**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

     

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\*MUNICIPALITY NAME/TITLE OF GOVERNING SIGNATURE

BODY REPRESENTATIVE

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

\*MUNICIPALITY NAME/TITLE OF GOVERNING SIGNATURE

BODY REPRESENTATIVE

     

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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.**