

Appendix B

Chester County Vision Partnership Program County Consulting Technical Services Contract Application Format

Access the application at <https://www.chesco.org/FormCenter/Planning-44/Vision-Partnership-Program-County-Consul-221>, or through www.chesco.org/planning/vpp or the Municipal Corner of www.chesoplanning.org. Format of the application follows.

Steps	Municipality Information
1. Municipality Information	Applicant <input type="radio"/> Single Municipality <input type="radio"/> Multi-Municipal
2. Contact Information	Municipality or Multi-Municipal Group Name <input type="text"/>
3. Project Type	For Multi-Municipal Applications:
4. Funding	Lead Municipality <input type="text"/>
5. Signature	Other Municipal Participants <input type="text"/>
	<input type="button" value="Continue"/>

Steps	Contact Information
Municipality Information	Municipal Contact <i>Contact person must be from lead municipality for multi-municipal grants.</i>
2. Contact Information	Contact Person <input type="text"/>
3. Project Type	Title <input type="text"/>
4. Funding	Address <input type="text"/>
5. Signature	Email <input type="text"/>
	Phone Number <input type="text"/>
	Fax Number <input type="text"/>
	Municipal Financial Contact <input type="text"/>
	Title <input type="text"/>
	Email <input type="text"/>
	<input type="button" value="Continue"/> Go Back

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Steps	Project Type
Municipality Information	Please check the appropriate box.
Contact Information	<input type="checkbox"/> Plan adopted under the Pennsylvania Municipalities Planning Code
3. Project Type	<input type="checkbox"/> Ordinance adopted under the Pennsylvania Municipalities Planning Code
4. Funding	<input type="checkbox"/> Planning Study
5. Signature	Project Name <input type="text"/>
	Description <input type="text"/>
	Consistency with the Pennsylvania Municipalities Planning Code: Projects adopted under the Pennsylvania Municipalities Planning Code must comply with the requirements of the Pennsylvania Municipalities Planning Code.
	<input type="checkbox"/> I agree <input type="checkbox"/> N/A
	<input type="button" value="Continue"/> <input type="button" value="Go Back"/>

Vision Partnership Program 2021 - County Consulting Application

Steps	Funding
Municipality Information	Estimated Project Cost
Contact Information	<input type="text"/>
Project Type	
4. Funding	<input type="button" value="Continue"/> <input type="button" value="Go Back"/>
5. Signature	

Chester County Vision Partnership Program County Consulting Technical Services Contract Application Format

Steps

[Municipality Information](#)

[Contact Information](#)

[Project Type](#)

[Funding](#)

5. [Signature](#)

Signature

Legal Understanding

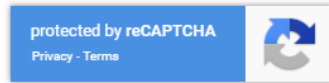
As the authorized municipal representative, I hereby submit the preceding data and information in support of our application. I understand the rules and procedures as written in the Vision Partnership Program County Consulting Manual, as revised, and agree to be bound thereby.

Signature

Date

Name

Title



Receive an email copy of this form.

Email address

This field is not part of the form submission.

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