**REGIONAL PERFORMANCE INCENTIVE PROGRAM APPLICATION/PROPOSAL**

**Revised January 2023**

**INSTRUCTIONS: Fill out the following pages in the spaces provided. Only attach additional documents where instructed to.**

**PART 1: ORGANIZATION PROFILE**

**Note:** For collaborations involving two or more eligible applicants, a separate Part 1 - Organizational Profile should be submitted for each organization that is part of the collaboration.

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| Applicant Organization Legal Name: | | | |
| Organization Type (check one):  Regional Council of Government /or/  Regional Education Service Center | | | |
| Name and Title of the Authorized Official empowered to submit proposal and to execute any resultant contract on behalf of the applicant(s):  Name:       Title: | | | E-mail Address of Authorized Official: |
| Organization Mailing Address:  Street Address:  Suite # if applicable:  City, State and Zip Code: | Mailing Address of Authorized Official if different than Organization Mailing Address:  Street Address:  Suite # if applicable:  City, State and Zip Code: | | |
| Fiscal Year of Organization:  FR:       mm/dd/yyyy TO:       mm/dd/yyyy | | Federal ID# (FEIN): | |
| Please list if any, co-applicant organization name(s): | | | |
| Key Personnel: List the names and email addresses of contact for this application: | | | |

**PART 2 - SERVICE/INITIATIVE/PROJECT INFORMATION**

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| Project Title: |
| A. What is the nature of the service or initiative: |
| B. How is this service currently provided? |
| C. Explain the need for such service. |
| D. List the participating municipalities or boards of education. |
| E. List any participating municipalities with expired or soon-to-be expired POCD’s, as indicted in OPM’s [Municipal POCD Inventory](https://portal.ct.gov/-/media/OPM/IGPP/ORG/TownPOCDs/OPM-Municipal-POCD-Inventory---Website.xlsx) |
| F. Identify organizations/entities responsible (including any anticipated contractors) for implementing project and their respective roles. |
| G. Describe how the proposed regional service or initiative delivery will achieve economies of scale for participating municipalities or boards of education. |
| H. Describe how the proposed services provider and/or participating municipalities or boards of education will assume 100% of the cost of providing the service by year four of the project. |
| I. **Attach** a cost benefit analysis (See Part 4, required attachments) |
| J. **Attach** a spreadsheet with projected impacts to mill rates of participating municipalities or boards of education, as a result of projected cost savings. (See Part 4, required attachments) |
| K. Explain any potential legal obstacles to the regional provision of the service or initiative and how such obstacles will be resolved. |
| L. List employee unions/organizations that may be impacted by the proposed service and that were consulted in the preparation of this application. (See Part 4, required attachments) |

*THE FOLLOWING IS PROPOSED SUBJECT TO AWARD AND MAY BE AMENDED AND FINALIZED, AS MUTUALLY AGREED UPON, BY OPM AND GRANTEE.*

**STATEMENT OF WORK AND GRANT AWARD BUDGET**

**NAME OF GRANTEE:**       

**GRANT PROGRAM NAME:** Regional Performance Incentive Program (RPI)

**CONCISE GRANT PROGRAM SUMMARY (PROGRAM PURPOSE/INTENT/MISSION):** The objective of the Regional Performance Incentive Program (RPIP) is to encourage municipalities to participate in voluntary regional shared services projects that have the potential to lower tax property burdens, produce measurable economies of scale, provide desired or required public services, and lower the costs and tax burdens associated with the provision of such services. Eligible applicants currently include any [regional council of governments](https://portal.ct.gov/OPM/IGPP-MAIN/Responsible-Growth/Regional-Planning-Organizations-RPO) (COG) organized under the provisions of [C.G.S. § 4-124i to 4-124p, inclusive](https://cga.ct.gov/current/pub/chap_050.htm#sec_4-124i); and any regional educational service center (RESC) as defined in [C.G.S. §10-282](https://cga.ct.gov/current/pub/chap_173.htm#sec_10-282); or any combination thereof.

**OPM GRANT NUMBER:** TBD

**PROJECT TITLE:**      

**I. INTRODUCTION**

**CONCISE PROJECT DESCRIPTION (Limited to 1000 characters):**

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**II. STATEMENT OF WORK**

The grantee shall complete the work and/or shall purchase goods and/or services as delineated in the following table and in accordance with the below approved budget, contract terms and conditions (including, but not limited to General Grant Conditions, Special Grant Conditions, and/or other requirements which may be outlined within this document).

| **Category (Optional): Overarching type of work (for example: planning/design/construction/reports)** | **Tasks:**  **The individual tasks to be performed in order to accomplish the objective of the grant award.** | **Target Completion Date for Each Task** |
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**III. OPM APPROVED GRANT AWARD BUDGET :**

The State shall award the Grantee a total sum not to exceed $      for the work performed and/or goods/services purchased, as documented and accepted by the State as outlined below. Total payments shall not exceed the total amount of the grant award stated above.

List approved grant award budget items below.

| **Description** | **Amount State Funding** | **Amount Federal Funding** | **Amount Interest** | **Amount State Match** | **Amount Grantee Match** | **Amount Other** | **If “Other”, list source** | **TOTALS:** |
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| **TOTALS:** |  |  |  |  |  |  |  |  |

**PAYMENT TERMS**

* No payments will be made for expenditures incurred prior to the grant start date or after the grant end date unless provided for in statute or program provisions.
  + - Payment requests shall be submitted on OPM’s approved payment request forms.
* Payment requests shall be submitted not more than 4 times per year and the final payment request must be received by OPM not later than 90 days after the end of the grant period.
* Payment request forms shall be completed and signed by the appropriate authorized official who has the authority to sign binding contracts for the entity.

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**PART 4 – REQUIRED ATTACHMENTS – checklist to ensure a complete application**

Cost benefit analysis of providing the service regionally compared to individually.

A spreadsheet of projected impacts to the mill rates of participating municipalities.

A resolution endorsing such proposal approved by the governing body of the COG or RESC, which shall include a statement that not less than twenty-five per cent of the cost of such proposal shall be funded by the COG or RESC in the first year of operation, and that by the fourth year of operation the COG or RESC shall fund one hundred per cent of such cost.

A resolution endorsing such proposal approved by the governing body of the COG or RESC of each planning region in which the service or initiative is to be provided.

Proof of notification to any employee organization that may be impacted by such proposal of the COG or RESC’s application.

Proof that a copy of the application has been sent to all state legislators representing participating municipalities (cc to opmrpip@ct.gov on e-mail is sufficient)

Statement of Assurances (attached)

Grantee FMC & SHPO Compliance Notification and Certification (attached)

Any state approvals including but not limited to:

Connecticut Environmental Policy Act ([CEPA](https://portal.ct.gov/OPM/IGPP/ORG/CEPA/Overview-of-Connecticut-Environmental-Policy-Act)) Evaluation

Environmental Impact Evaluation ([EIE](https://portal.ct.gov/CEQ/Environmental-Monitor/CEPA-Regulations#22a-1a-8))

**PART 5- REQUIRED FORMS**

**The following forms are only required if there have been changes made to your organizational information since you last filed these forms with the State.**

* [**OPM Vendor/Bidder/Applicant Profile Sheet (OPM-A-15)**](https://portal.ct.gov/OPM/Secr-Request-for-Proposals/Request-for-Proposal/Request-for-Qualifications-at-OPM)
* [**Agency Vendor Form (SP-26NB)**](http://www.das.state.ct.us/Purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf)
* [**W-9**](https://www.irs.gov/pub/irs-pdf/fw9.pdf)

**STATEMENT OF ASSURANCES**

The undersigned Applicant affirms and declares that:

1. This application is signed and submitted with full knowledge and acceptance of the GENERAL GRANT CONDITIONS, and if applicable, SPECIAL GRANT CONDITIONS provided as part of the grant application.
2. Should a grant be awarded as a result of the grantee’s application, the “Statement of Work and Grant Budget” submitted with this application may be amended and finalized, as mutually agreed upon, by OPM and the grantee. The finalized “Statement of Work and Grant Budget” shall be part of the executed contract and as such the grantee agrees to complete the work at the cost proposed and within the timeframes delineated in the finalized “Statement of Work and Grant Budget”.
3. The Applicant will seek prior approval from the agency before making any changes to the location of services, such as changes to the service area or elimination of a care or service delivery site. (\*Only applicable to those grants where specific care sites, service delivery sites, or service areas have been established as part of the grant contract.)
4. Neither the Applicant, nor any official of the Applicant organization has received any notices of debarment or suspension from contracting with the State of CT, or the Federal Government.
5. None of the Applicant organization’s subcontractors, or any officials of such subcontractors has received any notices of debarment or suspension from contracting with the State of CT, other states within the United States, or the Federal Government.

Legal Name of Organization:

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Signature of Applicant’s Authorized Official Date

(Authorized Signatory)

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Printed Name of Authorized Signatory

**GRANTEE FMC & SHPO COMPLIANCE NOTICE & CERTIFICATION**

State Agencies which administer state and/or federally-funded grants must comply with the Regulations of Connecticut State Agencies related to the Department of Energy and Environmental Protection’s [Flood Management Program](https://eregulations.ct.gov/eRegsPortal/Browse/RCSA?id=Title_25Subtitle_25-68hSection_25-68h-1&content=Flood%20Management%20Certification/) applicable to certain project activities conducted within a floodplain or on state-owned or controlled property; and the Department of Economic and Community Development’s [State Historical Preservation Office’s](https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_22aSubtitle_22a-1aSection_22a-1a-1/) review process when grant-funded projects involve historical properties or areas. If you are seeking a grant for a project which triggers provisions under these regulations, any required permits, certifications, approvals or reviews will need to be secured before the Office of Policy and Management will execute a grant contract with the grantee. Grantees should be aware that securing such permits, certifications, approvals or reviews may take added time and should prepare accordingly. **Grantees should also be aware that OPM will not execute a grant contract for a project if the grantee fails to secure the required permits, certifications, approvals or reviews as may be required. Failure of the grantee to secure such in a timely fashion shall result in OPM rescinding the grant offer.**

**FLOOD MANAGEMENT PROGRAM:**

A Flood Management Certification (FMC) is required for specific project activities funded through state and/or federal grants administered by OPM. Answer these questions to determine if your project will require an FMC.

1. Will your project activities occur within the limits of either a 100-year or 500-year floodplain?

YES NO

2. Will your project activities or planned activities occur on state-owned/controlled property, and will such activities or planned activities impact natural or man-made storm drainage facilities? (State-owned/controlled property includes, but is not limited to, state right of ways such as roads.)

YES NO

If you answered NO to both questions 1 and 2, an FMC will not be required. If an FMC will not be required, the applicant’s authorized signatory will be required to certify as such during the contract execution process should this application be selected to receive a grant award.

If you answered YES to either question 1 or 2, a FMC will be required. If your application is selected to receive an award, you will be provided with guidance related to securing the necessary FMC approval as part of the contract execution process with OPM.

**STATE HISTORICAL PRESERVATION:**

To help OPM better assess your project’s impact on historic properties or historic areas, please answer the following questions. Your answers will determine if you must obtain State Historical Preservation Office (SHPO) review and approval for your grant-funded project.

**Historic Properties**

1.) Are there any historic properties listed on the State or National Register of Historic Places within the project area? (Select one)  
☐ Yes ☐ No ☐ Do Not Know

**Architecture**   
2.) Are there any buildings, structures, or objects within the “Area of Potential Effects” (houses, bridges, barns, walls, etc.)? The “area of potential effects” means the geographic area or areas within which an undertaking may directly or indirectly cause alterations in the character or use of historic properties. If you're not sure, check "I don't know."  
☐Yes   
☐No   
☐I don't know

3.) Does the project involve rehabilitation, demolition, or alterations to existing buildings older than 50 years?

☐Yes   
☐No

**Archeology**

4.) Does the proposed project involve ground disturbing activities?

☐Yes

☐No

If you answered “No” to questions 1 through 4 above, a SHPO review will not be required, and the applicant’s authorized signatory will be required to certify as such as part of the contract execution process should this application be selected to receive a grant award.

If you answered “Yes” or “I don’t know” to ANY of the questions above, your project will require a review by SHPO. If your application is selected to receive an award, you will be provided with guidance on how to initiate and complete the required review by SHPO as part of the contract execution process with OPM.

CERTIFICATION:

By signing below, I hereby certify that should this application be selected to receive a grant award, such award shall be contingent upon the grantee’s compliance with obtaining, and submitting to OPM, any required Flood Management and/or State Historical Preservation permits, certifications, approvals or reviews. I understand that failure to obtain such required permits, certifications, approvals or reviews, in a timely fashion, shall result in no grant being awarded.

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Signature Date

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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