

**Town of Colchester**  
ARPA Recovery Funding Request Application

**Directions:** Please fill in all fields. Once completed, either print and drop off this application to the First Selectman's office located at 127 Norwich Ave, Colchester, CT 06415, or save a copy and email to ARPA@ColchesterCT.gov. If you have questions please email ARPA@ColchesterCT.gov. Please include any additional documentation you feel would help in the application process. Submit only one project per application (submit multiple applications if you have multiple projects).

**Important:** Applicant must demonstrate that the funding use directly addresses a negative economic impact of the COVID-19 public health emergency.

**Applicant Background Information**

<b>Applicant Name:</b>		<b>Date Prepared:</b>	
<b>Applicant email:</b>		<b>Applicant Phone:</b>	
<b>Department / Business / Establishment Name:</b>			

**Project Details**

<b>Project Title:</b>		<b>Anticipated Start Date:</b>	
<b>Total Funding Request Amount:</b>	\$	<b>Anticipated Length of Time to Complete Project:</b>	
<b>On a scale of 1 (Not Urgent) - 10 (Very Urgent), how urgent is this request? Please explain.</b>			

**Project Description (How will the funds be used?)**

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**Justification (Please describe how your request addresses a negative impact to COVID-19.)**

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**Briefly explain the positive impact your project will have on the community.**

**Describe the impact to your department / business / establishment if ARPA funds are NOT approved.**

**Budget Overview (How will the ARPA funding be spent?)  
(If more room is needed, please attach additional spreadsheet)**

<b>Budgeted item / Service</b>	<b>Budgeted Amount</b>	<b>Notes</b>
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>TOTAL:</b>	\$	