



Delaware County Regional Planning Commission Grant in Aid Program

APPLICANT: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact: _____ **Phone (office):** _____

Title: _____ **Phone (cell):** _____

Email: _____

(Note: Contact should be available during business hours and be best to answer or coordinate a response to questions.)

PROJECT NAME: _____

Project Description:

PROJECT FINANCIAL INFORMATION

Funding Amount Requested: \$ _____

Proposed Use for Grant Funds:

Other Sources of funds

Engineering: (\$)

Construction: (\$)

Right-of-way easements: (\$)

Contingency: (\$)

DETAILED PROJECT DESCRIPTION

Specific Work to be completed:

PROJECT SCHEDULE

ADDITIONAL DETAIL

Please provide any additional information that you feel will be important for the DCRPC to consider prior to making a decision to recommend funding for this project:

APPLICANT CERTIFICATION

The undersigned certifies: (1) he/she is legally authorized to request and accept financial assistance from RPC; (2) to the best of his/her knowledge and belief, all representations that are part of this application are true and correct; (3) all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and, (4) should the requested financial assistance be provided, the applicant will comply with all assurances required by Ohio law.

Certifying Representative: _____
(Printed form, type or print Name and Title)

Original Signature / Date Signed: _____
