



Town of St. Johnsbury

2023-24 St. Johnsbury Revitalization Fund Grant Program

GRANT PROGRAM APPLICATION

The purpose of the St. Johnsbury Revitalization Fund Grant Program, administered by the Town of St. Johnsbury, is to encourage investment that stimulates the local economy, provides a pathway for growth and resiliency, and that results in a more sustainable, inclusive, and vibrant community.

Program Features

Transformational Grants are provided to business owners/operators, start-ups, and non-profit organizations for projects that meet community need in the areas of **business support, growth of the creative economy, housing, access to outdoor recreation, and access to mental health and social services.**

STJRFGP Transformational Projects: Applications will be available June 13, 2023 with a July 17, 2023 submittal deadline. If there are remaining funds, application will be accepted and reviewed on a rolling basis. There is no match requirement for transformational grant projects.

Program Restrictions

- Project activities must take place within the town of St. Johnsbury, and serve as their primary constituency the residents of the town of St. Johnsbury.
- Applicants must be current on all St. Johnsbury property taxes (and/or agreements), water-sewer bills, civic fees and fines, and parking fees & fines.
- The Town of St. Johnsbury must review all cost estimates and approve the budget for the project. Invoices and proofs of payment must be submitted to the town along with reimbursement requests on a monthly basis.
- One transformational grant is allowed per business/organization.

Application Scoring

Scoring will be based on the following:

1. Application demonstrates that project meets a community need in the areas of **business support, growth of the creative economy, housing, access to outdoor recreation, and access to mental health and social services.** 10 Points
2. Project will have a transformational impact on the community 10 Points
3. Project aligns with Town, Regional and/or State Planning Documents 10 Points
4. Project feasibility (ability to complete the project) 10 Points
5. Economic Impact (indirect & direct- i.e. -jobs, visitation, increase in property value, etc.) 10 Points
6. Leverage ratio (STJGP request vs. total funds supporting the project, includes volunteer time) 10 Points
7. Project activity is located within ½ mile of the Designated Downtown District. 5 Points

Please Note: To be considered this application must be completed in full. Partially completed applications will not be considered for funding. Assistance with the application process is available upon request.

GRANT PROGRAM APPLICATION FORM

Please submit applications and all required attachments to the Town of St. Johnsbury Town Manager's Office, 51 Depot Square, Suite 3, St. Johnsbury, VT 05819 or via email tokbent@stjvt.com. Please call (802) 748-3926 ext. 8 for questions.

General Information:

Applicant Name		Primary Contact Person		Applicant Type (Business, Nonprofit, Individual, Startup)
Address				
City			State	Zip
Telephone No.	Alternate Telephone No.	Email:		
Project Name				
Brief Project Overview				
Project Start and End Date				
STJRFGP Grant Request Type				
<input type="checkbox"/> Micro-Grant <input type="checkbox"/> Planning & Implementation Grant <input type="checkbox"/> Transformational Grant				
Funds Requested		Total Project Cost		
\$		\$		

Assurances:

The authorized representative:

1. Understand this application submitted to the Town of St. Johnsbury may be subject to disclosure under Vermont's Freedom of Information Act, and the Town's review of such materials will be subject to Vermont's Open Meetings Laws. The authorized representative may mark documents "confidential" if the documents contain proprietary information; however, the Town will make the ultimate determination as to its disclosure and public deliberation obligations under Vermont law.
2. Certifies that everything stated in the application and on any attachments is true and correct and understands that submitting false or misleading information may result in this proposal being found ineligible for financial assistance under the funding program, and the authorized representative may be subject to civil and/or criminal prosecution.
3. Agrees to submit appropriate documentation to substantiate grant award and reimbursement requests, and understands that the Town reserves the right to review project deliverables and audit project related expenses prior to approving requisitions.
4. Certifies that the applicant is:
 - in compliance with applicable laws, regulations, ordinances and orders applicable to it that could have an adverse material impact on the project. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory action by a governmental entity, or inadequate capital to complete the project.
 - is not delinquent on any property taxes, parking violations, water/sewer fees, rental registration fees, or any other civic fees or fines.
 - is not in default under the terms and conditions of any grant or loan agreements, leases or financing arrangements with its other creditors that could have an adverse material impact on the project.
5. Certifies that they have the full authority to perform the work described in the application.
6. Understand that the Town will send out an IRS Form 1099 to grant recipients where applicable.
7. Agrees to provide program testimonials and photos for Town promotional materials.

Signature of Authorized Representative

Name and Title

Date

Proposal Details:

Project Approach:

- Describe the project you are requesting funds for (who, what, when, where, how).
- Describe the need for your project as it relates to the areas of **business support, growth of the creative economy, housing, access to outdoor recreation, and access to mental health and social services**. Who will benefit and how?
- Describe how the project aligns with the Town, Regional and State Planning documents.

Project Outcomes - Describe why this project is transformational.

Economic Impact: please describe and quantify the economic impact your project will have on St. Johnsbury (both direct & indirect).

Project Feasibility:

- Describe your ability to complete this project.
- Describe your experience completing similar projects.
- Please list all funding sources.
- If your request is not fully funded, what adjustments are you prepared to make?
- Describe your level of collaboration with other agencies/partners/stakeholders on this project.

Project Budget:

Project Budget Narrative

- Briefly explain project funding and expenses. **Be specific about how STJRFG dollars will be spent.**
- List all funding sources and identify whether or not they are committed, or uncommitted.
- Explain how you propose to secure uncommitted funds.
- Describe any Volunteer services provided for the project. Volunteer rate = state minimum wage.

Project Timeline: Please describe the project timeline.

--

PROJECT FUNDING:

Funding Source:	Amount:	Notes:
STJRFG Funding Requested:	\$	
Other Grants – list below:		
	\$	
	\$	
	\$	
Donations / Other Fundraising:	\$	
Self-funding:	\$	
In-kind Professional Services	\$	
In-kind Volunteer Time	\$	
Other – list:	\$	
TOTAL PROJECT FUNDING:	\$	

EXPENSES:

Type:	Amount:	Notes:
Staff Salaries / Benefits	\$	
Professional Fees / Contracted Services	\$	
Materials / Supplies	\$	
Marketing / Printing	\$	
Other – list:	\$	
TOTAL PROJECT EXPENSES:	\$	

Leverage:

- How will STJGP funds be used as match towards any other grant funds?

Letters of Support

- Please attach 3 letters of support from stakeholders impacted or interested in your project.

Supplemental Information

- If applicable, please attach site plan, project sketches, photos, diagrams related to your project.
- Please include references
- Please provide a W-9
- If your project involves work on publicly owned property, please be prepared to provide proof of insurance

Agency/Organization Type and Auditing and Fiscal Controls

- Describe the agency/organization's entity type (non- profit corporation, for-profit corporation, partnership, LLC, LP, LLP etc.) _____

- Briefly describe your agency/organization's fiscal oversight and internal controls.

- How do you, or your agency/organization plan to track project progress, and manage the finances for the project? _____

Internal Use Only:
Application reviewed by the Town Grant Administrator (initials) _____ Date: _____
Grant Application reviewed by the Advisory Committee Yes No Date: _____
Grant Application reviewed by the Select Board Yes No Date: _____
Award: Yes No Amount Awarded: \$ _____
Comments: _____

Internal Use Only: Grant Closeout Procedures: Invoices Received: Yes No Approved by: _____ Date: _____

Grant Amount Requested: _____	<input type="text"/>	<u>Grant Amount authorized</u>	<input type="text"/>
Total Amount of the Project: _____	<input type="text"/>	<u>Total Amount of the Project</u>	<input type="text"/>
Applicant Contribution: _____	<input type="text"/>	<u>Applicant Contribution</u>	<input type="text"/>