**Municipal Certification of**

**Eligibility for Discretionary State Funding**

*(This form to be completed by municipality*)

Name of Discretionary Grant Funding Program: **Community Investment Fund 2030**

Name of Municipality & Town Code: **Select from Drop Down List** (hereinafter referred to as “Town/City”)

In accordance with C.G.S. § 8-23, as amended by [**Public Act 15-95**](https://www.cga.ct.gov/2015/ACT/PA/2015PA-00095-R00SB-01045-PA.htm), any municipality that has not adopted a plan of conservation and development (POCD) within the past ten years is ineligible for **discretionary state funding** unless they submit a “Notice of Expired POCD” to the OPM Secretary and to the Commissioners of Transportation, Energy and Environmental Protection, and Community and Economic Development, **and** they request and receive a waiver from the prohibition on a grant-by-grant basis from the OPM Secretary

In accordance with C.G.S. § 8-23(a)(1), the Town/City has adopted a POCD within the last ten years; the adopted plan expires **Select Date**.

The Town/City has **not** adopted a POCD within the last ten years as required by C.G.S. § 8-23(a)(1) and:

In accordance with C.G.S. § 8-23(a)(2), the Town/City has submitted a “[[**Notice of Expired POCD**](http://www.ct.gov/opm/lib/opm/igp/org/townpocds/notice_of_expired_pocd_letter_template.docx)](http://www.ct.gov/opm/lib/opm/igp/org/townpocds/notice_of_expired_pocd_letter_template.docx)” to the OPM Secretary and the Commissioners of Transportation, Energy and Environmental Protection, and Economic and Community Development that explains why such plan was not adopted within the required ten year period (copy attached).

**AND**

In accordance with C.G.S. § 8-23(b), the Town/City has submitted a "[**Waiver Request Letter**](http://www.ct.gov/opm/lib/opm/igp/org/townpocds/waiver_request_letter_template.docx)" to the OPM Secretary requesting a waiver of the discretionary state funding prohibition for this grant application (copy attached).

I attest that the aforementioned information is accurate and complete and that I am the representative of the Town/City who is authorized to execute this certification.

**Type or Print Name and Title Here**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Select Date**

**Select Municipality Name from Drop Down List**