



STATE OF CONNECTICUT

OFFICE OF POLICY AND MANAGEMENT

Intergovernmental Policy and Planning Division

MUNICIPAL GRANTS-IN-AID WAIVER REQUEST FISCAL YEAR 2022

Municipality / Special Tax District Name:

Federal Employee Identification Number:

Name:

Title:

Address:

Town: CT Zip:

Phone Number:

E-mail Address:

Waiver Request Item Detail:

Table with 4 columns: ITEM, DESCRIPTION, 20 YEAR LIFE, AMOUNT. Includes a sample row for Ford F550 - 2023.

Fiscal Year 2022 Allocation Amount \$

Requested Waiver Amount \$

Amount to be used per CGS §13a-175a(a) \$

Amount in FY 21-22 Budget for roads/infrastructure \$

SIGNATURE:
SIGNED: ___/___/ 2022

RETURN PDF COPY BY MAY 6TH TO MARTIN.HEFT@CT.GOV