



CTRC&D ENVIRONMENTAL PROGRAMS

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Grant Assistance/Workshop Facilitation Referral Application

___ Grant Assistance (\$200-500*)

___ Request for Round Table Workshop Facilitation (\$100)

Date: _____

Requesting Municipality/Agency/Organization: _____

Requesting Applicant Name & Title: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website Address: _____

Facebook: _____

Contact Person for the Project/ Property (Name, Address, Telephone, Fax, Email): _____

Landowner of Project/Property Site (Name, Address, Telephone, Fax, Email): _____

Consultant/Engineer for the Project/Property Site (Name, Address, Telephone, Fax, Email): _____

Reason and need for the grants/workshop assistance:

Summary of Proposed Project (Please include site location, acreage and brief description): _____

If applying for a grant (s) do you know what grants you need assistance with: _____

Additional Comments: _____

Endorsement of the Request and agree to all the terms listed here within the application

(Signature of the Chief Elected Official and/or Requesting Chairman)

(Please Print Name and Title)

OFFICE USE ONLY

Date application was received: _____

Date presented to CTCR&D Council: _____

_____ Approved _____ Denied Date: _____

Notes: _____

Applicant was contacted on: _____

Staff Contact: _____

**Fee is based on complexity of application – an estimate provided prior to contract*

"CTCR&D is an equal opportunity provider"