



SMART GROWTH PLANNING ASSISTANCE GRANT PROGRAM
2010 APPLICATION COVER SHEET

Name of municipality _____ County _____

Municipal address _____

Administrator _____ Phone _____

Administrator's e-mail _____ Clerk's phone _____

Mayor _____ Mayor's day phone _____

Date environmental commission was established by ordinance _____

Name of environmental commission chair _____

Day phone _____ e-mail _____

Is the commission a member of ANJEC? yes no

Date open space committee was established, if applicable _____

Please designate a **contact person** from the project team who can answer questions about this application. This person will be the liaison between the municipality and ANJEC.

The consultant should not be the contact person/liaison.

Name _____ Title _____

Mailing address _____

Day phone _____ e-mail _____

Title of project _____

25-word description of project: _____

Amount being requested from ANJEC \$ _____ Amount of town's cash match \$ _____

Value of town's in-kind match \$ _____ Total value of project (add all three) \$ _____

Source(s) of municipal matching funds _____

List all grants obtained or administered by the environmental commission in the previous 5 years:

List all environmental commission pending grants (grants applied for):

Does your town have an environmental/natural resource inventory? yes no Year completed _____
Date of last master plan review by planning board _____

NOTE: This form is a writable pdf file; type onto the lines, then print.