



STATE OF CONNECTICUT

OFFICE OF POLICY AND MANAGEMENT

Intergovernmental Policy and Planning Division

MUNICIPAL GRANTS-IN-AID WAIVER REQUEST FISCAL YEAR 2023

Municipality / Special Tax District Name: _____

Federal Employee Identification Number: _____

Name: _____

Title: _____

Address: _____

Town: _____ CT Zip: _____

Phone Number: _____

E-mail Address: _____

Waiver Request Item Detail:

ITEM	DESCRIPTION	20 YEAR LIFE	AMOUNT
<i>Sample: Ford F550 - 2023</i>	<i>Police Vehicle Replacement</i>	<i>Yes</i>	<i>\$ 25,245.13</i>
TOTAL WAIVER REQUEST			\$

Fiscal Year 2023 Allocation Amount (PA 21-111) \$ _____

Requested Waiver Amount \$ _____

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

Amount in FY 22-23 Budget for roads/infrastructure \$ _____

SIGNATURE: _____

SIGNED: ____/____/ 2023

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