the planning project and describe their qualifications. Please attach additional pages as necessary.

Type here:

PART I - BUDGET SUMMARY

Budget Category	State Assistance
Salaries and Wages	
Travel	
Supplies and Materials	
Equipment	
Contractual Services	
Other	
Total	

PART J - BUDGET DETAIL

1. SALARIES & WAGES, including fringe benefits (List by title and affiliation)

<u>TITLE</u>	<u>ANNUAL SALARY</u>	<u>AMOUNT CHARGED TO THIS PROJECT</u>

SUBTOTAL \$ _____

2. TRAVEL (Indicate purpose and extent of travel and associated costs).

SUBTOTAL \$ _____

3. SUPPLIES/MATERIALS (Describe and indicate cost by type).

SUBTOTAL \$ _____

4. EQUIPMENT (Describe and indicate the cost of each item).

SUBTOTAL \$ _____

5. CONTRACTUAL SERVICES (Describe services to be acquired and cost of each, if more than one type of service will be secured).

SUBTOTAL \$ _____

6. OTHER (Describe the services to be provided and cost for each).

SUBTOTAL \$ _____

APPLICATION COMPLETENESS CHECKLIST

Do You Have?

1. A Certification Signature
2. Two copies plus an original of the application
3. Electronic copy of the application
4. Tax and Charity ID numbers entered if you are a not-for-profit organization
5. A complete and accurate budget