

State of Connecticut  
Office of Policy and Management  
Home Connecticut Technical Assistance  
Grant Application Form

Name of Applicant:

Address of Applicant:

Name and Title of Authorized Official:

Name of Project Manager:

Telephone Number of Project Manager:

### 1. BUSINESS INFORMATION

1a. Federal Employer Identification Number: \_\_\_\_\_

1b. Grantee's Fiscal Year: From \_\_\_\_ To \_\_\_\_\_

### 2. PROJECT INFORMATION

2a. Provide the following:

- Project Title:
- Intended Use of Funds:
- Project Budget
  - Provide a line item income and expense budget for the project. Budget should delineate state funding from non-state funding.

### 3. LOCAL APPROVALS

3a. Submit a certified resolution adopted in the last 60 days by the Town's legislative body (or, in the case of a town where the town meeting is the legislative body, the Board of Selectmen):

- Authorizing submission of this grant application;
- Identifying the individual who can sign the grant application and administer the grant.

3b. Submit a certified resolution of the local zoning authority (1) endorsing the application for assistance; and (2) certifying that it will consider the creation of one or more housing incentive zones.

**For additional information, please attach a separate sheet and include the corresponding number.**

The certified resolutions should be signed by the City or Town Clerk and embossed with the corporate seal.

#### 4. PROJECT PLAN

Submit a detailed project plan which describes (1) the proposed use of the grant funds; (2) the way in which the use of the funds will facilitate the creation of a housing incentive zone; and (3) a schedule for (a) the use of the funds; and (b) the establishment of the housing incentive zones.

My signature below, for and on behalf of \_\_\_\_\_, indicates  
Name of Grantee  
acceptance of the following and further certifies that:

1. I have the authority to submit this grant application;
2. I have read, understand, and will comply with the General Grant Conditions;
3. I understand that funding associated with this grant application is one-time in nature and that there is no obligation for additional funding from the Office of Policy and Management or the State of Connecticut;
4. I understand that should this grant application be approved, such state funds shall be expended no later than June 30, 2009;
5. I understand that requests to extend the grant end date shall be submitted in writing to the Office of Policy and Management no later than thirty (30) days before the grant end date of June 30, 2009;
6. I understand that unexpended funds shall be returned to the State of Connecticut within sixty (60) days of the grant end date;
7. I understand that if this organization meets the requirements of the State Single Audit Act, Sections 4-230 through 4-236, as amended, of the Connecticut General Statutes, the organization is required to submit a State Single Audit, at its own expense, no later than six (6) months after the end of the audit period. If this organization is not required to submit a State Single Audit, the organization is required to submit a final accounting of the grant expenditures within sixty (60) days of the grant end date; and
8. I hereby certify that the statements contained in the responses to this application and accompanying documents are true to the best of my knowledge and belief and that I know of no reason why the applicant cannot complete the project in accordance with the representations contained herein.

**For additional information, please attach a separate sheet and include the corresponding number.**

\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Title

\*Date: \_\_\_\_\_

\* The application must be signed subsequent to the adoption of the resolution by the local legislative body.

**For additional information, please attach a separate sheet and include the corresponding number.**