## **Economic Assistance Fund Application – Town of Groton (CT)**



For more information, contact Paige Bronk at 860-448-4095, <a href="mailto:pbronk@groton-ct.gov">pbronk@groton-ct.gov</a>

Applicant Informa	ntion				
Primary Contact	1		of Business		
Phone Number	В		ess Address		
E-Mail		Date	Date Submitted		
Project Information	on				
Project Address			Funding Amount Requested		
Current Total Assessed Value			Taxes Paid (Current Year)		
Net New Comm. Floor Area			New Residential Units		
Projected Construction Cost			New Full-Time Jobs Created		
Anticipated Start Date			Anticipated Completion Date		
Purpose How will	the requested fur	nds be used? (Atta	ach quotes or	estimates as ap	opropriate):
_		project meets the os://www.explorem	-	•	n criteria set forth in the sistance-fund.
Funding Sources	Please list other t	funding sources su	ipporting this	project, includin	ng anticipated amounts:
Statutory Declara	tion				
l,		, declar	e that all info	rmation provided	d in this application is
completed to the	best of my ability	and accurate at the	e time of subr	mission. Also, I ເ	understand that no

Additional supporting information may be provided. Application must be submitted prior to the start of construction. Completion of this application does not guarantee benefit approval or award. Submit to Economic Development, 134 Groton Long Point Rd, Groton CT 06340 or pbronk@groton-ct.gov.

application will be considered by the Town of Groton if there are outstanding tax payments due.