



# BRPC

Berkshire Regional Planning Commission

## Request for Technical Assistance District Local Technical Assistance Program 2024

### 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 (email 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 **or use the form at the end of this document**:

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 you request 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 implementing activities outlined 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 describe the desired results (deliverables or products) as an outcome of this project.
6. **Local Official/Staff Commitment:** Please describe 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 (no match required).

**PART 4. APPLICATION SUBMITTAL PROCESS**

Applications are due by 5:00 pm **Friday, January 26, 2024.**

A fillable application is in the News and Announcements section of the BRPC website, [BRPC - Berkshire Regional Planning Commission \(berkshireplanning.org\)](http://berkshireplanning.org)

**IMPORTANT:**

***Application packets must be sent via email only to:***  
 Cornelius Hoss, Community Planning Program Manager  
[choss@berkshireplanning.org](mailto:choss@berkshireplanning.org)  
 Tel (413) 442-1521 x44

Please feel free to reach out to Cornelius Hoss with any questions or to discuss potential projects prior to submission. 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.

**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)

**PART 3. ASSISTANCE PROPOSAL**

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

8. **Purpose:** Provide a concise statement of the purpose and type of assistance requested.

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9. **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 you request Housing Choice Initiative designation, please describe how your community intends to obtain that designation.

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10. **Project Background:** Briefly describe how the proposed project fits with other municipal objectives, such as implementing activities outlined 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.

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11. **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.

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12. **Desired Results:** Please describe the desired results (deliverables or products) as an outcome of this project.

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13. **Local Official/Staff Commitment:** Please describe the municipal officials/committee members/staff members who will be involved with this project, clearly identifying their roles.

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14. **Local Match:** Please identify any voluntary in-kind or cash match (no match required)

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