



**CT Dept. of Economic and Community Development
Office of Brownfields Remediation & Development**

Municipal Brownfield Grant Program Application (Assessment-Only)

MULTI-PROJECT APPLICATION COVER SHEET

(Councils of Government and Brownfield Land Banks Only)

1. Applicant:

Contact Name:

Title:

Telephone:

Email:

2. Type of Organization

Regional Council of Government **Brownfield Land Bank**

3. Cumulative Total Amount of Assistance Requested (all project) : \$

Please provide a breakout of projects & the amount of funding requested per project:

Project Name	Project Address	Municipality	Amount of Assistance Requested
			TOTAL

*Maximum (Cumulative Total) Request Not-to-Exceed \$500,000

**Individual project minimum = \$100,000/maximum = \$200,000