



Technical Assistance Program Application Form



Please complete this application form to apply for assistance under the CDTC/CDRPC 2018 Technical Assistance Program. If you have any questions about the application guidelines or this form, please contact techassist@cdrpc.org.

Applicant Information:

Lead Applicant Municipality: _____

County: _____

Other Partners: _____

Project Information:

Project Name: _____

Is your project related to an active planning process or review? If yes, please describe _____

Lead Contact Information:

Lead Contact Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Lead Applicant Chief Elected Official Contact Information:

Elected Official Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Brief Description of Your Project (not more than 100 Words)

Project Information:

1. Please provide a description of the project including CDTC/CDRPC's role. Please also include the current status of the project, related local efforts and the local commitment to the project including any resources (both financial and in-kind) available to support the project.

2. Please explain how the project is consistent with CDTC's New Visions 2040 Quality Region Principles. See www.cdtcmpo.org/nvexecsum for more information on the principles.

3. Please describe tasks to be completed and project deliverables. Please identify all tasks and deliverables for which CDTC/CDRPC would be responsible:

4. Please provide a provide a project timeline:

Estimated Match and Budget

Estimated Match (from Estimated Match Documentation Worksheet)

Total Cash Match _____

Total In-Kind Match _____

Total Cash + In-Kind Match _____

Submission Checklist:

- Application Form
- Estimated Match Documentation Worksheet
- Municipal Commitment Letter

Estimated Match Documentation Worksheet

A 25% match is required for this technical assistance program. While the total project cost will be determined by CDTC/CDRPC staff once the scope is defined and value of staff time is calculated, please estimate your anticipated match on this worksheet. At the conclusion of the project, the applicant will be required to document actual cash or in-kind match contribution of not less than 25% of the project cost.

Cash Match, i.e., a cash contribution, can come from municipal funds (general revenue), cash donations or contributions of third parties (i.e. partner organizations), or from non-federal grants.

In-Kind Match is a non-cash contribution of value provided by the municipality, organizations, or individuals participating in the project. In-kind match is typically the calculated value of personnel, goods, and services, including direct and indirect costs. The In-Kind Rate for volunteer time must be counted at the following standardized current rate for New York State https://www.independentsector.org/volunteer_time, unless a justifiable professional rate applies.

Cash Match

Description	Source (Non-Federal Grant, Donation, Municipal Budget)	Total Amount

Total Cash Match _____

In-Kind Match– Volunteer Hours

Activity (meetings, plan production, review)	Estimated Total Number of Volunteers	Estimated Total Volunteer Hours	Value (Total Hours X Rate)

Estimated Match Documentation Worksheet

In- Kind Match – Salaries/ Wages/ Travel (See <https://www.gsa.gov/portal/category/26429> for current rates)

Activity (meetings, plan production, review)	Rate (x/hr or x/mile)	Estimated Total Hours or Mileage	Value (Total Hours or Mileage X Rate)

In-Kind Match– Other (Please Specify)

	Total

STAFF USE ONLY

Staff Time CDTC

Employee	Rate	Hours	Total

Total _____

Staff Time CDRPC

Employee	Rate	Hours	Total

Total _____

Total Value of Staff Time _____

Total In-Kind Match _____

Total Cash Match _____

Total In-Kind Match _____

Total Cash + In-Kind Match _____

Total Project Value and Match

Total Value of Staff Time: _____

Total Match: _____

Total Project Value: _____

25% Match Required: _____