



REDEVELOPMENT AUTHORITY

of the County of Bucks
 216 Pond Street, Bristol, PA 19007
 215-781-8711 FAX 781-8716

For RDA use only
 Application Number

Date Received: _____

MUNICIPAL GRANT PROGRAM APPLICATION FORM

I. MUNICIPALITY (This Application must be completed by the municipality checked below)

Check the municipality submitting application	<input type="checkbox"/> Bensalem Twp	<input type="checkbox"/> Langhorne Borough	Date	
	<input type="checkbox"/> Bristol Borough	<input type="checkbox"/> Langhorne Manor Borough	Phone #	
	<input type="checkbox"/> Bristol Twp	<input type="checkbox"/> Lower Southampton Twp	Fax #	
	<input type="checkbox"/> County of Bucks	<input type="checkbox"/> Middletown Twp		
	<input type="checkbox"/> Hulmeville Borough	<input type="checkbox"/> Penndel Borough		
Contact for Municipality				
Address		City/Zip		
Email				

II. PROJECT INFORMATION

Project Title:				
Project Location:				
Intended Use of Funds	<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			
Project Description:				
Permits Required:	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> Local	<input type="checkbox"/> Other: _____
List Permit(s):				
Approved?	<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
If no, expected approval date:				
Other Funding Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
Grant Amount*	\$	Total Project Cost:	\$	

*Must be same as totals in Section VI

III. PROJECT NARRATIVE

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. Attach related documents as necessary.

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, 2021)
- E. Documentation to support budget costs
- F. The useful life of machinery and/or equipment to be acquired

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.

IV. 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.

V. 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? If so, attach copies.

Yes No * N/A

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

4. Is the project generally consistent with comprehensive plans?

Local Yes No N/A

County Yes No N/A

Multi-municipal Yes No N/A

5. Will zoning ordinance changes be required? Yes; Date applied: _____
 No
 N/A

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:

VI. PROJECT SOURCES AND USES TABLE

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

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

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

***MUNICIPAL GRANT TOTAL AND TOTAL PROJECT COST MUST EQUAL TO TOTALS IN SECTION II**

VII. BASIS OF COST (Check all that apply and attach copies)

- Appraisals Engineer Estimates Bids/Quotes Sales Agreements Contractor Estimates Budget Certification

VIII. CERTIFICATION - Sign original copies in blue ink

NOTE: THIS PAGE IS TO BE CERTIFIED BY THE ELIGIBLE MUNICIPALITY IDENTIFIED IN SECTION I THAT IS SUBMITTING THE APPLICATION.

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: _____

*** Must be signed by the authorized official of the municipality submitting the application**

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.

IX. SUB-GRANTEE CERTIFICATION (If applicable) - Sign original copies in blue ink

NOTE: THIS PAGE IS TO BE CERTIFIED BY ANY SUB-GRANTEE (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: _____

Phone #: _____

Attest: _____

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