**Intent to Apply Form**

*Please note that all proposed projects must meet the eligibility requirement and national objective criteria. It is understood that projects sometimes change by the time applications are submitted, so please communicate any changes to us immediately.*

Seila Mosquera-Bruno

*Commissioner*

Ned Lamont

*Governor*

The City/Town of       intends to submit a Small Cities Application for the (20   ) competitive application round.

Proposed project name:

Proposed project activity:

The proposed project description:

What year was the building(s) built (if applicable):

Based on the preliminary determination of the ERR, is an ESA Phase 1 required? [ ]  Yes [ ]  No

**If yes**, check all Toxins and/chemicals (per Statutory Checklist) subject to testing based on the initial inspection (please list all other agents not listed):

[ ] **Lead** [ ]  **Radon** [ ] **Asbestos** [ ]  **Mold** [ ]  **Other**

Other(s):

The City/Town will submit an application in the amount of: $

Does the Town have a Certified Grant Administrator (CGA) on staff:  [ ]  Yes [x]  No

If no, will the assigned town staff(s) be certified by October 2021? [x]  Yes [ ]  No

The City/Town plans to advertise for a consultant: [ ]  Yes [ ]  No

If consultant is in place, please indicate name of firm:

Is the consultant certified in Connecticut: [ ]  Yes [ ]  No

If no, will the consultant be certified by October 2021? [ ]  Yes [ ]  No

**Provide the Staff/Consultant responsible for submitting the application:**

**Name**:        **Email**:

City/Town CEO:       Date:      M/D/YYYY

Phone:       EXT       Email:

Address:                  5-DIGIT

 Street Town/City Zip

*Note: Email completed form to* ***DOH.CDBGapps@ct.gov*** *by* ***Friday April 23, 2021****.*