



Please download and save this form to your computer prior to beginning your work.

Transformative Project Description

Project Title:

Project Location:

CFA Applicant:

Applicable CFA Funding Source(s) (Required): *(include agency name and program name)*

Funding Request(s): *(indicate dollar amount and program name)*

Organization Name:

Address:

Telephone:

Contact Name:

Contact Email:

Project Description: *(Provide a brief overview of the proposed project. Also, describe what issues and/or events are driving this project and what benefits will result.)*

Project Implementation Schedule: *(Provide a description of project readiness and estimated timeframe for completion.)*

Project Finances: *(including estimated project costs; major sources and uses of funds)*

Job Creation/Retention: *(estimated permanent and/or short-term jobs created or retained as a result of this project)*

Challenges and/or Potential Obstacles: *(Identify any challenges/obstacles to successful completion of the project.)*

Which CREDC goals does this project meet and why? *(Refer to the handout for a full explanation of each goal, and then **check the goal(s)** that applies to this project.)*

Goals:

Leverage and collaborate

Open new doors

Prepare for tomorrow

Build a superhighway

Bring cities to life

Celebrate and optimize our surroundings

Showcase our beauty

Spotlight our strengths

Why:

Does this project meet the goals of the Albany 2030 Plan? Yes No

Does this project meet the goals of the Local Advisory Report? Yes No

Does this project align with the Capital 20.20 Plan? Yes No

Has a NYS Consolidated Funding Application (CFA) been submitted for this project previously? Yes No

Please return the completed form to: development@capitalizealbany.com or 21 Lodge Street, Albany, New York 12207. To the best of your abilities, please attach a draft letter of support for your project.