



CONNECTICUT DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT			
Project Financing Plan & Budget - Planning, Development, and Brownfield Projects			
Original (Mark X):		Revision#:	12/20/2016
Applicant: Town of Ledyard		Fed ID#:	06-6002023
Project: Town Center Improvements		Project #:	2015072001
Program: STEAP	Budget Start:	7/18/2014	Budget End: 6/30/2017

SOURCES OF FUNDS	DECD		NON-DECD	TOTAL
	GRANT	LOAN		
DECD: C.G.S. 4-66g STEAP 2014	\$ 500,000			\$ 500,000
DECD: Program 2				\$ -
Other: Applicant, Town of Ledyard				\$ -
Other: Applicant, Private, Bank, Fed., Local etc.				\$ -
Other: Applicant, Private, Bank, Fed., Local etc.				\$ -
Total Sources	\$ 500,000	\$ -	\$ -	\$ 500,000

USES OF FUNDS	DECD FUNDS		NON-DECD FUNDS	TOTAL
	PROGRAM #1	PROGRAM #2		
DECD Legal Costs				\$ -
Land Acquisition (including appraisals & legal)				\$ -
Relocation (only if approved)*				\$ -
Planning Studies (pre-dev work, CEPA, historic etc.)				\$ -
Haz. Building Material Survey (asbestos, lead, etc.)				\$ -
Env. Site Assessment (Ph. I,II,III, RAP etc.)				\$ -
Design/Architectural/Engineering Work	\$ 65,000		\$ -	\$ 65,000
Env. Remediation (soil, groundwater etc.)				\$ -
Abatement (lead, asbestos, PCBs etc.)				\$ -
Demolition				\$ -
Construction Admin./Management				\$ -
Gen.Const./Rehab (permit, mtl.-test. insurance etc.)	\$ 435,000			\$ 435,000
Revolving Loan Fund				\$ -
Office/Computer Equipment (only if approved)*				\$ -
Machinery & Equipment (only if approved)*				\$ -
Salaries (only if approved - complete Sched. A)*				\$ -
Other Administration Costs (only if approved)*				\$ -
Other - please include DECD line item & code* / **				\$ -
Contingency- (only budgetary, no charge to line item)				\$ -
Total Uses	\$ 500,000	\$ -	\$ -	\$ 500,000

*Note: These line items are not eligible for funding through most DECD programs unless specifically approved by the State Bond Commission or is an approved use under the Funding Program. Please discuss with DECD PM regarding eligibility. Additional schedules may be requested.

Applicant Name: Town of Ledyard

I request approval of this Project Financing Plan and Budget in accordance with the terms and conditions of the Assistance Agreement and as the duly authorized individual representing the applicant, affirm that the project will be operated in accordance with this budget:

Mayor Michael T. Finkelstein

12/20/16

Date

The Project Financing Plan and Budget is hereby approved in the amounts and for the time period indicated.
(Please Note: Budget revisions only require the Unit Director's signature):

Timothy Sullivan, Deputy Commissioner

Date

Catherine H. Smith, Commissioner

Date