



Chester County Vision Partnership Program Grant Application Form

Applicant

- Single Municipality Multi-Municipal/Regional

Municipality or Region _____

For Multi-Municipal/Regional Applications:

Lead Municipality _____

Other Municipal Participants _____

Municipal Contact

Consultant Contact (if applicable)

Contact Person*: _____

Consulting Firm(s): _____

Title: _____

Lead Planner: _____

Address: _____

Address: _____

Email: _____

Email: _____

Phone #: _____

Phone #: _____

Fax #: _____

Fax #: _____

*Contact person must be from lead municipality for multi-municipal grants.

Municipal Financial Contact**: _____

Title: _____ Email: _____

**Person responsible for invoice payments.

Project Type Please check the appropriate box below.

Plan or Ordinance to be adopted by municipality under the Municipalities Planning Code:

- Plan (Specify) Ordinance (Specify)

Planning Study or Historic Resource Survey to be accepted by Municipality:

- Study (Specify) Historic Resource Survey

Project Timing

Date of Pre-Application Meeting: Estimated Number of Work Sessions: Proposed Project Start Date: Estimated Number of Public Hearings: Estimated Months for Completion: Estimated Number of Public Meetings^1:

^1 Public information or participation meetings other than task force work sessions or public hearings.

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Amount Requested and Funding Sources

- Grant Amount Requested from County: \$ _____ %
Not to exceed the following limits: (of total project cost)

Plan or Ordinance (adopted):

Maximum 70% of total eligible project cost, not to exceed \$50,000 plus \$10,000 for each additional participating municipality

For example: Three municipalities = \$50,000 + (2 x \$10,000) = \$70,000 grant

Planning Study (accepted):

Maximum 70% of total eligible project cost, not to exceed \$30,000 plus \$5,000 for each additional participating municipality

For example: Three municipalities = \$30,000 + (2 x \$5,000) = \$40,000 grant

- Total municipal funds committed to Project: \$ _____ %
(shall equal no less than 10% of total eligible project cost)

- Total non-municipal funds available for Project: \$ _____ %
(other grants or funding sources)

Identify other source(s): _____

Total Project Cost: \$ _____ 100 %

Application Attachments

The following attachments should be provided in accordance with Section 6.3 of the Grant Manual:

- Detailed Scope of Work in the format described in Section 6.3.C.
- Municipal Letter of Commitment for financing and task force formation as described in Section 6.3.D.
- For multi-municipal projects, Municipal Endorsement Letters as described in Section 6.3.E.
- Consultant and lead planner qualifications (if applicable) as described in Section 6.3.F.

Application Submittal Instructions:

Please see page A-10 for specific application submittal instructions.

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Legal Understanding

The _____ hereby applies to the Chester County Board of Commissioners for a grant in the amount of \$_____, representing _____% of the total eligible project cost.

As the authorized municipal representative, I hereby submit the preceding data and information in support of our application. I understand the rules and procedures as written in the *Vision Partnership Program Planning Grant Manual*, as revised, and agree to be bound thereby. Further, if awarded a grant, I specifically agree to execute and deliver a Grant Contract, on forms provided by the County. I agree with the grant reimbursement process and the procedure for non-compliance as described in Section 9.0 of the *Grant Manual*.

Endorsement:

Date



Signature

Name & Title: Chairman/President of Governing Body

County Use Only

Application Received: _____

Application Score: _____

CCPC Review Date: _____

Contract Start Date: _____

Commissioner Approval Date: _____

Contract End Date: _____

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Project Summary (Grant Manual Section 6.3.B.1)

Please provide a summary of the overall goal and nature of the project including a brief description of how the project will support and is consistent with the Chester County Policy Plan, *Landscapes2*.

Please limit your answer to the space provided.

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Project Evaluation Criteria (Grant Manual Section 6.3.B.2)

Projects will be reviewed and scored on the basis of the following eight criteria. The weight indicates the maximum number of points that can be scored in each category. Please indicate how your project will address each of the following criteria, *limiting your answers to the space provided*:

Criteria 1: Alignment with <i>Landscapes2</i> policies and actions and the Chester County Commissioners’ Strategic Plan Priority Areas including clear demonstration of policies, goals, and actions supported by the project. Include specific citations where appropriate to <i>Landscapes2</i> , <i>Watersheds</i> , or <i>Linking Landscapes</i> . (<i>Landscapes2</i> is available at www.chescoplanning.org/CompPlan/pdf/Landscapes2.pdf . The county strategic plan (“Managing for Results”) is available at www.chesco.org/commissioners .)	Weight	Score
	25	

(County Use Only):

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Criteria 2: Project implements specific recommendations of a prior VPP funded plan or other municipal plans or studies that are aligned with <i>Landscapes2</i> . Individual municipal implementation of regional planning goals may be considered under this criteria. <i>Please limit your answer to the space provided.</i>	Weight	Score
	10	

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Criteria 3: Creativity and innovation; promotion of sustainability; transferability of products to other applications; ability to be implemented. <i>Please limit your answer to the space provided.</i>	Weight	Score
	10	

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Criteria 4: Multi-municipal versus single municipality project. (Indicate multi-municipal participants if applicable.) <i>Please limit your answer to the space provided.</i>	Weight	Score
	10	

(County Use Only):

Criteria 5: Age of current comprehensive plan; urgency of project in achieving local planning goals. <i>Please limit your answer to the space provided.</i>	Weight	Score
	5	

(County Use Only):

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Criteria 6: Public participation process and plan for involvement of elected officials. <i>Please limit your answer to the space provided.</i>	Weight	Score
	5	

(County Use Only):

Criteria 7: Completeness of application submission; detail, quality and format of scope of work, and (where applicable) qualification of the consultant for work proposed. <i>Please limit your answer to the space provided.</i> (Note: Please attach scope of work (in the format required by Section 6.3.C) and consultant qualifications separately.)	Weight	Score
	20	

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Criteria 8: Funding support, cost effectiveness, and economic factors - higher municipal matching funds; ability to leverage other grants; cost of project versus what it will achieve; economic need of municipality. <i>Please limit your answer to the space provided.</i>	Weight	Score
	15	

(County Use Only):

Consistency with MPC (Grant Manual Section 6.3.B.3): For projects adopted under the Pennsylvania Municipalities Planning Code, include a brief narrative describing how the project will comply with the requirements of the MPC, including applicable MPC section references.

(County Use Only):

SUBMITTAL INSTRUCTIONS

Applications shall be submitted via email (selks@chesco.org), USPS mail, or in person (Chester County Planning Commission, 601 Westtown Rd., Suite 270, PO Box 2747, West Chester PA 19380, Attn: Susan Elks). Complete applications shall include:

- Grant Application Form (Appendix A)
- Scope of Work (see Section 6.3.C)
- Municipal Letter of Commitment (see Section 6.3.D)
- Municipal Endorsement Letters – *only for multi-municipal projects* (see Section 6.3.E)
- Consultant and Lead Planner Qualifications – *if applicable* (see Section 6.3.F and Section 4.2.F)

PLEASE NOTE

The completed fillable PDF application form **MUST** be submitted via email (selks@chesco.org) in its original fillable format (signature acceptable via digital or hard copy version).