



ONEIDA COUNTY

Consolidation Challenge 2022 Application

MUNICIPALITY:

CONTACT INFORMATION:

NAME:

ADDRESS:

PHONE:

EMAIL:

PROJECT:

Department/Partner:

Type of Service/Consolidation:
(i.e. Codes, Animal Control, Public Safety, Dissolution)

Description of Action:

Current Cost:
(*Attach financial documentation)

Potential Savings:
(Labor, Equipment, Salaries, Other)

Timeframe to Implement:

Benefit to Community

Barriers to Implementation:
(Legal, Fiscal, Community, Other)