

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 mutiple 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.)

