

AFFORDABLE HOUSING PLAN – PLANNING GRANT

MUNICIPAL INFORMATION

Name of the Municipality: _____

Address: _____

_____ Zip Code _____

Name and Title of Authorized Official: _____

Telephone: _____ Fax Number: _____ Email: _____

Name and Title of Contact Person/Title: _____

Telephone: _____ Fax Number: _____ Email: _____

If you are using a consultant to write this application, please provide the following:

Consultant Name _____ Phone # _____

Company (if applicable) _____

Address: _____ Fax # _____

ASSISTANCE REQUEST

1. PROJECT INFORMATION

1a. Federal Employer Identification Number: _____

1b. Grantee's Fiscal Year: From _____ To _____

1c. Amount of Assistance Requested: _____

1d. Please provide a Project Budget as Attachment #1. (see Exhibit 1: Budget Form)

2. LOCAL APPROVAL

2a. Submit a certified resolution adopted in the last 60 days by the Town's legislative body (or, in the case of a town where the town meeting is the legislative body, the Board of Selectmen):

- Authorizing submission of this grant application;
- Identifying the individual who can sign the grant application and administer the grant.

The certified resolution should be signed by the City or Town Clerk and embossed with the corporate seal. (Please provide as Attachment #2)

3. APPLICANT CERTIFICATION

My signature below, for and on behalf of _____, indicates

Name of Municipality

acceptance of the following and further certifies that:

1. I have the authority to submit this grant application;
2. I have read, understand, and will comply with the General Grant Conditions;
3. I understand that funding associated with this grant application is one-time in nature and that there is no obligation for additional funding from the Department of Housing or the State of Connecticut;
4. I understand that should this grant application be approved, such state funds shall be expended no later than June 30, 2021;
5. I understand that requests to extend the grant end date shall be submitted in writing to the Department of Housing no later than ninety (90) days before the grant end date of June 30, 2021;
6. I understand that unexpended funds shall be returned to the State of Connecticut within sixty (60) days of the grant end date;
7. I understand that if this organization meets the requirements of the State Single Audit Act, Sections 4-230 through 4-236, as amended, of the Connecticut General Statutes, the organization is required to submit a State Single Audit, at its own expense, no later than six (6) months after the end of the audit period. If this organization is not required to submit a State Single Audit, the organization is required to submit a final accounting of the grant expenditures within sixty (60) days of the grant end date; and
8. I hereby certify that the statements contained in the responses to this application and accompanying documents are true to the best of my knowledge and belief and that I know of no reason why the applicant cannot complete the project in accordance with the representations contained herein.

Certifying Representative:

1. Type Name and Title: _____

2. Signature: _____

3. Date: _____



CONNECTICUT DEPARTMENT OF HOUSING				
Project Financing Plan & Budget				
Original (Mark X):		Revision#:		
Applicant:	Town of Old Saybrook	Fed ID#:	06-6002058	
Project:	Market Study & Analysis for AHP	Project #:		
Program:	Affordable Housing Plan Grant	Budget Start:	7/1/2020	Budget End: 6/30/2021

		DOH Share GRANT	TOWN Share	Private/Other	TOTAL
SOURCES OF FUNDS					
DOH:	DOH, SBC 12/2020	\$ 15,000			\$ 15,000
DOH:					\$ -
Other:	Planning Commission		\$ 10,000		\$ 10,000
Other:	Land Use Department		\$ 10,000		\$ 10,000
Other:					\$ -
Total Sources		\$ 15,000	\$ 20,000	\$ -	\$ 35,000

		DOH/Town Funds	Private/Other	TOTAL
USES OF FUNDS				
		DOH Share	Town Share	
				\$ -
Market study/analysis		\$ 10,000.00	\$ 5,000.00	\$ 15,000.00
Community Engagement		\$ 5,000.00	\$ 2,500.00	\$ 7,500.00
Printing/Publication			\$ 2,500.00	\$ 2,500.00
Other Planning Costs - Town Plan update			\$ 7,500.00	\$ 7,500.00
				\$ -
				\$ -
Salaries				\$ -
Other Administration Costs				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Contingency			\$ 2,500	\$ 2,500.00
Total Uses		\$ 15,000.00	\$ 20,000.00	\$ 35,000.00

Applicant Name:

I request approval of this Project Financing Plan and Budget in accordance with the terms and conditions of the Assistance Agreement/Notice of Grant Award (NOGA) and as the duly authorized individual representing the applicant, affirm that the project will be operated in accordance with this budget:

Carl P. Fortuna, Jr., First Selectman

Date

The Project Financing Plan and Budget is hereby approved in the amounts and for the time period indicated.

Program Director, DOH

Date

Seila Mosquera-Bruno, Commissioner

Date