

COMMUNITY ASSISTANCE FORM

Instructions

Thank you for reaching out to Crawford County Planning for Assistance. Please review this information form and try to complete the whole form. If you don't have a response to a question don't leave it blank, just write the need to further discuss. We can't guarantee that we will be able to find your community, organization, or project assistance; however, we will make every attempt to connect you to resources.

Personal Contact Information

Contact Person- First Name

Contact Person- Last Name

Mailing Address

City

State

Zip Code

Best time to call

Daytime Phone No.

Evening Phone No.

Email Address

Local Municipality or Organization Representing

Potential Funding or Resources

If you know what resource your interested in further investigating, please let us know.

- | | |
|--|---|
| <input type="checkbox"/> Community Development Block Grant Program (CDBG) | <input type="checkbox"/> Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) |
| <input type="checkbox"/> Act 13 - Environmental Initiatives | <input type="checkbox"/> Realty Transfer Tax Fund (RTT) |
| <input type="checkbox"/> Act 13- At-Risk Bridge | <input type="checkbox"/> National Housing Trust Fund |
| <input type="checkbox"/> Multi-Modal Program | <input type="checkbox"/> Appalachian Regional Commission Programs (ARC) |
| <input type="checkbox"/> Transportation Alternatives Program | <input type="checkbox"/> Early Intervention Program (EIP) |
| <input type="checkbox"/> Green Light Go Program (GLG) | <input type="checkbox"/> Municipal Assistance Program (MAP) |
| <input type="checkbox"/> Community Conservation Partnership Program (C2P2) | <input type="checkbox"/> Greenways, Trails, and Recreation Program (GTRP) |
| <input type="checkbox"/> Dirt + Gravel Road Program | <input type="checkbox"/> Keystone Communities Program (KCP) |
| <input type="checkbox"/> Low Volume Road Program | <input type="checkbox"/> Neighborhood Stabilization Program (NSP) |
| <input type="checkbox"/> Home Program | <input type="checkbox"/> Neighborhood Assistance Program (NAP) |
| | <input type="checkbox"/> Other _____ |

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Nature of the Request

- Housing Rehab
- Blight Mitigation
- Trails, Parks, and Greenways
- Preservation of Natural Areas or Farms
- Infrastructure Improvements
- Transportation Improvements
- Other

Project Name

Project Location (municipal location/ general location)

Project Description & Assistance Requested

Project Partners

Who will benefit from the project? (please be specific)

Does the local municipality endorse the project? (Meeting minutes, resolution, etc.)

Is this consistent with a local, county, or regional planning effort?

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What is your project budget?

PROJECT LINE ITEM	COST ESTIMATE

What is the scope of your financial request? (Give a description of how and where you got your budget numbers).

Do you have any matching funds or in-kind services secured?

What is the timeline for your project?

Did you provide supporting documentation? (Photographs, inspections, reports, etc.)

- Yes
- No

Contact Tori Kapopoulos, Assistant Planning Director for Community Development at tkapopoulos@co.crawford.pa.us or (814) 333-7341 with questions.