

PROGRAM APPLICATION

MUNICIPAL INFORMATION

- 1. Legal Name
- 2. Mailing Address

Street

City

State

County

ZIP

CONTACT PERSON

- 3. First and Last Name
- 4. Title
- 5. Phone
- 6. Email Address

ELIGIBILITY INFORMATION

- 7. Per the US Census Bureau, what was the population of your incorporated community in 2020?
- 8. Does your community have unobligated State and Local Fiscal Recovery Funds?
- 9. Does your community have a capital improvement plan?

□ Yes □ No	Amount: .
Yes	Creation date:
□ No	Last update:
Yes	Creation date:
□ No	Last update:

10. Does your community have a comprehensive plan?



11. Does your community have other planning documents or maps? See the Call for Applications for more details.

□ Yes □ No

Please list their names here and attach them to your submission.

12. If selected, will your municipality pass a resolution agreeing to designate an administrator to maintain, at the municipality's expense, the community's capital improvement plan for a minimum of three years after its adoption with updates to be completed annually?

🗆 Yes 🛛 No

13. Who will be the CIP administrator? If unknown, skip to Question 14.

First and Last Name

Title

Phone

Email Address

For the below questions, please reference the Call for Applications, Application Review Information when responding. Individual sections of the Application Review Information are listed below.

14. Please describe your process for selecting a CIP administrator. See **Organizational Capacity** in responding to this question. *Note: The CIP administrator should be selected within two weeks of award notification.*



 In 2,000 characters or less, please describe how your municipality has shown dedication to community planning and provide examples of projects originating in past planning. See Community Planning and Goal Setting in responding.

16. In 2,000 characters or less, please describe your familiarity with capital improvement planning, note existing community issues, and indicate how such issues would be addressed by a CIP. See **Need for CIP** in responding.



17. In 2,000 characters or less, please describe how key staff will access, use, and maintain the CIP. Also indicate how the CIP will be integrated into municipal operations. Further describe the approach you will take to secure technical assistance and grants after planning. See **Future Use of CIP** in responding.

18. In 2,000 characters or less, explain what existing resources make it likely the CIP will be implemented. See **Organizational Capacity** in responding.