

**Request for Technical Assistance**

**District Local Technical Assistance Program, 2022**

**Part 1. Applicant Information**

**Lead Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Point of Contact, Lead Municipality, as designated by the governing body** (*please print*)**:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Partner Municipalities: (List all partner municipalities, contacts and contact information (e-mail and phone) from those municipalities:**

**Does your Municipality have a current signed Community Compact Cabinet Agreement?**

* **Yes**
* **No**

**If yes, for what Best Practice**

**Has your Municipality received or is it seeking Housing Choice Initiative designation?**

* **Yes**
* **No**

**Part 2. Type of Assistance**

Please check the type of assistance requested:

* Housing Choice Initiative
* Implements a Communities’ Signed Community Compact Cabinet Best Practice
* Community Compact Cabinet Activities
* Planning Ahead for Housing
* Planning Ahead for Growth

**Part 3. Assistance Proposal**

Please attach a brief (one-page) summary of the project that addresses the following topics:

1. **Purpose:** Provide a concise statement of the purpose and type of assistance requested.
2. **Priority Funding Areas**: Provide a concise description of how your assistance request addresses one of the priority funding areas. If your request is to adopt or implement a signed Community Compact best practice, please identify that best practice. If your request is to seek Housing Choice Initiative designation, please describe how your community intends to obtain that designation.
3. **Project Background:** Briefly describe how the proposed project fits with other municipal objectives such as the implementation of activities set forth in a master plan or other planning document. If applicable, please describe any related projects recently completed or currently underway that directly relate to the proposed project. Please also note any planned action or investment that would or could potentially result from the successful completion of the proposed action.
4. **Project Scope & Timeline:** Please list and provide a short description of the major tasks and anticipated timeline to achieve the proposed project, including the anticipated starting date.
5. **Desired Results:** Please provide a description of the results (deliverables or products) that are desired as an outcome of this project.
6. **Local Official/Staff Commitment:** Please provide a description of the municipal officials/committee members/ staff members who will be involved with this project, clearly identifying their roles.
7. **Local Match:** Please identify any voluntary in-kind or cash match

**Part 4. Application Submittal Process**

Applications are due by 5:00 pm **March 4, 2022.**

A word version of this application is in the News and Announcements section of the BRPC website, [BRPC - Berkshire Regional Planning Commission (berkshireplanning.org)](https://berkshireplanning.org/)

**IMPORTANT:**

***Application packets must be sent via email only to:***

Thomas Matuszko, Executive Director

1 Fenn Street, Suite 201

Pittsfield, MA 01201

tmatuszko@berkshireplanning.org

Fax (413) 442-1523

Please note that any awards made under this solicitation are contingent on the continuing availability of funds provided to BRPC from the Commonwealth of Massachusetts. BRPC reserves the right to re-direct funds to respond to the COVID-19 crisis if necessary.

**Part 5. Authorized Signature**

Please include the signature of the Chief Elected Official authorizing you to submit this request.

**Name**   **Date**

**Title**

**Signature**

(Mayor/Select Board Chair)