



2018-2019 Community Visioning Application

1) Applicant Information:

Community: _____ County: _____ Population: _____

Organization(s) and/or local government entity providing the \$2,000 cash match:

Name(s) of person completing application: _____

2) Recent Consulting Services:

Has the community worked with any planning, design or engineering consultants in the **past five years** for any of the following services:

A. Comprehensive planning? No Yes If yes, firm name(s)

B. Roads and trails engineering or planning? No Yes If yes, firm name(s)

C. Streetscaping, including lighting, decorative paving? No Yes If yes, firm name(s)

D. Stormwater, flooding or other surface water related projects? No Yes If yes, firm name(s)

E. Other planning, design or engineering related to transportation? No Yes If yes, firm name(s):

3) Community Narrative:

A. Describe how local transportation systems- including sidewalks, trails, Main Streets, as well as local streets- enhance or detract from local residents' and visitors' use and enjoyment of services and amenities your community offers. We would like to know such information as whether these systems allow good access to important services, promote healthy lifestyles and enhance the natural environment. Do all residents, including youth, and the elderly and disabled, have access to desired destinations? Does the visual quality of the system support use and reflect community identity? (7000 character limit)

B. Describe transportation enhancements the community would like to explore and the outcomes these enhancements are intended to promote. (3500 character limit)

C. What other benefits and changes would you like to bring about by participating in this program? For example, overcoming communication gaps between volunteer groups; getting more people involved in community improvement; building a coalition for healthy lifestyles; taking steps to increase habitat and water quality; accessing outside expertise to create new opportunities or to solve other persistent problems. (3500 character limit)

4) Steering Committee Information:

A. Complete the Visioning Committee forms provided (p. 5-8), listing all members of the proposed committee and providing all information requested. A minimum of eight committee members is required, but having more than eight members is strongly encouraged. Special consideration will be given to applicants who recruit youth for the steering committee.

B. Describe how the steering committee will engage other community members in the process, and how local government – such as the city council, mayor, city clerk or county leaders – will be informed and invited to participate. (3500 character limit)

5) Commitment and Support Letters:

A. One-page letter from the **organization(s) and/or local government entity providing the \$2,000 cash commitment to a future project**. The letter should demonstrate assurance that at least \$2,000 will be used to achieve the community’s first project.

B. One-page letter of commitment from the **city government** demonstrating they are aware of the program purpose and benefits, why they support this effort and what they will do to help make the Visioning process a success.

C. One-page letters from **supporting and partnering organizations, businesses, clubs, etc.**, demonstrating they are aware of the program purpose and benefits, why they support this effort and what they will do to help make the Visioning process a success.

6) Statement of Assurances and Agreement

To the best of my knowledge and belief, those listed as participants are committed to fulfilling their responsibilities as participants in the Visioning process if we are accepted as a Visioning community. This application has been duly authorized by the government unit of the applicant community with full understanding of the program requirements.

Committee lead/primary contact name **Date**

Name and title of government partner **Date**

Community Visioning Steering Committee Members

Primary Contact Person: _____ Occupation: _____
Address: _____ (Please check one: Home Work)
City: _____ State: _____ Zip Code: _____ E-mail: _____
Phone: Home: _____ Work: _____ Cell: _____

Skills, talents, history, connections/affiliations they bring to the committee: (700 character limit)

Local Government Agency Contact: _____ Occupation: _____
Address: _____ (Please check one: Home Work)
City: _____ State: _____ Zip Code: _____ E-mail: _____
Phone: Home: _____ Work: _____ Cell: _____

Skills, talents, history, connections/affiliations they bring to the committee: (700 character limit)

Committee Member: _____ Occupation: _____
Address: _____ (Please check one: Home Work)
City: _____ State: _____ Zip Code: _____ E-mail: _____
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