

Application #: _____

Date: _____

COUNTY USE ONLY

LAWRENCE COUNTY APPLICATION FOR FUNDING ASSISTANCE

I. APPLICANT

Government For-Profit Corporation Non-Profit Corporation Public

Applicant Name: _____

CEO Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Contact Name: _____

Title: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Internet Access: Yes No

II. FUNDING ASSISTANCE PROGRAM

- | | |
|--|---|
| <input type="checkbox"/> Liquid Fuels (MS-339 form) | <input type="checkbox"/> Act 13 (County Transportation application) |
| <input type="checkbox"/> CDBG (Single Application form) | <input type="checkbox"/> Act 13 (Marcellus/Legacy Fund) |
| <input type="checkbox"/> Act 137/152 (Affordable Housing/Demolition) | <input type="checkbox"/> General Fund Allocation |
| <input type="checkbox"/> Act 44 (MS-339 form) | <input type="checkbox"/> Housing Rehab/Blight Removal |
| <input type="checkbox"/> Other _____ | |

III. PROJECT SITE LOCATION (as applicable)

Street Address: _____

City, State, Zip: _____

Municipality(ies): _____

IV. PROJECT INFORMATION

Project Name/Description: _____

Is this project related to another previously submitted project? yes no

If yes, indicate previous project name: _____

V. INDICATE BUDGET CATEGORY OF FINANCIAL ASSISTANCE REQUESTED (Check all appropriate boxes)

- Acquisition
- Infrastructure / Site Prep
- Machinery and Equipment
- Operating Costs/Working Capital
- General Construction
- Related Costs
- Other Costs – Identify: _____

VI. HOW WILL THE ASSISTANCE BE USED? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Community Development/Revitalization | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Water/Sewer System |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Stormwater/Floodplain |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Emergency/Public Safety |
| <input type="checkbox"/> Economic Development/Revitalization | <input type="checkbox"/> Career/Job Training |
| <input type="checkbox"/> Housing (New/Rehab/Demolition) | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Tourism Promotion | <input type="checkbox"/> Judicial Services |
| <input type="checkbox"/> Road/Bridge Infrastructure | <input type="checkbox"/> Education |

Is the proposed bridge on the County's TIP? yes no

If yes, the TIP Project #: _____

VII. PROJECT NARRATIVE

Attach a comprehensive description of this project. The narrative must specifically address each cost item identified in the project budget. The narrative ***must*** include:

- A. Specific problems to be addressed;
- B. Project description;
- C. Expected outcomes;
- D. Project schedule and key dates;
- E. Description of consistency with local, County or regional plans;
- F. Project Partners;
- G. Documentation to support budget costs.

VIII. PROGRAM APPLICATION

As may be applicable, please attach a completed application of the specific program for which assistance is being applied (e.g., CDBG application, MS-339, etc.).

IX. PROJECT BUDGET

Include *all* sources of funds and project costs.

Activity	<u>Source</u>	<u>COUNTY FUNDS</u>	<u>State Source</u>	<u>Federal Source</u>	<u>Local Source</u>	<u>Private Source</u>	<u>TOTAL</u>
ACQUISITION							
NEW CONSTRUCTION							
RENOVATION							
INFRASTRUCTURE							
<i>Road/Street</i>							
<i>Water/Sewer</i>							
<i>Stormwater</i>							
<i>Utilities</i>							
<i>Demolition</i>							
<i>Excavation</i>							
OPERATING COSTS							
OTHER COSTS							
<i>Professional</i>							
<i>Engineering</i>							
<i>Inspections</i>							
<i>Legal Costs</i>							
<i>Contingencies</i>							
TOTAL							

X. CERTIFICATIONS

I hereby certify that all information contained in this document and its attachments is true and correct to the best of my knowledge.

Municipal/Agency Name: _____

By: _____

Title: _____

Printed Name: _____

Address: _____

Date: _____

Lawrence County Application **for Funding Assistance**

Please use the following instructions when completing this application. If there are any questions or concerns concerning the application, please contact Jim Gagliano, Jr., Lawrence County Administrator (724)656-2175, email at jgagliano@co.lawrence.pa.us or Amy McKinney, Director of Planning and Community Development (724)656-2193, email at amckinney@co.lawrence.pa.us. **It is highly recommended that you contact the County prior to completing an application.**

Section I. Applicant

Please check the type of agency making application.

Applicant Name: Name of Municipality/Agency/Organization acting as owner and sponsor of the Project.

CEO: Please name the CEO of the organization and Title.

Contact Name: The Name of the person that should be contacted if further information should be required and additional information, as required.

Section II. Funding Assistance Program

Please check the appropriate box of the type of funds that your organization is seeking. Please note that some of the programs require separate application forms which must be attached to this application.

Section III. Project site location (as applicable)

Project Location: If your project has a specific address, list the address. If the project effects a neighborhood or larger location, give the area boundaries. If the project affects an entire municipality or multi-municipalities, identify all municipalities effected.

Section IV. Project Information

Project Name/Description: Provide the name of the project that reflects the activity. If the project is related to a previously submitted project, please check the appropriate box and indicate the name of the previous project.

Section V. Budget Category of Financial Assistance Requested

Please check all appropriate boxes from which you seek funding.

Section VI. How will the Assistance be used?

Please check all boxes that apply to your request. A variety of activities are eligible for funding, depending on the program:

- Liquid Fuels/Act 44
 - Road and bridge projects
- CDBG
 - A variety of Community Development projects that meet low-moderate income standards. Please contact the Planning & Community Development Office for more details.
- ACT 137/152
 - Affordable housing projects including rehabilitation and demolition
- ACT 13 (Transportation)
 - Projects that repair locally-owned, at-risk deteriorated bridges ***currently listed on the Transportation Improvement Plan (TIP).***
- ACT 13 (Impact Fees)

Projects can include:

- Projects for the planning, acquisition, development, rehabilitation and/or repair of greenways, recreational trails, open space, natural areas, community conservation and beautification projects, community and heritage parks and water resource management
 - Road, Bridge and Infrastructure Projects
 - Water, Storm Water and Sewer Systems
 - Preservation and reclamation of surface and subsurface waters and water supplies
 - Increasing the availability of Affordable Housing
 - Emergency Preparedness and Public Safety
 - Delivery of Social Services
 - Judicial Services
 - Career and Technical Centers for training of Workers
 - Local or Regional Planning Initiatives under the MPC
- General Fund Allocation
 - Other

Section VII. Project Narrative

Please attach a comprehensive description of this project. The narrative **must** specifically address each cost item identified in the project budget and **must** include:

- A. Explain, in detail, the specific problems to be addressed.
- B. Explain, in detail, the solution or action the project will address, including previous studies or activities that have gone into determining the proposed solution that best addresses the need/problem.
- C. Explain expected outcomes.
- D. To the greatest extent possible, provide a detailed schedule and key dates for the proposed project.
- E. Describe how the project is consistent with local, County and/or regional plans.
- F. Please provide a list of all Project Partners, their affiliation with the project and a contact person.
- G. Please attach any supporting documentation with application

VIII. Program Application

Attach a completed application of the specific program from which assistance is being requested (e.g. CDBG Single Application, Form MS-339, etc.)

XI. Project Budget

Provide a detailed breakdown of the project budget and **all** funding sources. Provide sources of your estimate for the cost. Local match and donations must identify the source of the match.

XII. Certifications

Please complete, sign and date.