

2025 FUNDING REQUEST

ONONDAGA COUNTY COMMUNITY DEVELOPMENT

Assistance with completing this FUNDING REQUEST is available by contacting Michael LaFlair at 315-435-3558.

Use a separate funding request for each project. Projects previously submitted must be resubmitted on new forms. Please answer all questions applicable. Do not submit more than one copy. Please provide a map and photographs of the project site. Please e-mail your application to michaellaflair@ongov.net.

Completed FUNDING REQUESTS must be submitted to Community Development by April 11, 2025.

1. GENERAL INFORMATION

Project Name _____

Project Location _____
(Attach a map which locates the project. Also locate your project on a copy of the income map.)

Street Address _____

Town/Village _____

Municipal Contact _____
(name) _____ (phone)

Engineer/Architect _____
(name of firm) _____

Application prepared by _____
(name of contact) _____ (phone)

Application prepared by _____
(name) _____ (phone)

Census Tract # _____
(refer to enclosed map)

Block Group # _____
(refer to enclosed map)

Number of Persons/
Households Benefiting _____

Public Hearing Held YES NO Date: _____

Resolution Included YES NO Date: _____

Is Project Site Owned by the Municipality YES NO

If no, who owns project site? _____

Who will provide long-term maintenance? _____

2. PROJECT DESCRIPTION

Include exact street locations, number of feet of sidewalks, etc. Example: 1,300 lineal feet of sidewalk on the east side of Chappell Street between Mechanic Street and North Street. Five (5) trees, 4 benches, 800 lineal feet of curbing on Charles Avenue between Katherine and Downer. Briefly explain the problem this proposal seeks to eliminate and how it will be accomplished. Indicate why, where, and how the problem exists; supply documentation to support your opinions (i.e. surveys, studies, documents, reports, photographs, etc.).

3. PROJECT ELIGIBILITY

This project:

___ will principally benefit low income persons

___ will benefit elderly or handicapped

a. LOW INCOME BENEFIT

of houses in project area (or) _____

of low income people benefiting _____

b. HANDICAPPED OR ELDERLY BENEFIT (explain)

4. IMPLEMENTATION

Describe your implementation schedule. Funding will be available in early 2026. The project must be completed by December 31, 2026.

A. Construction schedule

B. Describe long term maintenance plan, e.g. who will be responsible for snow removal on new sidewalks, etc.

5. COST ESTIMATES

Provide detailed cost estimates for the proposed project. Community Development cannot pay cost overruns; therefore, your cost estimates should be as accurate as possible. Costs should be based on engineering or architectural estimates. When preparing this data, consider these factors:

- 1. Project should be completed in one phase if possible. If it is necessary to divide the project into phases, each phase should be functional by itself because of the uncertainty of future funding. Funding cannot be stockpiled from year to year;**
- 2. Federal Prevailing Wage Rates apply to construction projects over \$2,000;**
- 3. Cost estimates should be as detailed as possible;**

NOTE: Attach separate page(s) for the cost estimate.

6. BUDGET

Because the total amount of funds is limited, it is recommended that your municipality provide local funds for at least 25% of your project. Chances of a project's approval will be enhanced if there is a local share. If you feel no local share can be provided, please document why that is the case.

a. Total estimated cost of project: \$ _____

b. Funds to be provided from other sources:
(list amounts and sources)

		<u>approved</u>	<u>date</u>
	\$	YES NO	
1. source _____	_____	_____	_____
2. source _____	_____	_____	_____
3. source _____	_____	_____	_____
4. source _____	_____	_____	_____

(note: If funding from other sources has not yet been approved, please indicate when approval is expected.)

Total funds from other sources: \$ _____

c. Amount of funds requested from CDD: \$ _____

8. Environmental Considerations

If your project is approved, the municipality is responsible for completing the State Environmental Quality Review (SEQR) and submitting the appropriate documentation once the SEQR is completed.

The Community Development Office will complete the federally required National Environmental Policy Act (NEPA) Review.

	YES	NO
Is the project located in a floodplain? Note: Buildings in a floodplain must be covered by flood insurance.	_____	_____
Is the project located in a wetland? If yes to either question, include a topographical map.	_____	_____
Will you be removing any trees? If yes, how many and what size (dbh – diameter at 4.5 feet above ground)? _____	_____	_____
Is the property listed on, or eligible for, the National Register of Historic Places?	_____	_____
If the project includes building renovation, what year was the building built? If there were additions, what year(s) were they added?	_____	_____

Does the building contain any:	Lead	_____	_____
	Asbestos	_____	_____
	Mold	_____	_____
	Radon	_____	_____

Please explain how this was determined. If yes, where is it located?

Are there any tanks, toxic or hazardous materials located on the site or nearby? _____

Is the site located within 1/2 mile of the airport? _____

Additional information:

PLEASE PROVIDE THE FOLLOWING:

1. Census Map showing exact project location; topographical map, if required
2. Photographs of the project site or neighborhood in a clear plastic sleeve
3. Resolution of the Town or Village Board which authorizes the application
4. 5 year plan with Board authorization
5. Evidence of a public hearing
6. Cost estimates & construction schedule
7. E-mail your application to michaellaflair@ongov.net