

# Municipal Grant Program Application

## **Introduction**

The Municipal Grant Program (MGP) provides grants for capital projects and public improvements. MGP funds may be used for projects consistent with Act 71 of 2004. Eligible projects are defined in §1403(c)(2)(v).

The MGP provides grants to eligible municipalities for projects which, in the judgment of the Redevelopment Authority of the County of Bucks (RDA), comply with the provisions of Act 71 of 2004, as amended.

Care in preparation of the application will assist the RDA in its processing.

## **The application**

It is the intent of the application process to cover all necessary issues that will need to be reviewed during the various stages of the approval process and avoid frustration later with requests for more information.

Please review all of the information, answer all aspects of the application completely and provide all exhibits required.

Two originals and nine copies of the application must be submitted.

## **The following must be attached for the application to be processed:**

- 1.) Project cost verification data
- 2.) Resolution by Governing Body

## **If your project requires planning commission review, you must include the following:**

- 1) Letter from local planning commission that the project is in keeping with the Municipal Comprehensive Plan
- 2) Letter from Bucks County Planning Commission that the project is in keeping with the County Comprehensive Plan

# Instructions for Sections I & II, Municipal Grant Application

---

## I. Applicant Summary

**Eligible applicants:** the municipality in which the licensed facility is located, the County in which the licensed facility is located and the municipalities which are contiguous to the municipality in which the licensed facility is located and which are located in the County in which the licensed facility is located.

The eligible applicants are Bensalem Township, Bristol Township, County of Bucks, Hulmeville Borough, Lower Southampton Township and Middletown Township.

Designate a project coordinator and provide their contact information. The project coordinator will serve as contact person for your particular project.

**NOTE: APPLICATIONS WILL BE REJECTED IF AN APPLICANT OTHER THAN THE MUNICIPALITY IS IDENTIFIED IN SECTION 1.**

### (a). Sub-recipient

Fill out information for the sub-recipient (if applicable).

## II. General Project Information

**Project Title-** Provide a project title. The project title will be used to refer to your project throughout the review process.

**Project Location/Address-** Provide the actual address of the project site. If this project involves more than one site, please provide the requested information for each site on an additional sheet of paper or in the project narrative.

**Project Purpose-** Check the appropriate box to describe how the grant will be used.

**Project Description-** Briefly describe the project in 1-3 sentences.

**Permits -** If applicable, check the appropriate box to indicate the permit(s) needed for your project. List the permits required for the project. If permits have not been approved, provide the expected approval date.

**Project Cost/ Grant Request-** Enter the total project cost and the amount of the grant request. Note these figures must match the figures in the Project Budget Section.

## Instructions for Sections III, IV, V & VI, Municipal Grant Application

---

### III. How Will Assistance Be Used?

Check the appropriate box that best describes how the assistance will be used for this project.

### IV. Project Description

Provide a typewritten narrative that provides a detailed, comprehensive description of the project. The following checklist is provided to assist with the completion of this section:

- Identify problem to be addressed or improvement to be financed
- Project description
- In-depth scope of work
- Project time-table with key milestones and dates
- Identify existing or ongoing related projects or programs
- Historic use of property
- Identify any known environmental condition(s)
- Specifically address each of the cost items identified in the Project Sources and Use Table (section IX)
- Documentation to support budget costs
- Certification or assurances
- Planning/Zoning letter

### V. Needs and Benefit Assessment

Describe how the project addresses an impact or impacts on the community associated with the gaming facility operations. Demonstrate the link between the project, the impact(s) of gaming facility operations on the community and why the need is an important priority for the community. Present the long and short term benefits of the project and provide practical evidence to support claims (i.e. surveys, studies, research, citizen participation, etc.) If there are urgent conditions related to the project, please explain them. For example, a window of opportunity that will not exist in the future, a health and/or safety issue or hazardous condition that needs to be addressed quickly, loss of important resource, etc.

### VI. Partnership/Intergovernmental Cooperation

Identify past, present and future partnership efforts among governmental, non-profit, or other public and private organizations involved with the project.

## Instructions for Section VII, Municipal Grant Application

---

### **VII. Plans and Community Involvement**

**Answer questions 1-7 that apply to your project.**

**If your project requires engineered plans but plans are not complete, you may submit concept plans. If plans are not complete, be sure to provide for completion of plans in the project narrative or project time-table.**

Describe how the project is consistent with other local, regional, state or federal plans, or will address local, state or federal priorities. Use a separate sheet of paper if necessary.

In the space provided, or on a separate sheet of paper, describe the level of public participation involved with your project.

## Instructions for Sections VIII & IX, Municipal Grant Application

---

### VIII. Proposed Project Budget

**Total Project Cost-** Indicate the total amount of the project. This amount must equal the total project amount calculated in Section IX.

**Total Amount Requested-** Enter the amount you are requesting through the Municipal Grant Program.

**Ineligible Expenses-** Professional services, administrative costs, consultants, engineering and legal costs are not eligible for funding.

### IX. Project Sources and Use Table

Indicate all sources of funds and project costs, including those financed through the Municipal Grant Program funds. At the top of the columns number (1) through (4), indicate the source of funds that will be used to pay for those items identified in the Use column.

Subtotal all line items within a category where indicated. Do not use cents when calculating the budget amounts. Be sure to subtotal all funding sources for each category. Use the fifth column as a total per line item. Do not enter numbers in shaded areas.

If an amount is placed in the OTHER category, you must specify what the money will be used for on an additional sheet of paper or in the Project Narrative.

Total amount must equal the total project amount in Section VIII. When this page is complete, the boxes with a bold border should contain the same amount which should also match the totals listed in Section I.

## Instructions for Sections X & XI, Municipal Grant Application

---

### X. Basis of Cost

Check the appropriate box that indicates the basis for calculating the costs that are identified in the Use Table. Attach copies of all of the items checked.

### XI. Certification

This section certifies that the information provided in the application is true and correct to the best of the signer's knowledge. False information may subject the signer and entity to criminal prosecution.

**An individual who is authorized to sign on behalf of the APPLICANT must certify the application prior to submission to the RDA.** Sign and print or type name and provide title of authorizing signature. Please date the certification and be sure to have someone attest to the signature.

If the application is being submitted on behalf of a sub-recipient, the sub-recipient identified in Section I.(a.) must also certify the application prior to submission to the RDA.

\*\*\*If the application is **NOT** signed for by an authorized municipal official and/or the signature is **NOT** attested, the application will not be considered.\*\*\*



**REDEVELOPMENT AUTHORITY**  
*of the County Of Bucks*  
 One North Wilson Avenue, Bristol, PA 19007  
 215-781-8711 FAX 781-8716

For RDA use only  
 Application Number

Date Received: \_\_\_\_\_

**MUNICIPAL GRANT PROGRAM APPLICATION FORM**

**I – APPLICANT SUMMARY (MUNICIPALITIES ONLY – CHECK ONE)**

<b>Municipality</b>	<input type="checkbox"/> Bristol Twp <input type="checkbox"/> Hulmeville Borough <input type="checkbox"/> Lower Southampton Twp <input type="checkbox"/> Middletown Twp	<input type="checkbox"/> County of Bucks <input type="checkbox"/> Bensalem Twp	<b>Date</b>	
<b>Manager/Mayor</b>				
<b>Project Coordinator</b>			<b>Title</b>	
<b>Phone #</b>		<b>Fax</b>		<b>Email</b>
<b>Address</b>			<b>City</b>	<b>Zip</b>
<b>Federal ID #</b>				

**I. (a) SUB-RECIPIENT**

<b>Name:</b>		<b>Contact Person</b>	
<b>Address:</b>			<b>Title:</b>
<b>City:</b>	<b>Zip:</b>	<b>Tele#:</b>	

**II. GENERAL PROJECT INFORMATION**

<b>Project Title</b>				
<b>Project Location/Address</b>				
<b>Project Description (3-4 Sentences)</b>				
<b>Permits Required</b>	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> Local	<input type="checkbox"/> Other: _____
<b>List Permits</b>				
<b>Approved</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, date expected for approval</b>				

<b>Total Project Cost</b>	<b>\$</b>	<b>Grant Request Amount</b>	<b>\$</b>
---------------------------	-----------	-----------------------------	-----------

### III. HOW WILL THE ASSISTANCE BE USED? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Human Services     | <input type="checkbox"/> Infrastructure Improvements |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Health & Public Safety      |
| <input type="checkbox"/> Facilities         |  |

### IV. PROJECT DESCRIPTION

The Project Narrative is similar to that which is required by the Pennsylvania Department of Community and Economic Development (DCED). In considering various alternatives it was felt that the DCED had devised an admirable system worthy of emulation. Therefore, the following is not unlike the Project Narrative required by DCED:

On a separate sheet(s) of paper, provide a typewritten narrative that provides a detailed, comprehensive description of the project. Provide an in depth scope of your proposed project including a project time-table, key milestones and dates. Include existing or ongoing related projects or programs in the narrative.

The narrative must specifically address each of the cost items identified in the Proposed Project Budget (Section IX). Attach related documents as necessary.

In general, the narrative must include:

- A. Explanation of how the project will address an impact or impacts from gaming facility operations
- B. Specific problems to be addressed or improvement to be financed
- C. Project description and description of gaming impacts
- D. Project schedule, key milestones and dates (all project must be completed by December 31<sup>st</sup>)
- E. Documentation to support budget costs

If applicable, include:

- A. Certifications or Assurances
- B. Planning/Zoning Letter

You are encouraged to contact the Redevelopment Authority of the County of Bucks to discuss your proposed project, and its scope, prior to the submission of your application.

### V. NEEDS AND BENEFITS ASSESSMENT

On a separate sheet of paper, describe how the project addresses an impact or impacts on the community associated with the gaming facility operations. Demonstrate the link between the project, the impact(s) of gaming facility operations on the community and why the need is an important priority for the community. Present the long and short term benefits of the project and provide practical evidence to support claims (i.e. surveys, studies, research, citizen participation, etc.) If there are urgent conditions related to the project, please explain them. For example, a window of opportunity that will not exist in the future, a health and/or safety issue or hazardous condition that needs to be addressed quickly, loss of important resource, etc.

### VI. PARTNERSHIP/ INTERGOVERNMENTAL COOPERATION

Describe how the project involves partnership efforts among governmental, non-profit, or other public and private organizations.

## VII. PLANS & COMMUNITY INVOLVEMENT

1. Is this a construction project or does this project involve the funding of infrastructure facilities?

Yes  No  N/A

2. Does the project require engineered plans?

Yes  No  N/A

3. Are engineered plans complete?

Yes  No\*  N/A

**\*Submit concept plans if engineering plans are not complete.**

4. Is the project generally consistent with comprehensive plans?

Local	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
County	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Multi-municipal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

5. Will zoning ordinance changes be required?  Yes  No  N/A

Date applied: \_\_\_\_\_

6. Describe how the project is consistent with other local, regional state, or federal plans, or will address local, state or federal priorities.

7. Describe the level of public participation in the planning process.

**VIII. PROPOSED PROJECT BUDGET**

Provide the total project cost and the amount of grant request.

<b>Total Project Cost*</b>	<b>\$</b>	<b>Total Amount Requested</b>	<b>\$</b>
----------------------------	-----------	-------------------------------	-----------

**\*TOTAL PROJECT COST MUST EQUAL TO TOTAL COST IN SECTION IX BELOW (BOXES IN BOLD MUST MATCH)**

**IX. PROJECT SOURCES AND USE TABLE**

Provide a breakdown of project cost. Show all sources of funding for the project.

	<b>(1) Municipal Grant</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>Total</b>
<b>ACQUISITION</b>					
Land					
Buildings					
Equipment					
<b><i>SUBTOTAL</i></b>					
<b>GENERAL CONSTRUCTION</b>					
New Construction					
Renovations					
<b><i>SUBTOTAL</i></b>					
<b>INFRASTRUCTURE/ SITE PREPARATION</b>					
Roads & Streets					
Parking					
Water/Sewer					
Utilities					
Excavation/Grading					
Environmental Assessment					
Environmental Cleanup					
<b><i>SUBTOTAL</i></b>					

	(1) Municipal Grant	(2)	(3)	(4)	<u>Total</u>
<b>MACHINERY &amp; EQUIPMENT</b>					
New Equipment Purchase					
Used Equipment Purchase					
Upgrade Existing					
Installation/Building Modification					
Vehicles					
Other:					
<i>SUBTOTAL</i>					
<b>PROGRAMMATIC COSTS</b>					
Salaries & Fringe Benefits					
Training & Technical Assistance					
Other:					
<i>SUBTOTAL</i>					
<b>RELATED COSTS</b>					
Professional Services/Consultants	X				
Engineering	X				
Legal Costs	X				
Fees	X				
Contingencies	X				
Audit	X				
Other: _____	X				
<i>SUBTOTAL:</i>	X				
<b><u>Total:**</u></b>					

**\*\*TOTAL PROJECT COST MUST EQUAL TO TOTAL COST IN SECTION VIII ABOVE (BOXES IN BOLD MUST MATCH)**

**X. BASIS OF COST (Check appropriate item)**

Attach copies of the checked items:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Appraisals       | <input type="checkbox"/> Engineer Estimates   | <input type="checkbox"/> Bids/Quotations      |
| <input type="checkbox"/> Sales Agreements | <input type="checkbox"/> Contractor Estimates | <input type="checkbox"/> Budget Certification |

**XI. CERTIFICATION**

**TO BE CERTIFIED BY ELIGIBLE MUNICIPALITY SUBMITTING APPLICATION IDENTIFIED IN SECTION I.**

I hereby certify that all information contained in this document and attachments are true and correct to the best of my knowledge. If I knowingly make a false statement or overvalue a security to obtain a grant from the Redevelopment Authority of the County of Bucks, I (entity and signer) may be subject to criminal prosecution.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Municipality: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Attest: \_\_\_\_\_

The Redevelopment Authority of the County of Bucks reserves the right to accept or reject any or all applications submitted on the Municipal Grant Program Application contingent upon available funding sources and respective applicant eligibility.

**XI. (a.) SUB GRANTEE CERTIFICATION**

**TO BE CERTIFIED BY SUB GRANTEE IDENTIFIED IN SECTION I.(a.) IF APPLICABLE**

I hereby certify that all information contained in this document and attachments are true and correct to the best of my knowledge. If I knowingly make a false statement or overvalue a security to obtain a grant from the Redevelopment Authority of the County of Bucks, I (entity and signer) may be subject to criminal prosecution.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Representing: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Attest: \_\_\_\_\_

The Redevelopment Authority of the County of Bucks reserves the right to accept or reject any or all applications submitted on the Municipal Grant Program Application contingent upon available funding sources and respective applicant eligibility.