

# Colchester Household Give Back Grant Program Application

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 [selectman@colchesterct.gov](mailto:selectman@colchesterct.gov). If you have questions, please email [selectman@colchesterct.gov](mailto:selectman@colchesterct.gov). Please include any additional documentation your household feels would help in the application process.

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

<b>Applicant Name:</b>		<b>Date Prepared:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Address:</b>			

**Did your household receive at least \$1,000 in federal stimulus assistance?**

**How was your household impacted by the response to the COVID-19 pandemic?**

**If awarded, how does your household plan to spend the Colchester Household Give Back grant funds?**

**By signing this application, your household affirms that the information provided in this application is true and correct.**

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**Signature**

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**Date**