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 mutliple applications if you have multiple proejcts).

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

Applicant Background Information

Applicant Name:		**Date Prepared:**	
Applicant email:		**Applicant Phone:**	
Department / Business / Establishment Name:			

Project Details

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

Project Description (How will the funds be used?)

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

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)

Budgeted item / Service	Budgeted Amount	Notes
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
TOTAL:	$	