2024 FUNDING REQUEST

ONONDAGA COUNTY COMMUNITY DEVELOPMENT

Assistance with completing this FUNDING REQUEST is available by contacting Michael LaFlair at 315-435-3558.

Use a separate funding request for each project. You are not limited to one project application per year. Projects previously submitted must be resubmitted on new forms. Please answer all questions applicable. Do not submit more than one copy. Please provide a map and photographs of the project site. Please e-mail your application to michaellaflair@ongov.net.

Completed FUNDING REQUESTS must be submitted to Community Development by March 29, 2024.

| Project Name | | |
|---|-------------------------|--|
| Project Location | | Also locate your project on a copy of the income |
| Street Address | map.) | |
| Town/Village | | |
| Municipal Contact | | |
| Engineer/Architect | (name) | (phone) |
| Engineer/m emeet | (name of firm) | |
| Application prepared by | (name of contact) | (phone) |
| Application prepared by | (name) | (phone) |
| Census Tract # | | Block Group # |
| | (refer to enclosed map) | (refer to enclosed map) |
| Number of Persons/ Households Benefiting | | |
| Public Hearing Held | YES NO Date: | _ |
| Resolution Included | YESNO Date: | _ |
| Is Project Site Owned by | the MunicipalityYESNC |) |
| If no, who owns project si | te? | |

| PROJECT DESCRIPTION |
|--|
| Include exact street locations, number of feet of sidewalks, etc. Example: 1,300 lineal feet of sidew on the east side of Chappell Street between Mechanic Street and North Street. Five (5) trees, 4 benck 800 lineal feet of curbing on Charles Avenue between Katherine and Downer. |
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| PROJECT ELIGIBILITY |
| This project: |
| will principally benefit low income persons |
| will benefit elderly or handicapped |
| a. LOW INCOME BENEFIT |
| # of houses in project area (or) |
| # of low income people benefiting |
| b. HANDICAPPED OR ELDERLY BENEFIT (explain) |
| |

| 4. | DEFINITION OF THE PROBLEM |
|----|--|
| | Briefly explain the problem this proposal seeks to eliminate. Indicate why, where, and how the problem exists; supply documentation to support your opinions (i.e. surveys, studies, documents, reports, photographs, etc.). Indicate how the proposed project will alleviate the problem. |
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| 5. | IMPLEMENTATION |
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6. COST ESTIMATES

Provide detailed cost estimates for the proposed project. Community Development cannot pay cost overruns; therefore, your cost estimates should be as accurate as possible. Costs should be based on engineering or architectural estimates. When preparing this data, consider these factors:

- 1. Project should be completed in one phase if possible. If it is necessary to divide the project into phases, each phase should be functional by itself because of the uncertainty of future funding. Funding cannot be stockpiled from year to year;
- 2. Federal Prevailing Wage Rates apply to construction projects over \$2,000;
- 3. Cost estimates should be as detailed as possible;

NOTE: Attach separate page(s) for the cost estimate.

7. BUDGET

a.

b.

c.

Because the total amount of funds is limited, it is recommended that your municipality provide local funds for at least 25% of your project. Chances of a project's approval will be enhanced if there is a local share. If you feel no local share can be provided, please document why that is the case.

| Total estimated cost of project: | | \$ | |
|---|-----------------|-------------------------|---------------------|
| Funds to be provided from other source (list amounts and sources) | es: | | |
| 1. source | \$ | approv YES | |
| 2. source | \$ | YES | NO |
| 3. source | \$ | YES | NO |
| 4. source | \$ | YES | NO |
| (note: If funding from other sources has expected.) | as not yet been | approved, please indica | ate when approval i |
| Total funds from other sources: | | \$ | |
| Amount of funds requested from CDD: | | \$ | |

8. Environmental Considerations

If your project is approved, the municipality is responsible for completing the State Environmental Quality Review (SEQR) and submitting the appropriate documentation once the SEQR is completed.

The Community Development Office will complete the federally required National Environmental Policy Act (NEPA) Review.

| | | YES | NO |
|--|--|-----|----|
| Is the project located in a floodplain? Note: Buildings in a floodplain | must be covered by flood insurance. | | |
| Is the project located in a wetland? | | | |
| If yes to either question, include | a topographical map. | | |
| Will you be removing any trees? If yes, how many and what size | (dbh – diameter at 4.5 feet above ground)? | | |
| Is the property listed on, or eligible for, t | the National Register of Historic Places? | | |
| If the project includes building renovation | on, what year was the building built? | | |
| If there were additions, what yes | ar(s) were they added? | | |
| Does the building contain any: | Lead Asbestos Mold Radon | | |
| W 1.1 (1. 1. | ermined. If yes, where is it located? | | |
| Are there any tanks, toxic or hazardous | · | | |
| Is the site located within ½ mile of the airport? | | | |
| Additional information: | | | |
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| | | | |
| PLEASE PROVIDE THE FOLLOWING | G: | | |
| 1. Census Map showing exact project le | ocation; topographical map, if required | | |
| 2. Photographs of the project site or ne | eighborhood in a clear plastic sleeve | | |
| 3. Resolution of the Town or Village Bo | oard which authorizes the application | | |
| 4. 5 year plan with Board authorization | n | | |
| 5. Evidence of a public hearing | | | |
| 6. Cost estimates & construction sched | ule | | |

7. Indication of project priority if submitting more than one project and an explanation of your priorities

8. E-mail your application to michaellaflair@ongov.net