



# COMMUNITY INVESTMENT PARTNERSHIP PROGRAM

## 2017 APPLICATION

**FULLY COMPLETE ALL SECTIONS**

**Project Overview**

Municipality/Organization Name: \_\_\_\_\_  
 One-line Description of Project: \_\_\_\_\_ (Activity/location. Ex: Oak Street Improvements)  
 Address of Project Site: \_\_\_\_\_ (Street address or description of location)

**Chief Official's Name and Title:**

**Grant Administrator (Must be employed by the applying municipality/organization)**

Contact Person Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zipcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Project Contact (If different from above. May be engineering firm or consultant)**

Organization Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zipcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Budget Overview**

a. 2017 CIPP Request:		\$ _____
b. Federal funds committed to project (program and amt.)	_____ \$ _____	
c. State funds committed to project (program and amt.)	_____ \$ _____	
d. Local funds committed to project (program and amt.)	_____ \$ _____	
e. Private/other funds committed to project (program and amt.)	_____ \$ _____	
f. Subtotal of non-County funds committed to project	\$ _____	\$ _____
g. Please indicate if other County funds are committed to the project:		
Source and amount (e.g., Hotel Tax, Gaming, Other Grants, etc.)	_____	\$ _____
<hr style="border: 1px solid black;"/>		
h. Total Project Cost:		\$ _____

Has this project received past Northampton County funds?  Yes  No Amount: \$ \_\_\_\_\_

**Expected Timeframe**

Proposed Start Date of Activity: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_  
 (Project may not exceed 18 months from start date)

**CIPP Project Type**

All projects must fall into one of the following categories.

Select a program:

- Façade
- Capital Improvements
- Operations
- Community Planning

Please list the census tract \_\_\_\_\_ and block group(s) \_\_\_\_\_ in which the project will occur.

**1. Project Narrative**

Describe the project concisely. Include the scope of work, how the funds will be spent, and the timeframe of the project. Identify the need, describe how this project meets the need and the benefit to the community. Include measurable outcomes, highlight partnerships (if any) and explain how the project may fit into a larger plan for the community or organization.

Use 500 words or less in the space below.

Click here to enter text.

## 2. Project Budget, Budget Narrative and Attachments

Please complete and attach the CIPP Sources and Uses Budget spreadsheet (separate excel document). Your written budget narrative should fully explain each budget line item relative to the project. Use 500 words or less in the space below to provide the budget narrative.  
[Click here to enter text.](#)

### 3. Required attachments:

- For all construction projects, attach an itemized cost estimate from a qualified professional showing all costs, including engineering.
- For all staffing expenses, attach an itemization of costs by employee. Use the Uses and Sources spreadsheet for reference.
- Attach a project time line tracking key activities and dates of the project and outcomes.
- For Façade grants only:** attach design guidelines, policies and procedures.
- Attach a letter of support from the highest ranking elected official indicating the municipality's support for the project.
- Attach map(s) of sufficient size and quality to describe the project location relative to the project.
- Attach copies of the municipality's/organization's previous year's audited or accountant-prepared financial statements.
- For non-profits only:** attach a brief description of your organization including the mission statement, population served, measurable outcomes and any other information that is relevant to understanding the goals of the organization.
- For non-profits only:** include a W-9 and documentation of non-profit status

### 4. Matching Funds:

- Include evidence of matching resources, if applicable. Matching funds are cash, goods and/or services that leverage the revenue listed on the application. Evidence can be demonstrated in the form of award letters from federal and state agencies, private funds commitments, financial institutions and local government commitments. Matching resources in the form of goods or services in-kind may not exceed 50% of the total project match amount.

A minimum \$1 cash match for every \$1 granted is required for Capital Improvement, Façade and Operational Grant applications. A minimum \$1 cash match for every \$2 granted is required for Planning Grant applications. Applications with a match source exceeding the minimum requirement will be scored higher in the evaluation process.

### 5. Optional Attachments

- Submit no more than eight (8) digital photo(s) of the project site.
- Submit any designs, renderings, and/or engineering plans as applicable.
- List any permits that have been obtained or are anticipated to be required.

## Certifications and Official Authorization

I, \_\_\_\_\_, hereby certify that all parts of this application and all required attached documents are accurate to the best of my knowledge. I also certify that:

- I understand all grant funding is provided through the Northampton County local share assessment of gross table games revenue under the Pennsylvania Race Horse Development and Gaming Act, 4 PaC.S. §§ 1101, *et seq.*, therefore all projects must comply with applicable PA laws with regard to grant funding. This includes but is not necessarily limited to prevailing wage provisions for construction projects above \$25,000 and competitive procurement practices.
- If selected to receive Community Investment Partnership Program Grant funds, the project will be operated in accordance with all applicable laws and regulations.
- I have read this Application and Application Guide in its entirety.
- I am authorized by the municipality or organization identified within to submit this application.
- The proposed project will not result in temporary or permanent displacement of any family, individual, business, non-profit organization or farm, or any of their personal property.
- By submitting this application, our municipality/organization agrees to reimburse the County of Northampton for any expenditures paid by the County that are determined by NC DCED to be ineligible under CIPP program guidelines.

\_\_\_\_\_  
Signature of Chief Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Title

*Submit complete Northampton County 2017 CIPP Application to [dcedwebinfo@northamptoncounty.org](mailto:dcedwebinfo@northamptoncounty.org) by 4:00 pm on Monday, July 17, 2017.*