**MIFFLIN COUNTY 2023-2024 PROJECT APPLICATION FORM**

**MARCELLUS SHALE LEGACY FUND FOR RECREATION AND OPEN SPACE**

Please complete the following form in its entirety to apply for Mifflin County Marcellus Legacy funding. Failure to complete all requested steps will result in a loss of award points for documentation (see 2023-2024 plan guidelines for detailed instructions). If you have any questions, please email mcplanning@mifflincountypa.gov

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| **APPLICANT INFORMATION** |
| Name of Municipality or Non-Profit Organization: |  |
| Address of Municipality or Non-Profit Organization:  |  |
| Name of Contact Person: |  |
| Phone (day): |  |
| Email: |  |
| **PROJECT INFORMATION**  |
| Name of Project: |  |
| Location: |  |
| Description of Need: Please describe the problem you are experiencing and how this project will address or resolve the problem. (If more space is needed, please see last page.) |  |
| **SERVICE BENEFIT AREA OR PRESUMED BENEFICIARY OF THE PROJECT** |
| Approximate number of persons benefiting from the project? |  |
| Does the project serve the ENTIRE municipality? | [ ]  Yes [ ]  No |
| Will only a selected age or income group benefit? | [ ]  Yes [ ]  No |
| Is the project in a selected geographical area? | [ ]  Yes [ ]  No |
| **Description of project location area (include project area map)** |  |
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| **PAST FUNDING** |
| Has the applicant/municipal partner requested Marcellus Legacy Funds within the past four years?  | [ ]  Yes [ ]  NoIf yes, please list what year(s) and project(s):  |

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| **ESTIMATED PROBABLE COSTS OF THE PROJECT**Show the cost of each activity described previously, and the total project cost. (Please attach additional documentation/estimates if needed). |
| **ACTIVITY** | **SOURCE** | **COST** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
|  |  | **\*TOTAL:** |
| **\*** | **The PA-Prevailing Wage Act applies for public works projects as defined in the Act when costs are in excess of $25,000. If applicable, these rates should be part of the estimate.**  |
|  | Does the total project include state prevailing wage rates? [ ]  Yes [ ]  No |
|  | **FINANCING OF PROJECT** |
|  | Amount of Municipal/Non-Profit Contribution: |  |
|  | Amount of grants/loans in addition to this request: |  |
|  | Amount requested from Mifflin County’s Act 13 Marcellus Legacy Fund i.e., this grant:  |  |
|  | **TOTAL PROJECT FINANCING:** |  |
|  | **OTHER FUNDING SOURCES** |
|  | If grants or loans in addition to Marcellus Legacy Funds are included in the project budget, please complete the following for all other funding sources utilized for the project. Examples of funding sources would be DCNR, Rural Development, CDBG, etc. If funds are pending, please indicate this. |
| **DATE APPLICATION SUBMITTED** | **NAME OF GRANT/LOAN AWARDED** | **AMOUNT OF GRANT/LOAN** | **STATUS OF AWARDED GRANT/LOAN** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **PROJECT ENGINEER OR PROFESSIONAL** |
| Have you retained an Engineer or other professional to develop plans for this project? | [ ]  Yes [ ]  No [ ]  Not Applicable |
| If yes, please provide the Engineer’s contact information (including name, address, email address, phone number) |  |

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| **SUPPORTING INFORMATION - Include the following with your application:** |
| **Map** | A map of the municipality showing the specific location of the proposed project (Service Benefit Area). Outline the area of the municipality that the project will serve.  |
| **Project Plans** | Please include any plans that have been prepared for the proposed project.  |
| **Other Information** | Please include any contractor bids or cost estimates, specifications or other information describing the project.  |
| **AUTHORIZATION** |
| I hereby authorize submission of this application to the Mifflin County Planning and Development Department requesting Mifflin County Marcellus Legacy funds for the project described above.  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Date** | **Signature of Certifying Officer** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Print Name and Title** |
| **Please submit this form by 4:00 p.m., Thursday, November 30th, 2023 to:**Mifflin County Planning and Development Department, Mifflin County Courthouse20 North Wayne Street Lewistown, PA 17044**Or via email to: mcplanning@mifflincountypa.gov** |

Please use this space below to provide additional information if needed.