

COLORADO WALKS

CONCRETE CONNECTION FUND GRANT APPLICATION

PROJECT TITLE

Submittal Date

Contact Name

Title

Organization (City or Town)

Address

City/State/Zip

Phone

FAX

Email

SIGNATURE AND TITLE OF PERSON SUBMITTING THE APPLICATION*

DATE

**By signing, applicant admits to being authorized to sign for the City/Town listed above and that all the information contained in this application is correct to the best of his/ her knowledge.*

SECTION 2 – APPLICATION QUESTIONS

Please answer the following questions (*Maximum one page per question*):

1. GRANT APPLICANT INFORMATION (must be a local municipality)

Contact Name
Title
Person with Signature Authority
Title
City or Town
Address
City/State/Zip
Phone
Fax
Email
Federal Employer ID Number (FEIN)

2. PROJECT TYPE

- Complete a missing link in the sidewalk system
- Rehabilitate an existing sidewalk

3. GRANT REQUEST

Amount Requested \$ _____

Total Project Cost \$ _____

4. DESCRIBE THE LOCATION AND PHYSICAL CHARACTERISTICS OF THE PROJECT

Project components, specifications, and site plan

5. DESCRIBE THE NEED FOR THIS PROJECT

- a. *Why does this project need to happen now?*
- b. *What opportunities will be lost if it is not completed?*

6. DESCRIBE THE BENEFITS OF THIS PROJECT

- a. *Value to the community?*
- b. *What groups or users will benefit from this project?*
- c. *Will the proposed project fill more than one need in the community and offer multiple uses?*
- d. *What new opportunities and/or activities will be possible because of this project?*
- e. *Is there diversity in the users of the project?*
- f. *How many people or groups can easily access the project on a daily basis, and by what means (car, shared-use path or trail, bus route, on foot, etc.)?*

7. LEVERAGING AND PARTNERSHIPS

- a. *What are the project's sources of funds?*
- b. *A narrative detail of the budget form should be provided, including a list of each funding source (both cash and in-kind) and a description of what those funds will be used for.*
- c. *What collaborations have you created to ensure the success of this project – describe your partners and their contributions to this project?*

8. PUBLIC PROCESS AND PLAN

- a. *Is the proposed project identified in an adopted pedestrian, trails, or community master plan?*
- b. *If there is no community plan, how was the need for the project determined?*
- c. *Is there evidence of a public process that took place?*
- d. *If pedestrian elements are not identified in a current plan, when will your city/town undertake development of a pedestrian plan?*

SECTION 6 – PROJECT BUDGET AND TIMELINE *(one 8.5 x 11 page each)*

PROJECT BUDGET – Although CCF grants do not require matching funds, you will be awarded points for cash and in-kind leveraging of additional resources. List the grant request amount and all sources of funding for the project. List all applicant and partner funds, along with funds still to be raised for this project. List estimated capital expenditures and estimated administrative costs for the project.

SOURCE OF FUNDS	GRANT REQUEST	CASH MATCH	IN-KIND MATCH	TOTAL
CO Walks CCF				
Applicant (City/Town of ...)				
Partner (Identify)				
Partner (Identify)				
Other sources				
TOTAL SOURCE OF FUNDS				
USES / COSTS (ITEMIZE)	GRANT REQUEST	CASH MATCH	IN-KIND MATCH	TOTAL
Project Materials				
Professional Services				
Construction Expenses				
Administrative Expenses				
Other				
TOTAL PROJECT COSTS				

PROJECT TIMELINE – Submit a timeline that accurately estimates completion of your project. Projects that receive funding must be completed no later than one year after the date of the Authorization to Proceed.

DATE	MILESTONE
	Authorization to Proceed
	Project Start
	Project Completion – Final Report and Project Documentation to Colorado Walks
	Project Evaluation