

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.)

