



2022 Community Planning Technical Assistance Program Application Form

Applicant Information:

Lead Municipality: _____

Contact Person: _____

Address: _____

Phone Number: _____ Email Address: _____

Co-Applicant(s), if applicable: _____

Project Information:

Project Name: _____

Is your project time sensitive? If yes, please describe:

Project Summary (not more than 100 Words):

3. Provide a project timeline including start and end dates.

4. Describe the local commitment to the project including any work tasks and resources (both financial and in-kind) that will be contributed. All applicants are required to match the total project cost up to 25% of its value through staff time and local volunteers (in-kind services) or cash.

5. Cost Estimate (as agreed to by CDTC and/or CDRPC):

Total Cost:_____

25% Match Commitment:

1) Total In-Kind Match:_____

2) Total Cash Match:_____

3) = Total In-Kind + Cash:_____

Submission Checklist:

- Application Form
- Pre-Application Meeting Held
- Match Documentation Worksheet
- Municipal Commitment Letter

Match Documentation Worksheet

Following initial contact via a Pre-Submission discussion, a total project cost will be established by CDTC and/or CDRPC staff. A 25% match is required for this program. Provide an estimate of your anticipated match on this worksheet. The applicant will be required to document a cash or in-kind match contribution of not less than 25% of the project cost.

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

In-Kind Match – Staff Time Hours

Staff Member Name	Activity Description	Estimated Hours	Salary Rate including Fringe	Staff Time Value (= Hours * Rate)

In-Kind Match – Volunteer Hours

Volunteer Name	Activity Description	Volunteer Hours	Volunteer Rate	Volunteer Value (= Hours * Rate)

Match Documentation Worksheet

In-Kind Match – Other (Please Specify)

Description	Total Value

Total In-Kind Match (Staff Time Hours + Volunteer Hours + Other) = _____

Cash Match

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

Total Cash Match = _____

STAFF USE ONLY

Staff Time CDRPC

Employee	Rate	Hours	Total

Total _____

Staff Time CDTC

Employee	Rate	Hours	Total

Total _____

Total Value of Staff Time _____

Total In-Kind Match = _____

+

Total Cash Match = _____

= Total Match _____

STAFF USE ONLY – Total Project Value and Match

Total Value of Staff Time: _____

Total Match: _____

Total Project Value: _____

25% Match Required: _____

Sample Commitment Letter

MUNICIPAL LETTERHEAD

DATE

Mark A. Castiglione, AICP
Executive Director
Capital District Regional Planning Commission
One Park Place, Suite 102
Albany, NY 12205

Sandy Misiewicz, AICP
Executive Director
Capital District Transportation Committee
One Park Place, Suite 101
Albany, NY 12205

Re: PROJECT NAME

Dear Mr. Castiglione and Ms. Misiewicz,

Thank you for your recent solicitation for proposals regarding CDTC/CDRPC's Community Planning Technical Assistance Program.

The MUNICIPALITY NAME fully supports this application for the PROJECT NAME. The MUNICIPALITY NAME is committed to 25% in-kind match of the project's total cost as identified in the project application.

BRIEF PROJECT DESCRIPTION OR STATEMENT ABOUT MUNICIPAL SUPPORT OF THE PROJECT

I look forward to your consideration of this application.

Sincerely,