



Southern Tier West Regional Planning & Development Board
Letter-of-Intent
Appalachian Regional Commission
FY2025 Area Development Program Grant



Dr. Palmer fpalmer@southerntierwest.org or 716-945-5301, x2205

WHO: In addition to the general contact information, web presence, and name of contact person; provide a brief description of the organization or the applicant municipality and its mission.

Applicant Information

Organization Name		Address:	
Website		Social Media	
Primary contact Full name and title			
Contact email:		Phone:	

Applicant’s organizational or local government’s mission:

Project title: Give it a title that catches people’s attention and summarizes your action plan.

WHAT: Give a title to the project for which you seek funding. Summarize the main points that describe the project, the goals, and the reason(s) this project is worth funding. **Project Summary, Goals, and Reasoning (200 words):**

WHEN: Provide a brief timeline that includes when the proposed project and the associated activities will begin, any associated milestones that mark accomplishments towards goals, and completion of the project. Also, include sustainability plans to carry this program into the future.

Project Start / End Dates (month/year):

Milestone(s) at 3, 6 and/or 9 months (limit 100 words):

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Project Sustainability Plan (after ARC funds are expended): Describe how you will continue the project’s goals after the grant period ends (limit 200 words).

Performance/ Impact Measures:

Outputs Project Period 12 months	Outcomes 12 mo. Post project completion	Outcomes 3 years post project completion

Area(s) Served (Municipality/ County):

Project funding sources:

Funding	Amount	Source	Committed/Pending	Match Rate Percent
ARC Request				
Match – Cash				
Match – In-kind				
Match – Other grants				
Total Match				
Total Project Cost				

ARC Investment Goal: most closely matching your project goals

NYS Implementing Strategy: most closely matching your project goals.