



Southern Tier West Regional Planning & Development Board
Letter-of-Intent
Appalachian Regional Commission
FY2027 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: 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 (no sooner than June 1, 2027), 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): Note you can apply for 12 or 18 months.

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 |
|-------------------------------------|--------------------------------------------|---------------------------------------------|
| | | |
| | | |

Where: 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 (based on total project cost). | | | | |
| Total Project Cost | | | | |

ARC Investment Goal: identify the one (1) that most closely matching your project goals.

NYS Implementing Strategy: identify the one (1) that most closely matching your project goals.