

| | | | | |
|--|--|-----------------------------------|-----------------------------|-------------------------------|
| Part 1 | NYS Department of State 2020-2022 | | DO NOT WRITE IN THIS SPACE | |
| | RFA# | | Application Number | Date Received |
| Grant Category: Local Government Citizens Re-Organization Empowerment Grant Program | | | | |
| A. Lead Applicant | | | | |
| Name of Applicant: | | | Federal Tax ID Number: | |
| Name of Chief Administrative Official: | | | Telephone Number/Extension: | |
| Title: | | | Fax Number: | |
| Mailing Address: | | | E-Mail Address: | |
| | | | County or Counties: | |
| | | | Senate District(s): | |
| | | | Assembly District(s): | |
| Type of Applicant: | | | | |
| B. Lead Applicant Contact Person | | | | |
| Name of Contact Person: | | | Telephone Number/Extension: | |
| Title: | | | Fax Number: | |
| Address: | | | E-Mail Address: | |
| C. General Project Information | | | | |
| Total Project Cost: | | Amount of Grant Requested: | | Amount of Local Share: |
| Project Title: (Not more than 10 words) | | | | |
| Project Description: Provide a brief summary statement that describes the project (Not more than 3 sentences) | | | | |
| <input type="checkbox"/> Project is receiving other grant funding or other public funds. (Please list) | | | | |
| <input type="checkbox"/> Project has received DOS grant funding for a plan in the past. (Please list) | | | | |

| | |
|---|-----------------------------|
| Name of Lead Applicant: | |
| D. Co-Applicants: Other Participants in the Grant Application | |
| Name of Applicant: | Federal Tax ID Number: |
| Name of Chief Administrative Official: | Telephone Number/Extension: |
| Title: | Fax Number: |
| Mailing Address: | E-Mail Address: |
| | County or Counties: |
| | Senate District(s): |
| | Assembly District(s): |
| Type of Applicant: | |
| | |
| Name of Applicant: | Federal Tax ID Number: |
| Name of Chief Administrative Official: | Telephone Number/Extension: |
| Title: | Fax Number: |
| Mailing Address: | E-Mail Address: |
| | County or Counties: |
| | Senate District(s): |
| | Assembly District(s): |
| Type of Applicant: | |
| | |
| Name of Applicant: | Federal Tax ID Number: |
| Name of Chief Administrative Official: | Telephone Number/Extension: |
| Title: | Fax Number: |
| Mailing Address: | E-Mail Address: |
| | County or Counties: |
| | Senate District(s): |
| | Assembly District(s): |
| Type of Applicant: | |
| | |
| Copy sheet as necessary to include information on additional Co-Applicants. | |

**Part
2**

**NYS Department of State
2020-2022
RFA#**

**LOCAL GOVERNMENT
CITIZENS RE-ORGANIZATION
EMPOWERMENT GRANT**

Name of Lead Applicant:

From the Part 1 application

E. Local Government Citizens Re-Organization Empowerment Project Information

Type of Grant: Choose all that apply

Re-Organization Study/Plan

Re-Organization Implementation

Expedited Re-Organization Assistance

F. Memoranda of Understanding/Intermunicipal Agreements (MOU/IMA)

List and attach copies of any existing Memoranda of Understanding/Intermunicipal Agreements or draft agreements that have been entered into for this activity. If a Memorandum of Understanding/Intermunicipal Agreement does not exist, provide a description of the intermunicipal agreements that will be necessary to carry out the proposed activity. See grant application instructions for details.

Additional sheets attached as necessary.

G. Project Information and Work Plan

Provide detailed project information and a Work Plan, including time periods for achieving stated objectives, for the activity to be funded. Attach the information to the application forms. If the application is awarded, this Work Plan will provide the basis for the Work Plan in the State Contract. See the grant application instructions for the information needed.

Proposed Start Date:

Length of Time Needed to Complete Project:

Project Summary (The Project Summary is a high-level overview of the project, including the overall goal and desired outcomes)

1. Description of the proposed project:

2. Listing and discussion of the project partners and roles:

3. Review of the project chronology and history:

4. Description of outcomes to be achieved by the project, including potential financial impact.

Organizational Capacity: (Describe the staffing, qualifications and relevant experience of the provider organization to support the project. The applicant should show that they have the financial and administrative ability to sustain and complete the project by describing past experience with planning, community development or infrastructure projects. They should also demonstrate support for the project. This can include citizen petitions and other support materials, including letters of support from community organizations or collective bargaining units and media coverage)

H. Application Submission Checklist

The application packet should include the original application form with Parts D through Part J completed, **two copies and 1 compact disc** shall be submitted to Department of State. This application shall be used as the original application (*a fill-able form is available on the Department of State website*); additional sheets and attachments should be added in the order outlined below:

Completed Part 1 Application

- Extra sheets containing information on additional Co-Applicants, if applicable (Part D attachments)
- Local Government Citizens Re-Organization Empowerment Project Information (Part E)
- Memoranda of Understanding/Intermunicipal Agreements (Part F attachments)
- Project Information and Work Plan (Part G attachments)
- Municipal Resolutions and Application Certification (Part I attachments)

Completed Part 3, Work Plan and Budget

Completed Part 4, State Smart Growth Infrastructure Policy Act: Applicant Impact Statement

I. Municipal Resolutions and Application Certification

The Lead Applicant and **all** Co-applicants **shall** submit, with this application, original copies of the resolutions in direct support of this grant application. Resolutions not included with this application, or that are incomplete, may result in this application being deemed ineligible.

By submission of this application under the 2020-2022 Citizens Reorganization and Empowerment Grant Program, I hereby certify that all components of the requested Total Project Costs are reasonable and necessary for the conduct of the proposed project, and that prudent analysis has been undertaken to insure that all costs are consistent with current prevailing costs for such goods or services in the geographic area benefiting from the project.

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)

(Print Title)

(Signature)

(Date)

**Part
3**

**NYS Department of State
2020-2022 RFA#**

Work Plan and Budget

Name of Lead Applicant: From the Part 1 Application

Proposed Start Date: Length of Time Needed to Complete Project:

| | | |
|---------------|------------------------------|--|
| Task 1 | Description: | |
| | Anticipated Start Date: | |
| | Anticipated Completion Date: | |
| | Performance Measures: | |

Task Narrative:
See Instructions

| BUDGET CATEGORIES | COST | DESCRIPTION |
|------------------------------|------|-------------|
| Personal Services | | |
| Salary | | |
| Fringe | | |
| Non-Personal Services | | |
| Contractual Services | | |
| Travel | | |
| Equipment | | |
| Other | | |
| TOTAL | \$ - | |

| | | |
|--|------------------------------|--------------------|
| Task 2 | Description: | |
| | Anticipated Start Date: | |
| | Anticipated Completion Date: | |
| | Performance Measures: | |
| Task Narrative: See Instructions | | |
| BUDGET CATEGORIES | COST | DESCRIPTION |
| Personal Services | | |
| Salary | | |
| Fringe | | |
| Non-Personal Services | | |
| Contractual Services | | |
| Travel | | |
| Equipment | | |
| Other | | |
| TOTAL | \$ - | |

| | | |
|--|------------------------------|--------------------|
| Task 3 | Description: | |
| | Anticipated Start Date: | |
| | Anticipated Completion Date: | |
| | Performance Measures: | |
| Task Narrative: See Instructions | | |
| BUDGET CATEGORIES | COST | DESCRIPTION |
| Personal Services | | |
| Salary | | |
| Fringe | | |
| Non-Personal Services | | |
| Contractual Services | | |
| Travel | | |
| Equipment | | |
| Other | | |
| TOTAL | \$ - | |

| | | |
|---------------|-------------------------------------|--|
| Task 4 | Description: | |
| | Anticipated Start Date: | |
| | Anticipated Completion Date: | |
| | Performance Measures: | |

| | |
|--|--|
| Task Narrative: See Instructions | |
|--|--|

| BUDGET CATEGORIES | COST | DESCRIPTION |
|------------------------------|------|-------------|
| Personal Services | | |
| Salary | | |
| Fringe | | |
| Non-Personal Services | | |
| Contractual Services | | |
| Travel | | |
| Equipment | | |
| Other | | |
| TOTAL | \$ - | |

| BUDGET CATEGORIES | TOTAL BUDGET AMOUNT | LGE Funds Requested | Local Funds | Other Funds |
|------------------------------|---------------------|---------------------|-------------|-------------|
| Personal Services | | | | |
| Salary | \$ - | \$ | \$ | \$ |
| Fringe | \$ - | \$ | \$ | \$ |
| Non-Personal Services | | | | |
| Contractual Services | \$ - | \$ | \$ | \$ |
| Travel | \$ - | \$ | \$ | \$ |
| Equipment | \$ - | \$ | \$ | \$ |
| Other | \$ - | \$ | \$ | \$ |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

| Verification | TOTAL PROJECT COST | LGE GRANT FUNDS REQUESTED | LOCAL SHARE | OTHER FUNDS |
|--------------|--------------------|---------------------------|-------------|-------------|
| | \$ - | \$ - | \$ - | \$ - |

| | | | |
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| Part 4 | STATE SMART GROWTH PUBLIC INFRASTRUCTURE POLICY ACT: APPLICANT IMPACT STATEMENT (2020-2022) | DO NOT WRITE IN THIS SPACE | |
| | RFA# | | |
| Grant Category: Local Government Citizens Re-Organization Empowerment Grant Program | | | |
| The project includes a public infrastructure component? <input type="checkbox"/> YES <input type="checkbox"/> NO Complete this form only if answered YES. | | | |
| A. Lead Applicant | | | |
| Name of Applicant: | | Federal Tax ID Number: | |
| Name of Chief Administrative Official: | | Telephone Number/Extension: | |
| Title: | | Fax Number: | |
| Mailing Address: | | E-Mail Address: | |
| | | County or Counties: | |
| | | Senate District(s): | |
| | | Assembly District(s): | |
| Type of Applicant: | | | |
| B. General Project Information | | | |
| Total Project Cost: | Amount of Grant Requested: | Amount of Local Share: | |
| Type of Project. Please check one of the following: <input type="checkbox"/> New Construction <input type="checkbox"/> Improvements to Existing Structure <input type="checkbox"/> Other: Please provide a brief explanation: | | | |
| Project Title: (No more than 10 words) | | | |
| Project Description: Provide a brief summary statement that describes the project (Not more than 3 sentences) | | | |
| <input type="checkbox"/> Project is receiving other grant funding or other public funds. (Please list) | | | |
| <input type="checkbox"/> Project has received DOS grant funding for a plan in the past. (Please list) | | | |

Project Review by other Agency. Please list each State Infrastructure Agency that has reviewed or is reviewing this project for compliance with the Smart Growth Public Infrastructure Policy Act.

C. Project Evaluation for Consistency with Smart Growth Act

This project adheres to the following Smart Growth criteria please check all that apply. For each **checked** box, please provide justification for compliance with the Smart Growth Act. For each box **not checked**, please provide justification for non-compliance with the Smart Growth Act (Please provide the narrative answers on additional sheets as necessary):

- The infrastructure component advances projects for the use, maintenance or improvement of existing infrastructure;
- The infrastructure component advances projects located in municipal centers;
- The infrastructure component advances projects in developed areas or areas designated for concentrated infill development in a municipally approved comprehensive land use plan, local waterfront revitalization plan and/or brownfield opportunity area plan;
- The infrastructure component protects, preserves, and enhances New York State's resources, including agricultural land, forests, surface and groundwater, air quality, recreation and open space, scenic areas, and significant historic and archeological resources;
- The infrastructure component fosters mixed land uses and compact development, downtown revitalization, brownfield redevelopment, the enhancement of beauty in public spaces, the diversity and affordability of housing in proximity to places of employment, recreation and commercial development and the integration of all income and age groups;
- The infrastructure component provides mobility through transportation choices including improved public transportation and reduced automobile dependency;
- The infrastructure component coordinates between state and local government and intermunicipal and regional planning;
- The infrastructure component participates in community-based planning and collaboration;
- The infrastructure component ensures predictability in building and land use codes; and
- The infrastructure component promotes sustainability by strengthening existing and creating new communities which reduces greenhouse gas emissions and does not compromise the needs of future generations, by among other means encouraging broad-based public involvement in developing and implementing a community plan and ensuring the governance structure is adequate to sustain its implementation.

The infrastructure component will mitigate future physical climate risk due to sea-level rise, and/or storm surges and/or flooding, based on available data predicting the likelihood of future extreme weather events, including hazard risk analysis data, if applicable.

D. Application Certification

In accordance with the Smart Growth Public Infrastructure Policy Act, Environmental Conservation Law Article 6, the applicant affirms that the Smart Growth Impact for the proposed project application has been assessed:

Name of Authorized Representative (i.e., Executive, Mayor, Supervisor, Manager)

Signature

Date