

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

**Municipal Brownfield Grant or Loan Application
Remediation/Limited Assessment Program**

BUDGET SUMMARY SHEET

1. Applicant Name: _____

2. Round: _____

3. Project Name: _____

4. Brownfield/Cleanup Project Budget:

Brownfield Funding Request:	
Previous Brownfield Funding:	
Other DECD Funding:	
Non-DECD Funding:	
TOTAL BUDGET	

5. Redevelopment Phase Budget:

DECD Funding (excluding this request):	
Non-DECD Funding (excluding amount #4):	
TOTAL BUDGET	