**APPLICATION FORM**

**2022 Transit-Oriented Development (TOD)**

**Grant Program**

**State of Connecticut - Office of Policy and Management**

**Please complete one APPLICATION FORM for each proposal. Only complete applications will be evaluated. Email your completed application, along with all other required attachments, to:** **OPM-TOD2022@ct.gov**

Files must be in a ZIP file not to exceed 10MB. Files exceeding 10MB will need to be separated into smaller ZIP files and sent in separate emails clearly identified as 1 of 3, 2 of 3, 3 of 3, etc.

|  |  |
| --- | --- |
| **APPLICANT INFORMATION:** |  |
| **Applicant Town:** | Click or tap here to enter text. | **Tax ID (FEIN) No:** | Click or tap here to enter text. |
| **Business address:** | Click or tap here to enter text. |
|  | *(Street, City, State)* |
|  |  |  |  |
| **Contact Information of Authorized CEO Signatory:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *(Name)* | *(Title)* | *(Phone)* | *(Email)* |
|  |  |  |  |
| **Primary contact person for project-related details (if other than Authorized CEO Signatory):** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *(Name)* | *(Title)* | *(Phone)* | *(Email)* |
|  |  |  |  |
| **Project Name:** | Click or tap here to enter text. |
| **Project Address/Location:** | Click or tap here to enter text. |
|  | *(Street, City, State)* |
|  |  |  |  |
| **Amount of requested grant funding ($200,000 min - $2,000,000 max):** | Dollar Amount |
| **Amount of grantee match funding (preferred 20% of total project cost):** | Dollar Amount |
| Percentage of Total Project Cost |

**PROJECT DESCRIPTION:**

Answer the questions below in *as few words as possible*. Applicants will be asked to provide additional details and documentation as part of the Required Attachments. Please keep all answers specific to the project being proposed.

**Describe the project purpose and need (Limit 300 Characters):**

Click or tap here to enter text.

**Describe the proposed project’s scope of work: (Limit 300 Characters):**

Click or tap here to enter text.

**If this project is one phase of a multi-phase project, briefly describe the other phases. Clearly identify any completed phases, and which phase is being requested as part of this application (Limit 300 Characters):**

Click or tap here to enter text.

**PROJECT QUESTIONNAIRE:**

Check the appropriate boxes below and provide additional commentary only if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | **NO** | **UNSURE** | **N/A** |
| Is the project located within ½ mile of an existing transit station (Rail, BRT, or high-frequency daily local bus service)? |[ ]  Projects that do not meet this criteria are ineligible for funding under this program. |
| Is the proposed project “shovel-ready”, as defined in the Request For Applications (RFA)? |[ ]  Projects that do not meet this criteria are ineligible for funding under this program. |
| Does the applicant municipality hold title to, or a long-term lease on, the affected property(ies)? Or is the funding request for land acquisition in support of an eligible capital project? |[ ]  Projects that do not meet this criteria are ineligible for funding under this program. |
| Does the proposed project have the approval of the applicant’s legislative body? Provide additional details in Attachments 9 and 10. |[ ] [ ] [ ] [ ]
| Has all other project funding been secured? Provide additional details in Attachments 2 and 3. |[ ] [ ] [ ] [ ]
| Are all applicable state and local permits and approvals in place? Provide additional details in Attachment 7. |[ ] [ ] [ ] [ ]
| Are all project plans, specifications and estimates ready to be advertised? |[ ] [ ] [ ] [ ]
| Additional Comments, if necessary: | Click or tap here to enter text. |
| Has the applicant coordinated with all impacted utilities? |[ ] [ ] [ ] [ ]
| Additional Comments, if necessary: | Click or tap here to enter text. |
| Is the proposed project consistent with the following: |[ ] [ ] [ ] [ ]
| 2018-2023 State Plan of Conservation and Development (POCD);  |[ ] [ ] [ ] [ ]
| Regional POCD;  |[ ] [ ] [ ] [ ]
| Municipal POCD(s) of the affected municipality(ies)? |[ ] [ ] [ ] [ ]
| Is the proposed project ***specifically identified*** in any regional or local POCD, Comprehensive Economic Development Strategy (CEDS) or other planning document, report, etc? |[ ] [ ] [ ] [ ]
| If you answered Yes to the previous, provide a link to the document and identify the pertinent section: | Click or tap here to enter text. |
| Is the Municipal POCD of the affected municipality(ies) in compliance with [CGS 8-23](https://www.cga.ct.gov/current/pub/chap_126.htm#sec_8-23)? If no, the municipality(ies) will need to seek a [waiver](https://portal.ct.gov/OPM/IGPP/ORG/Conservation-and-Development-Policies-Plan/Municipal-Plans-of-Conservation-and-Development) from OPM. |[ ] [ ] [ ] [ ]

**REQUIRED ATTACHMENTS:**

Note that all attachment must be clearly labeled using the following naming format:

Attachment # - Name of Attachment – Applicant Name

* Attachment 1: Site Plans, as necessary, to identify existing site conditions such as project location, property boundaries, property ownership, flooding or other risk factors, and any other pertinent details.
* Attachment 2: Completed Statement of Work and Grant Award Budget.
* Attachment 3: Project Cost Estimates as prepared by a qualified professional
* Attachment 4: Proposed Project Schedule.
* Attachment 5: Project Plans including concept plans, construction drawings, and any other pertinent project mapping to convey the proposed project. Include any project phasing plans, if applicable.
* Attachment 6: (For land acquisition only) Two separate real estate appraisals.
* Attachment 7: List of all local, state, and federal permits and approvals required for the project and the status of each.
* Attachment 8: Business name and contact information for all project partners.
* Attachment 9: An authorizing referendum vote and/or resolution by the local legislative body, or, in any town where the legislative body is a town meeting, by a vote of the board of selectmen, which authorizes the Chief Executive Officer to accept such grant if awarded, and enter into and execute any and all agreements, contracts and documents necessary to obtain said TOD Grant with the State of Connecticut. This authorizing vote and/or resolution needs to be submitted to the administering agency within thirty (30) days of grant award notice if such is not available at time of application.
* Attachment 10: Any town resolution(s) in support of application for this grant and/or resolutions in support of the project for which you are seeking this grant. (An authorizing resolution to apply for this grant is not required, however other resolutions will be required as part of your contracting process should you be selected to receive an award.) A sample resolution is provided at the end of this document.
* Attachment 11: Municipal Certification of Eligibility for OPM Discretionary State Funding (rev. 03/26/18)
* Attachment 12: Acceptance & Certification

**ENVIRONMENTAL REVIEW QUESTIONS:**

The following questions are based off of OPM’s [Generic Environmental Classification Document, Revised 03/02/2021](https://portal.ct.gov/-/media/OPM/IGP/ORG/CEPA/Revised-Generic-ECD_03022021.pdf) (Generic ECD) which is the primary tool used by state agencies in determining if additional review will be required under the [Connecticut Environmental Policy Act (CEPA)](https://portal.ct.gov/OPM/IGPP/ORG/CEPA/Overview-of-Connecticut-Environmental-Policy-Act). A “yes” answer indicates the potential for additional CEPA review, which will not negatively impact the project’s ability to receive a grant award, but may result in additional cost and/or time considerations. The applicant is responsible for any additional costs associated with CEPA, or any other required review.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | **NO** | **UNSURE** | **N/A** |
| Is the project located on Developed Land, as defined in OPM’s Generic ECD? |[ ] [ ] [ ] [ ]
| Will the project be served by ***existing*** sewer and water infrastructure with sufficient capacity? |[ ] [ ] [ ] [ ]
| Does the proposed project include the major reconstruction, rehabilitation, or improvement that would also significantly change the use of an existing facility? |[ ] [ ] [ ] [ ]
| Does the proposed project include the construction of new transit infrastructure, or new or expanded public roadways? |[ ] [ ] [ ] [ ]
| Does the proposed project include a net increase in the parking capacity for 200 or more vehicles? |[ ] [ ] [ ] [ ]
| Will the proposed project result in the construction of new wastewater conveyance infrastructure beyond the area currently being served? |[ ] [ ] [ ] [ ]
| Will the proposed project result in the construction of drinking water distribution infrastructure beyond the area currently being served? |[ ] [ ] [ ] [ ]
| Will the proposed project convert five (5) or more acres of active agricultural land to a non-agricultural use, or significantly affect five (5) or more acres of Prime Farmland Soils, Statewide Important Farmland Soils, and/or Locally Important Farmland Soils as defined in [Title 7 Part 657 of the U.S. Code of Federal Regulations](https://www.govinfo.gov/content/pkg/CFR-2012-title7-vol6/pdf/CFR-2012-title7-vol6-part657.pdf)? |[ ] [ ] [ ] [ ]
| Will the project significantly affect core forest, defined in [CGS 16a-3k](https://www.cga.ct.gov/current/pub/chap_295.htm#sec_16a-3k) as unfragmented forest land that is three hundred feet or greater from the boundary between forest land and nonforest land? |[ ] [ ] [ ] [ ]
| Does the project involve the storage or transfer of waste, including but not limited to solid, hazardous, biomedical and radioactive wastes; recycling centers; resource recovery facilities; waste conversion facilities; and transfer stations; as defined in [CGS Sec. 22a-207](https://www.cga.ct.gov/current/pub/chap_446d.htm#sec_22a-207)? |[ ] [ ] [ ] [ ]
| Does the proposed project include development of an energy generation facility that exceeds 100 kW on undeveloped land, or an energy generation facility that exceeds 1 kW located on or in water? |[ ] [ ] [ ] [ ]
|  | **YES** | **NO** | **UNSURE** | **N/A** |
| Does the project involve any transfer of property from a state agency to a municipality? |[ ] [ ] [ ] [ ]
| Is the project located in a Water Supply Watershed or Aquifer Protection Area? |[ ] [ ] [ ] [ ]
| Are there any [state](https://portal.ct.gov/DEEP/NDDB/Natural-Diversity-Data-Base-Maps) or [federally](https://ecos.fws.gov/ecp/report/critical-habitat) listed critical habitat or protected species in the proposed project area? |[ ] [ ] [ ] [ ]
| Answering Yes or Unsure to any of the next five questions means that the project may require review by the [State Historic and Preservation Office](https://portal.ct.gov/DECD/Content/Historic-Preservation/01_Programs_Services/Environmental-Review/Fed-Review-and-Compliance---Section-106) (SHPO). Indicate the status of that review and provide any applicable documentation in Attachment 7. |  |
| Will the proposed project demolish, alter, or significantly impact any historic landmark or structure as defined in CGS 10-410, or archeological site as defined in CGS 10-381? |[ ] [ ] [ ] [ ]
| Are any affected properties listed on the State or National Register of Historic Places? |[ ] [ ] [ ] [ ]
| Are there any buildings, structures, or objects within the “Area of Potential Effects”, defined as the area(s) within which the proposed activity will directly or indirectly alter the character of historic properties? |[ ] [ ] [ ] [ ]
| Will the proposed activity impact any existing buildings older than 50 years? |[ ] [ ] [ ] [ ]
| Does the proposed activity involve ground disturbing activities in previously undisturbed areas? |[ ] [ ] [ ] [ ]
| Will the property require any environmental remediation and/or hazardous material abatement? If yes , provide answers to the next three questions. |[ ] [ ] [ ] [ ]
| Describe the level of investigation or remediation conducted, if any: | Click or tap here to enter text. |
| Describe any additional investigation or remediation needed, if any: | Click or tap here to enter text. |
| Is the site the subject of an Environmental Land Use Restriction (ELUR), or is it part of any of the state brownfield and/or liability relief programs? |[ ] [ ] [ ] [ ]
| Additional Comments, if necessary: | Click or tap here to enter text. |
| Will any project- related activities be conducted within a [100 or 500 year floodplain](https://msc.fema.gov/portal/home), and/or impact any natural or man-made storm drainage facilities? If Yes, a DEEP [Flood Management Certification](https://portal.ct.gov/DEEP/Permits-and-Licenses/Factsheets-Inland-Water/Flood-Management-Certification-Fact-Sheet) (FMC) may be required. |[ ] [ ] [ ] [ ]
| Are there any potential adverse social impacts anticipated as a result of the proposed project? |[ ] [ ] [ ] [ ]

**ENVIRONMENTAL REVIEW QUESTIONS**:

In as few words as possible, use the table below to identify any potential adverse impacts to the listed environmental factors. It is not necessary to provide technical details or supporting documentation at this time. If no impacts are anticipated, please answer “none” in the text box.

|  |  |
| --- | --- |
| **Environmental Factors****(see** [**Section 22a-1a-3 of the RCSA**](https://www.eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_22aSubtitle_22a-1a_HTML/#_22a-1a-3) **for more details)** | **Determination of Impacts** |
| Effect on water quality, including surface water and groundwater; | Enter text. |
| Effect on a public water supply system; | Enter text. |
| Effect on flooding, in-stream flows, erosion or sedimentation; | Enter text. |
| Disruption or alteration of an historic, archeological, cultural, or recreational building, object, district, site or its surroundings; A. Alteration of an historic building, district, structure, object, or its setting; OR B. Disruption of an archeological or sacred site; | Enter text. |
| Effect on natural communities and upon critical plant and animal species and their habitat; interference with the movement of any resident or migratory fish or wildlife species; | Enter text. |
| Use of pesticides, toxic or hazardous materials or any other substance in such quantities as to cause unreasonable adverse effects on the environment; | Enter text. |
| Substantial aesthetic or visual effects; | Enter text. |
| Inconsistency with: (A) the policies of the State C&D Plan, developed in accordance with section 16a-30 of the CGS; (B) other relevant state agency plans; and (C) applicable regional or municipal land use plans; | Enter text. |
| Disruption or division of an established community or inconsistency with adopted municipal and regional plans, including impacts on existing housing where sections 22a- 1b(c) and 8-37t of the CGS require additional analysis; | Enter text. |
| Displacement or addition of substantial numbers of people; | Enter text. |
| Substantial increase in congestion (traffic, recreational, other); | Enter text. |
| A substantial increase in the type or rate of energy use as a direct or indirect result of the action; | Enter text. |
| The creation of a hazard to human health or safety; | Enter text. |
| Effect on air quality; | Enter text. |
| Effect on ambient noise levels; | Enter text. |
| Effect on existing land resources and landscapes, including coastal and inland wetlands; | Enter text. |
| Effect on agricultural resources; | Enter text. |
| Adequacy of existing or proposed utilities and infrastructure; | Enter text. |
| Effect on greenhouse gas emissions as a direct or indirect result of the action; | Enter text. |
| Effect of a changing climate on the action, including any resiliency measures incorporated into the action; | Enter text. |
| Any other substantial effects on natural, cultural, recreational, or scenic resources. | Enter text. |
| Cumulative effects.  | Enter text. |

**ATTACHMENT 2**

**STATEMENT OF WORK AND GRANT AWARD BUDGET**

**NAME OF APPLICANT TOWN:**

**GRANT PROGRAM NAME:** 2022Transit-Oriented Development (TOD) Grant

**CONCISE GRANT PROGRAM SUMMARY (PROGRAM PURPOSE/INTENT/MISSION):** The Transit-Oriented Development Grant Program (TOD) provides grant funding for municipalities for shovel-ready capital projects to advance state, regional, and local goals for transit-oriented development (TOD), as defined in [Section 13b-79o](https://www.cga.ct.gov/current/pub/chap_243.htm#sec_13b-79o) of the Connecticut General Statutes.

TOD funds are issued by the State Bond Commission and can only be used for capital projects. A project is considered to be a capital project if it is new construction, expansion, renovation or replacement for an existing facility or facilities.

**PROJECT TITLE/NAME (as appears on application):**

**I. INTRODUCTION**

**CONCISE PROJECT DESCRIPTION (Limited to 300 characters):**

**II. STATEMENT OF WORK**

The grantee proposes to complete the work and/or proposes to purchase goods and/or services as delineated in the following table and in accordance with the below proposed budget. Note that the items listed in the “Tasks” column are simply examples. You may delete any and all that are not applicable.

| **Category (Optional): Overarching type of work (for example: planning/design/construction/reports)** | **Tasks:** **The individual tasks to be performed in order to accomplish the objective of the grant award.**  | **Target Completion Date for Each Task (specific date or # months from contract execution date)** |
| --- | --- | --- |
|  | Construct new sidewalks to create a continuous pedestrian connection from South St. to the transit station; |  |
|  | New walkways, bike lanes, sidewalks, and intersection improvements to enhance access to the existing train station by non-motorized users; |  |
|  | Site improvements including drainage, grading, infrastructure upgrades for the town green;  |  |
|  | Property acquisition of former Acme Mill adjacent to the transit station for redevelopment; |  |
|  | Stabilization/mothballing of the former Acme Mill for future redevelopment; |  |
|  | Upgrades to the **existing** sewer and water infrastructure servicing the former Acme Mill to support redevelopment into housing; |  |
|  | Construct pedestrian improvements along 1.1. miles of Main St between First St. and Elm St, including sidewalks, bike lanes, intersection improvements, and ADA upgrades; |  |
|  | Development of a pocket park in a densely developed urban area with access to local transit; |  |
|  | Conversion of the former Elementary School into a new Community Center; |  |
|  |  If applicable, Grantee(s) shall be responsible for monitoring any Subgrantee(s) or Subcontractor(s) to ensure tasks and deliverables under such Subgrant(s) or Subcontract(s) are met and work with such parties to develop plans if any obstacles may develop that would impact the delivery of such tasks or deliverables. |  |
|  | If applicable, Grantee(s) shall ensure that all Subgrant(s) or Subcontract(s) provide clear Statements of Work and such Statements of Work shall, at minimum, incorporate applicable requirements into any Subgrant(s) or Subcontract(s) for services and/or work under this Grant. |  |
|  |  |  |
|  |   |  |
|  |  |  |
|  |  |  |

**III. PROPOSED TOD GRANT AWARD BUDGET :**

List proposed grant award budget items below.

| **Description** | **Amount of anticipated TOD Funding** | **Amount Federal Funding** | **Amount Grantee Match Funding**  | **Amount Other Funding** | **If “Other”, list source name and type (private, state, etc.)** | **TOTALS:** |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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| **TOTALS:** |       |       |       |       |       |       |

**PAYMENT TERMS**

* Grantee provides the above proposed budget understanding that should a grant be awarded no reimbursements will be made for expenditures incurred prior to the grant start date or after the grant end date.

**ATTACHMENT 10 (Sample)**

**MUNICIPAL CERTIFICATION OF RESOLUTION**

**Below is the suggested format for the municipal certification of the town’s resolution which authorizes the Chief Executive Officer of the municipality to accept a 2022 TOD Grant and enter into any required contracts/agreements necessary to facilitate such grant. The title of the Chief Executive Officer can be changed to reflect the appropriate title with respect to your municipality’s form of government (i.e., Mayor, Town Manager, First Selectman, etc.).**

**A copy of the relevant resolution shall accompany the below certification. The below certification must be printed on the municipality’s letterhead and must bear the official seal of the town/town clerk. For embossed seals with no ink, please darken the impression with graphite so it will be visible on the scanned document.**

**Required language to be included in the town’s resolution appears in the indented portion of the certification below.**

**Municipal Certification of Resolution - OPM 2022 TOD Grant**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Town Clerk of the Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a municipality organized and existing under the laws of the State of Connecticut, hereby certify that the following is a true copy of the resolution adopted at the Representative Town Meeting of said municipality at the Regular Monthly Meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_(month, day, year):

“RESOLVED, that First Selectman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) be, and hereby is, authorized to accept on behalf of the Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, a 2022 Connecticut TOD Grant in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(project description); and

FURTHER RESOLVED, that First Selectman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) is hereby authorized to enter into and execute any and all agreements, contracts and documents necessary to obtain said 2022 TOD Grant with the State of Connecticut.”

AND I DO FURTHER CERTIFY that the above resolution has in no way been altered, amended or revoked, and is in full force and effect.

AND I DO FURTHER CERTIFY that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) is the first selectman of the town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and has been since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of instatement).

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 2022.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/Town Clerk

 Seal

**ATTACHMENT 11**

**Town of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Municipal Certification of**

**Eligibility for Discretionary State Funding**

*(This form to be completed by municipality*)

Name of Discretionary Grant Funding Program: **Choose Grant Program Name From Drop Down List**

Name of Municipality & Town Code: **Select from Drop Down List** (hereinafter referred to as “Town/City”)

In accordance with C.G.S. § 8-23, as amended by [Public Act 15-95](https://www.cga.ct.gov/2015/ACT/PA/2015PA-00095-R00SB-01045-PA.htm), any municipality that has not adopted a plan of conservation and development (POCD) within the past ten years is ineligible for **discretionary state funding** unless they submit a “Notice of Expired POCD” to the OPM Secretary and to the Commissioners of Transportation, Energy and Environmental Protection, and Community and Economic Development, **and** they request and receive a waiver from the prohibition on a grant-by-grant basis from the OPM Secretary

[ ]  In accordance with C.G.S. § 8-23(a)(1), the Town/City has adopted a POCD within the last ten years; the adopted plan expires **Select Date**.

[ ]  The Town/City has **not** adopted a POCD within the last ten years as required by C.G.S. § 8-23(a)(1) and:

[ ]  In accordance with C.G.S. § 8-23(a)(2), the Town/City has submitted a “[[Notice of Expired POCD](http://www.ct.gov/opm/lib/opm/igp/org/townpocds/notice_of_expired_pocd_letter_template.docx)](http://www.ct.gov/opm/lib/opm/igp/org/townpocds/notice_of_expired_pocd_letter_template.docx)” to the OPM Secretary and the Commissioners of Transportation, Energy and Environmental Protection, and Economic and Community Development that explains why such plan was not adopted within the required ten year period (copy attached).

**AND**

[ ]  In accordance with C.G.S. § 8-23(b), the Town/City has submitted a "[Waiver Request Letter](http://www.ct.gov/opm/lib/opm/igp/org/townpocds/waiver_request_letter_template.docx)" to the OPM Secretary requesting a waiver of the discretionary state funding prohibition for this grant application (copy attached).

I attest that the aforementioned information is accurate and complete and that I am the representative of the Town/City who is authorized to execute this certification.

**Type or Print Name and Title Here**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Select Date**

**Select Municipality Name from Drop Down List**

**ATTACHMENT 12**

**ACCEPTANCE & CERTIFICATION**

**(Page 1 of 2)**

**This Acceptance and Certification must be read and signed by the Authorized Signatory of the municipality in order for the municipality/project to be considered for TOD funding.**

My signature below, as Authorized Signatory of the Town of , indicates acceptance of the following and further certifies that:

1. I understand that should this grant application be approved I will be required to sign an assistance agreement/contract with the assigned administering agency delineating the terms and conditions of this grant;
2. I will comply with any grant terms and conditions required by the administering agency;
3. I understand that various permits and permit-related documentation may be required by the administering agency as required by either the Connecticut General Statutes or Connecticut regulations, including but not limited to the Connecticut Environmental Policy Act Evaluation, Environmental Impact Evaluation, Flood Management Certification; State Historic and Preservation Office and/or Municipal Plan of Conservation and Development;
4. I understand that funding associated with this grant application is one-time in nature and that there is no obligation for additional funding from the Office of Policy and Management or the State of Connecticut;
5. I understand that if this project warrants a Connecticut Environmental Policy Act (CEPA) review pursuant to Sections 22a-1 through 22a-1h of the Connecticut General Statutes that I will comply with such an environmental assessment. Further, if a CEPA is required, I understand that there are costs associated with such a review and that the municipality is in a position to continue with the proposed project despite this cost;
6. I understand that this application will be examined by the Intergovernmental Policy and Planning Division of the Office of Policy and Management for consistency with the State Plan of Conservation and Development and that I may be contacted if additional information is required for that review;
7. I understand that projects which convert twenty-five or more acres of prime farmland to a nonagricultural use will be reviewed by the Commissioner of Agriculture, in accordance with Section 22-6 of the Connecticut General Statutes;
8. I understand that I am responsible for meeting the requirements to remain eligible for discretionary state funding as outlined at [**this link**](https://portal.ct.gov/OPM/IGPP/ORG/Conservation-and-Development-Policies-Plan/Municipal-Plans-of-Conservation-and-Development).

**ATTACHMENT 12 (continued)**

**ACCEPTANCE & CERTIFICATION**

**(Page 2 of 2)**

1. I will supply the Office of Policy and Management with all documentation supporting my authority to enter into an assistance agreement, including but not limited to applicable certified minutes and by-laws from the town denoting my authority to apply for the grant and the authority to enter into such an agreement should a grant be awarded;
2. I understand that if this application leads to the award of a TOD grant for this project, that no payment will be made for project expenses incurred prior to the start date or after the end date as set forth in the fully executed contract; and
3. I have read, in full, all pages of this application package and the 2022 Transit-Oriented Development (TOD) Grant RFA.

Authorized CEO Signatory’sName (Please Print)

Title

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO Signature

Date

**You must save this completed application.**

**Send your completed application and all other required attachments to**

**OPM-TOD2022@ct.gov**

**IMPORTANT NOTE**

**Maximum file size: Files must be in a ZIP file not to exceed 10MB. If your ZIP file exceeds 10MB you will need to separate your submission into smaller ZIP files and send them in separate emails clearly identified, for example, 1 of 3, 2 of 3, 3 of 3.**