**FORM 1A**

FOR COUNTY USE ONLY

Approved:

 \_\_\_\_ YES \_\_\_\_\_ NO

Date:

# strategic plan FOR FUNDING MUNICIPAL ALLIANCES

 Grant Year: Alliance Tier \_\_\_\_\_

|  |  |
| --- | --- |
| APPLICANT MUNICIPALITY/IES:        | COUNTY:   |
| ALLIANCE  NAME:       | ALLIANCE WEBSITE:       |
| ALLIANCE STREET ADDRESS:      TOWN:       STATE:    ZIP:       |
| TELEPHONE: (     )       Ext.        | FAX: (     )       |
| ALLIANCE CHAIRPERSON:       STREET ADDRESS:      TOWN:       STATE:    ZIP:      EMAIL:       | ALLIANCE COORDINATOR:      STREET ADDRESS:      TOWN:       STATE:    ZIP:      EMAIL:       |
| DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY):    **/**   **/**      |

A) Alliance DEDR Allocation $

B) Cash Match (must be 25% of DEDR Allocation) $

C) In-Kind Match (must be 75% of the DEDR Allocation) $

TOTAL ALLIANCE BUDGET (add A+ B+C) $

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\*MUNICIPALITY NAME/ MAYOR/Head of Governing Body SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*MUNICIPALITY NAME/TITLE OF GOVERNING SIGNATURE

 BODY REPRESENTATIVE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*MUNICIPALITY NAME/TITLE OF GOVERNING SIGNATURE

 BODY REPRESENTATIVE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLIANCE CHAIRPERSON SIGNATURE DATE

**\* If a municipality is part of a consortium, a signature and resolution is required from all participating municipalities entering into the agreement. Signatures hereby accept all components of this grant including membership terms, Statement of Assurances and Fiscal Requirements.**