



State of Connecticut
Department of Emergency Management & Homeland Security
 Strategic Planning & Grant Administration Unit



Application for Citizen Corps Program Funding
 (September 29, 2006)

1. Name and address of applicant:
 CCRPA
 225 N Main Street, Suite 304
 Bristol, CT 06010
 FEIN # 06-0837172

DEMHS USE ONLY	
PC1#:	<u>EHS99530-07-</u>
PO#:	_____
Project#:	_____

2. Telephone number: 860.589.7820

3. Project title:

4. Estimated project cost:

5. Amount of Citizen Corps Program funding being requested:

6. Do you require a cash advance for this project? Yes No

If yes, amount of cash advance requested: _____

Note: cash advances are limited to 80% of estimated project cost

7. Proposed project activities for which funds are requested (check one):

- | | |
|----------------------------------|--------------------------|
| Statewide Council Training _____ | Regional Exercises _____ |
| Public Education _____ | Conference/Meeting _____ |
| CERT Training/Equipment* _____ | Program Planning _____ |
| Advanced Training _____ | |

**If training is proposed, please identify name of trainer, location of training, number to be trained.*

**If Equipment is to be purchased, please list all items.*

8. Summary of project activities (use additional page if necessary):

9. Budget (indicate, by category, the amount of funds requested for all activities):

	Funds Requested
Travel	
Equipment	
Supplies	
Consulting/Contract	
Facilities	
Other- Training	
Total	

The undersigned applicant hereby affirms that all information in this application is true and accurate, and that the requested funds will only be spent on eligible expenses as approved by the CT Statewide Citizen Corps Council based on the Council’s “Strategy Memorandum” dated 10/3/05.

Signature of Applicant	Date
Name (Print)	Title (Print)

The undersigned representative of the _____ Citizen Corps Council endorses this proposal.
Local/Regional

Signature of Local/Regional CC Representative	Date
Name (Print)	Title (Print)

DEMHS USE ONLY						Federal Cash Drawn to Date:	\$		
Special conditional and reporting requirements have been met.									
\$ _____ Federal dollars approved for cash advance.									
Comments (include date and amount of funds approved by SCCC):									
<i>Signature of CCP Coordinator</i>						<i>Date</i>			
<i>Signature of SPGA Accountant</i>						<i>Date</i>			
<i>Signature of SPGA Manager</i>						<i>Date</i>			
MY SIGNATURE ABOVE AUTHORIZES PAYMENT IN THE AMOUNT SHOWN AND CERTIFIES THAT PROPOSED USE OF ADVANCE FUNDS IS CONSISTENT WITH GRANT PROGRAM PARAMETERS.									
AMOUNT	AGENCY	FUND	SID	PROG	ACCT	BUD REF	PROJECT	CHTFLD 1	CHTFLD 2
	EHSM1	12060			54770		10000		
<i>Signature of FAM</i>						<i>Date</i>			