



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 Meetings¹:

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 75% 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 75% 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 Contents

Please submit the following application contents in accordance with Section 6.3 of the Grant Manual:

- A. The completed and signed grant application form.
- B. A complete project description and scope of work in accordance with the requirements of Section 6.3.B & C.
- C. Letter of commitment for financing and creation of a task force as described in Section 6.3.D.
- D. Municipal endorsement letters for multi-municipal projects as described in Section 6.3.E.
- E. Consultant and lead planner qualifications (if applicable) as described in Section 6.3.F.

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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: _____