

National Life Building – North, 6th Floor | One National Life Drive | Montpelier, VT 05620-0501
Phone: 802-777-8192 | Fax: 802-828-3383 | accd.wcgp@vermont.gov | GoWindham.vermont.gov

General Information

- Applicants must have submitted and received approval of a Pre-Application prior to completing this application.
- Once an applicant has an approved Pre-Application, the applicant must obtain technical assistance and file an application by the due date published in the Request for Proposal (RFP), using this application form.
- Eligible applicants include: municipalities, 501(c) designees, non-profit organizations, public and quasi-public agencies.
- Applicants may collaborate or partner in a project, but the application must be filed by a lead entity and clearly define the roles of each partner.
- Only one application per entity or partnership/collaboration may be submitted for each funding round. However, an entity may be involved as a partner or collaborator in multiple applications for distinctly separate projects.
- There is a limit of 10% or \$200,000 for marketing, feasibility studies, and planning each fiscal year. This is not an application limitation. It is the limit for each round aggregated for all applications.
- There is a limit of 5% of the amount requested for administrative costs per application. Enter the amount projected for project administrative costs. This can include costs relating to the overall management of the funding. These activities may include financial management, progress reports, requisitions, procurement, final program reports/closeout, etc.
- There is a minimum application amount of \$25,000.
- Communications will be primarily via email. In your application, please provide an email address that will be checked often and respond to requests for information in a timely manner.
- The following information about each application will be posted on GoWindham.vermont.gov.
 - Organization Name, Contact Person and Address
 - Project Name and the Brief Project Summary provided by applicant
 - Amount of funding requested
 - If approved, amount of funding awarded
- Confidentiality: All applications and associated materials received by the State will be maintained on a password protected server with access limited to those responsible for administering the program. However, the documents could be made public in response to a public records request, unless the record is exempt from public access pursuant to Vermont's access to public records law or similar provision of law. If an application includes material that is considered by the applicant to be proprietary and confidential under law, the applicant is responsible to clearly designate the material as confidential or proprietary. The applicant may be asked to explain why the material should be considered confidential and may be asked to identify the statutory authority for exemption from disclosure. ACCD will determine if the information meets the statutory requirements for exemption from Vermont's public records law. Under no circumstances can the entire application be marked confidential. Applications so marked may not be considered. To review the Vermont relevant Statute regarding confidentiality and public records, see [1 V.S.A. Chapter 5](#), especially Section 317. Please contact Fred Kenney (802-777-8192 or fred.kenney@vermont.gov) if you have questions on this issue.

I. APPLICANT INFORMATION

A. Organization:

B. Contact Person:

Phone/Cell Number:

Ext:

Contact Email:

Mailing Address:

City/Town:

State:

Zip Code:

C. FEIN:

D. DUNS:

If you do not have a DUNS number, click here <https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm>.

E. What is the type of accounting system currently in use? Automated Manual Combination

F. Have you ever received a grant award from the State of Vermont?

No

Yes, please provide name of most recent grant received:

Date awarded:

G. Are you required to have a single audit? Yes No

A single audit is required if your organization expends \$750,000 or more of Federal funds, Federal grants or Federal awards in a single year.

H. Application Type: Is this application a single entity or is it a Collaboration/Partnership?

Single Applicant

Collaboration/Partnership, complete Table #1.

TABLE #1			
	Collaborator/Partner #1	Collaborator/Partner #2	Collaborator/Partner #3
Organization Name:			
Contact Person:			
Email:			
Telephone:			
Address:			
City, State, Zip:			

I. Additional Applicant Information: Check the appropriate answer to each question. Provide explanations as required (250 Characters for each explanation).

1. Is this organization or any principal or affiliate a party to any claim or lawsuit?

Yes, explain below

No

2. Has this organization or any principal or affiliate ever filed for protection under the bankruptcy laws?

Yes, explain below

No

3. Does this organization carry:

- a. Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.
- b. General Liability and Property Damage: With respect to all operations performed under the contract, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:
 - Premises – Operations
 - Products and Completed Operations
 - Personal Injury Liability
 - Contractual Liability

With limits not less than:

- \$1,000,000 Per Occurrence
 - \$1,000,000 General Aggregate
 - \$1,000,000 Products/Completed Operations Aggregate
 - \$ 50,000 Fire/Legal/Liability
- c. Automotive Liability Insurance: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000 combined single limit.

Yes

No, explain below

4. Is this Organization delinquent on any Vermont Taxes?

Yes, explain below

No

II. PROJECT INFORMATION

The information being provided in this section is specific to this project and this request. If additional information or explanation is necessary, this can be provided in Section V. Criteria Narratives.

A. Project Name:

B. Project Duration (in months):

C. Total Project Costs for duration (Should match Grant Total listed in Section III):

D. Grant Request:

E. Project Start Date:

End Date:

F. Does your organization have experience with similar projects as described in the summary?

Yes

No

G. Brief Project Summary (500 Characters): Provide a brief, clear and concise summary of the project. This summary will be used in publications and announcements.

H. Use of Funds: As requested by this Application, indicate the percentage of funding that will be used for Feasibility Studies, Planning, Marketing, and Implementation. Enter a "0" for any use for which the funding would not be used. A project may be 100% feasibility or planning or marketing, or one of these elements may be a portion of the overall project. The total entered below MUST equal 100%.

Each fiscal year there is a limitation of 10%, or \$200,000, on the funds that can be awarded for marketing, feasibility studies, and planning activities by *all* approved applicants. For the purposes of this application, these terms are defined as follows:

- Feasibility Study: Initial investigation to determine if a business or project is financially viable and warrants further investment of time, money or other resources.
- Planning: More detailed investigations to determine how a business or project will be started, implemented, managed and sustained – a comprehensive outline that defines scope and goals, resources required, timeline, activities, and their cost. There is no Program Management activity associated with Planning Grants.
- Marketing: The action or business of promoting and selling products or services, including market research and advertising.
- Implementation: Execution of a plan or idea.

Feasibility
Study

Planning

Marketing

Implementation

Total

The total must equal 100%

K. Machinery and Equipment: Does this project involve the purchase of machinery and equipment?

Yes, complete Table #2 No

TABLE #2		
Description	Manufacturer Name	Cost

III. SOURCES AND USES OF FUNDS

A. Sources and Uses of Funds: Complete Table #3, entering all costs associated with this project regardless of the source of funding. Total Project Cost will automatically calculate based upon entries in the various cells and should equal your answer to II.C above. Assign to each line item an amount of funding, the amount to be contributed by the applicant(s), and the amount sought or obtained from other sources. Include in-kind contributions to which a value can be assigned. Project administration costs are limited to 5% of the funds requested.

TABLE #3					
Budget Item	WCEDP Funding Request	Applicant Contribution		Other Sources of Funding	Total Project Cost
		Cash	In-Kind		
Salaries/Wages					
Operating Costs					
Consultant/Professional					
Permits/Fees					
Construction					
Acquisition					
Debt Service					
Machinery/Equipment					
Marketing/Outreach					
Feasibility Study/Planning					
Other:					
Sub Total:					
Admin:		Total Project w/Admin:			
Admin. Percentage:		WCEDP Request:			
		Applicant Cash Total:			
		Other Sources of Funding Total:			
		Grand Total:			

- B. In-Kind Contributions: Complete Table #4, entering any in-kind contributions that cannot easily be assigned a dollar value.

Table #4			
Source	Date Available	Describe the Contribution	Explain how this will be used.

- C. Other Sources of Funding: Complete Table #5, entering the other sources of project funding. The total must match the sub-total for Other Sources of Funding in Table #3. Applications will score better if the WCEDP funds are requested to leverage other funds and grants, and those that rely on a majority of non-WCEDP funds will score best.

Please note that if you include other sources of funding in the Sources and Uses (Table #3) and Other Sources of Funding (Table #5) tables, the expectation is that these funds are required for project viability. Commitment and availability of these funds will be a contingency in an approved grant agreement.

The application must include documentation for the status for all other funding sources as uploads to sections VI.B.

“Secured” means you must be able to provide documentation of a commitment.

“Pending” means the source of the funding has an application from you.

“Under Consideration” means you are considering applying for the grant or other source of funding.

Regardless of the status of other funding listed in Other Sources of Funding (Table #5) at the time of application, if a grant is approved, the resulting grant agreement will be contingent on a commitment or actual receipt of these funds.

There are several important factors to keep in mind when providing evidence of the commitment of funds from other sources. These include:

- The commitment must be firm when the money is needed.
- You must be able to comply with all conditions placed on the commitment.
- The commitment cannot be dependent on events beyond the control of the applicant.

TABLE #5			
Source	Amount	Date Available	Secured, Pending or Under Consideration
			S P UC
			S P UC
			S P UC
Total:			

- D. Budget Narrative (1250 Characters): Provide a narrative explanation of how the grant proceeds will be utilized. Include an explanation of any budget items that require additional information, explain how cost overruns would be covered if they exceed the budget, discuss your capacity to fund any gaps and information regarding the availability of operating reserves, and explain any "Other" line items that you included.

IV. JOB CREATION AND RETENTION

- A. Direct Employment Summary: Complete Table #6, entering only direct employment, wage and salary, and benefits information. Enter the number of hourly and salaried employees employed at the time of application and at the end of three years and five years. Enter the average hourly wage and salary. Enter the benefits as a percentage of the total payroll.

Direct = Employed by applicant. Include only direct employment data in Sections 1V. A-E.

TABLE #6						
	Before Project		Within 3 Years		Within 5 Years	
# of hourly employees						
Average hourly wage without benefits		Per hour		Per hour		Per hour
# of salaried employees						
Average annual salary without benefits		Per year		Per year		Per year
Employee benefits as % of total payroll						

- D. Benefits: Complete Table #9, indicating the percentage paid by the applicant for each listed benefit. If the plan is not listed, enter the information in the "Other" section. If a benefit is offered but no portion is paid for by the employer, enter "0".

TABLE #9											
Item	Cafeteria Plan	Health	Life	Disability	Dental	Vision Plan	401 K Match	Vacation, Sick & Holiday	Other	Other	Other
% Paid by Employer											

Area intentionally left blank.

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- E. Other Job & Benefit Information (2500 Characters): Provide any other information regarding direct job retention or creation. Include information regarding the breakdown of full-time vs part-time positions, the character of the positions (seasonal, permanent, contract), information on how recruitment will be marketed, whether the new positions are at skill and compensation levels appropriate for former VY employees, the potential for further job creation beyond the project period, the expectation for sustaining the jobs, and information regarding wages, salaries, and benefits that could not be included in the tables. If the project proposes to only retain existing jobs, explain why funding from this program is required to maintain the jobs.

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- F.** Indirect and Induced Job Creation (2500 Characters): Provide information regarding the indirect or induced job creation that will be that will be caused or impacted by the activity to be undertaken by the applicant due to the WCEDP grant request.

Indirect = Employed because of activity undertaken by applicant due to WCEDP grant.

V. SCORING CRITERIA NARRATIVES

This information will help determine if the proposal meets threshold requirements and to score the application. Provide complete, concise responses. Each narrative response allows a total of 2500 characters.

- A. Detailed Project Description: Describe the opportunity, challenge, or need that this proposal addresses and the community/constituency it serves. Include a description of the project, what are you proposing to do, who will do it, how you propose to accomplish your goals, and the expected outcomes. Provide a broad overview of the project which will be further detailed in the remaining responses. For planning or feasibility activities, identify the specifics of your planning project including what work will be conducted and what work product you will have at the close of your grant.

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- B.** SeVEDS Goals and Objectives (Threshold Eligibility Criteria): Describe which of the specific goal(s) and objective(s) contained in the [SeVEDS CEDS Report](#) are met by this project. Include details regarding how the goal(s) and objective(s) are met.

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- C. Economic Development: (B + C Combined = 10 Points): Explain how this project will promote economic development in Windham County. For the purposes of this application, “economic development” is defined as the process of generating economic wealth and vitality, security, and opportunity for Vermonters in Windham County. Explain how this proposal meets the requirement of the WCEDP RFP by describing which economic activity this proposal fulfills and how it will meet the goals of the activity included in the RFP.

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- D. Return on Investment (10 Points):** Describe and quantify the outcomes of the project. Explain the immediate (6 months to 1 year), short-term (1-3 years), and long-term (4 years and longer) benefits and positive impacts on Windham County and the State. If the project will have a detrimental impact on another region of Vermont, describe that impact. For example, services will be provided in Windham County but can no longer occur in another region of the State.

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- E. Coordination and Collaboration with Other Organizations and Programs (10 Points):** Describe how this proposal coordinates and collaborates with other organizations or programs that have similar objectives and goals in the region. Include any organizations or programs with which this proposal will coordinate or collaborate, including those listed in Table 1, and discuss any similar organizations or programs in the region with which there is no collaboration or coordination proposed and explain why.

F. Project Leverage (10 Points): Describe and quantify other sources of funding for the project, the level of commitment of those funding sources, when the funding will be available, and whether the funding requested in this application will leverage other funding sources (should match Table #5). If a match is required to secure the other sources of funding, explain the source of the match. If the applicant proposes to partner with other entities to execute the project, explain who the partners are and describe the roles of the various entities. Letters of funding commitment should be uploaded with the application.

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- G. Capacity and Experience (10 Points):** Describe and quantify the capacity, experience, and accomplishments of the applicant entity. Specifically describe the entity's ability to implement the type and scope of project proposed. Describe how and why the organization's principals and key managers can successfully implement the proposed project. Include experience with similar projects, citing specific examples and describe the entity's track record. Include information about individuals (e.g. board, director, project manager, activity coordinator, legal, administrative) that will be involved in carrying out the activities supported by this funding, and their relevant strengths. If the project includes partner entities, include their role, experience and the available capacity to support the project.

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- H. Project Readiness (10 Points):** Describe and quantify the readiness of the proposed project. Describe any obstacles to implementation such as site control, permitting, design, commitments for funding, stage of business development, availability of capital, etc. and describe the steps that have been taken or will be taken, including a timeline, to overcome the obstacles. Also describe, if applicable, any particular issues that make funding of this project time sensitive. Address if you have closing dates, contracts or Purchase & Sales agreements with time limits, other funding that is dependent on this application, cost estimates with expiration dates, or other factors that may apply.

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- I. Strengthening Regional Economic Development Infrastructure (10 Points): Explain how this project will result in stronger systems of economic development, enhance collaboration, and further connections throughout the County. Describe how the County will be better positioned to promote economic development in coming years because of this project. Explain if and how the County will be better positioned to weather economic downturns or unexpected economic events because of this project.

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- J. Sustainability (10 Points):** If the applicant plans to continue the proposed project or activity beyond the grant duration entered in II.B., detail the plan to sustain the project beyond the funding period. Explain the long-term financial and programmatic viability of the project that has been funded by other sources. If the project proposes to extend an existing program or project that has been funded by other sources, include a discussion of any funding that was previously available for this initiative and explain why it is no longer available or sufficient.

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- K. Need and Non-Duplication (5 Points):** Clearly demonstrate the need that is being met by this funding request and the proposed project. Describe the unmet funding or programmatic need that will be met by this project. If there are other funding sources available for this type of project, describe them, explain if those funds are also being sought, and describe whether and how the funding sources are complimentary or duplicative. If the project duplicates an existing program, service, or project in Windham County, explain what differentiates this project and describe the added value of this project.

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- L. Assistance to Those Directly Impacted by VY Closure (5 Points): Describe if and how the proposal will provide employment, services, or programs that will directly impact former employees of Entergy VY.

-
- M.** Local and Regional Coordination (5 Points): Describe how and the extent to which the project is consistent with and complies with the [municipal](#) plan for the municipality in which the project will occur and the Windham Regional Commission [regional plan](#). Cite specific examples from those plans. Explain how the project coordinates with other economic and community revitalization efforts in the locality and region. Describe whether, how, and to what extent the project supports the industry sectors identified by [the SeVEDS CEDS Report](#) (See page 17) which the report states present significant opportunities for the region. Upload letters of support from local and regional organizations, partners, coordinating projects, or other entities. A letter from the municipality in which the project will occur is required and must address whether the project conforms to the municipal plan. If so, identify the sections and explain how those sections are met. If not, explain why.

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- N.** Implementation Plan (5 Points): Provide a brief implementation statement. Include proposed major activities and deliverables, and broad goals and objectives. Be sure to take grant award schedule into account when developing timeline. Do not indicate project starting prior to grant announcements unless other funding has been received by applicant to commence the project.

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- O.** Goals/Objectives, Actions, Performance Indicators: List all the Goals/Objectives, Actions, and Performance Indicators expected for this project in the prescribed format. List Actions that will accomplish the Goals/objectives. Provide Performance Indicators, start date and length of time expected to complete the desired Goals/Objectives.

This information will be the basis for performance measures that will be incorporated in the Grant agreement and monitoring requirements, if this project is funded.

Prescribed format:

1. **Goals/Objectives:** this is the Goal/Objective the project is trying to accomplish (May be several Goals/Objectives).
- a. **Actions:** this describes what will be done to achieve the Goal/Objective.
- i. **Performance Indicators:** these are quantifiable, have a start date and a timeframe to completion.

VI. SUPPLEMENTAL DOCUMENTS

- Check each box to indicate that the documents will be attached and submitted with this application.
- All items in Section A are required.
- All items in Section B will depend on the project and the stage of the project. If the stage of the project is such that you have the documentation (i.e. real estate appraisal) submit the documentation with the application. Otherwise submittal of the documentation may be a requirement to execute the grant agreement.
- All documents and attachments must be in Adobe PDF format.
- The following naming protocol is required for all documents and attachments:
projectname_nameofdocument_date.pdf. (i.e. grantproject_leaseagreement_07012017).

A. Required for all applications:

Letter from Municipality

IRS Designation, for Applicant and if appropriate for all collaborators/partners identified in Table #1

Financial Statement from the most recently completed year, audited if available, showing actual expenses

Organization budget for current year, including income and expenses

Acknowledgement of Post-Approval Requirements

B. Required if applicable to the project:

Letters of Commitment from other sources of funding

Strategic Plan or Business Plan (if available)

Letters of intent from each Collaborator/Partner as indicated in Section I, Table #1

Letters of support (suggested)

Purchase and Sales Agreement (if executed or drafted)

Lease Agreement (if executed or drafted)

Real Estate Appraisal (if financing is secured to acquire real property)

Environmental Site Assessment (if financing is secured to acquire real property)

Back up documentation for any other Budget Line items

Other

VII. CERTIFICATION

By checking the appropriate boxes, electronically signing and submitting this application, with the identified attachments, I certify that I, as the duly authorized individual, have read and understand these statements and affirm, under the pains and penalties of perjury, that:

As of the date this statement is made, I/we are in good standing with respect to, or in full compliance with a plan to pay any and all taxes due to the State of Vermont, including payroll withholding.

As of the date this statement is made, I/we are not presently debarred, suspended nor named on the State of Vermont's debarment list.

I/we have read [Attachment C: Standard State Contract Provisions](#) and are prepared to enter into an Agreement with the State of Vermont if funds are awarded. Including Section 7: Insurance Requirements.

I am authorized to make these certifications and submit this application on behalf of the above-named organization.

I/we understand that grant decisions may be a matter of public record.

I agree to notify ACCD of any material changes in the information provided in this application or in the accompanying documents.

I/we understand that all application information and materials will remain the property of ACCD. I affirm that all statements made on this application are accurate and complete.

I/we understand that receipt of grant funds may be subject to certain conditions, including securing other funds, even if the grant is approved.

Name:

Signature:

Title:

Date:

Electronic Signatures:

A. If you already have a Digital ID:

- Click the red "sign here" flag in the signature block.
- Click "My existing digital ID from" and "File," enter or browse for your digital signature file and enter your password.
- Then click "Save." The application will save with your digital signature.

B. If you do not have a Digital ID:

- Click the red "sign here" flag in the signature block.
- Choose "A new digital ID, I want to create right now" and the "next" button.
- Choose "New PKCS #12 Digital ID file and then "next."
- Enter required information, "next."
- Note where the ID will be stored on your computer, enter a password and "finish."
- The Digital Signature file will come up, re-enter your password click "sign."
- Then click "Save."

Final Steps:

- In the toolbar click "File" and "Save." Note where the file is save and the name of the file.
- Attach the saved application and identified attachments to an email to:
fred.kenney@vermont.gov
rbrown@brattleborodevelopment.com
kimberly.baker@vermont.gov