

Regional Performance Incentive Program

Part 1 – Applicant Information

Applicant Organization: _____

Tax ID (FEIN): _____

Authorized Official empowered to submit proposal and to execute any resultant contract on behalf of applicants: _____ Title: _____

E-mail: _____

Phone: _____

Address: _____

Name and e-mail of additional staff that may be contacted regarding this application:

Part 2 – Proposal

Project Name/ Title: _____

List participating municipalities/ school districts:

RPIP request: \$ _____ Grantee Match: \$ _____

Length of grant award period: _____

Part 3 – Project Description

Describe the proposed service/ initiative:

Explain the need for the service/ initiative:

Who will be responsible for delivering the service/ initiative and how?

Describe the population that will be served.

How will the service/ initiative achieve economies of scale for participating municipalities/ school districts?

Describe the plan for implementation of the service/ initiative on a regional basis, including how growth and attrition in participation will be accommodated during the grant award period.

Part 4 – Required Attachments Use this checklist to ensure complete application package

- Application form
- Statement of Work and Budget
- Cost benefit analysis of regional provision of the service/ initiative vs. the provision of such service by individual participating municipalities/ school districts. (including an explanation of all assumptions)
- Estimate of savings/ cost avoidance for participating municipalities/ school districts and the state over the grant award period and when the service/ initiative is self-funded.
- A resolution endorsing the proposal approved by the governing body of the COG or RESC, which must include a statement that not less than 50% of the total cost of the proposal shall be funded by the COG or RESC during the grant award period and that the COG or RESC shall fund 100% of the costs of the service/ initiative thereafter.
- A resolution endorsing the proposal by the governing body of the COG or RESC of *each* planning region in which the service/ initiative will be provided. (If applicable)
- Proof of notification to any employee organization that may be impacted by the proposal.
- Proof that a copy of the application has been sent to all state legislators representing participating municipalities (a cc: to opmrpip@ct.gov on an e-mail notification is sufficient)

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 \(OPM-A-15\)](#)
- [Agency Vendor Form \(SP-26NB\)](#)
- [W-9](#)

Statement of Work and Budget

Task	Target Completion (Mo. Yr.)	Funding				
		RPIP Grant Request (\$)	Grantee Match (\$)	Other (\$)	Other Source	Total (\$)
TOTAL PROJECT COSTS						