

**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](mailto: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 (\$)
<b>TOTAL PROJECT COSTS</b>						