

LoCIP PROJECT AUTHORIZATION REQUEST FORM
Local Capital Improvement Program (LoCIP) (rev. 03/2020)
 PROJECT #: - (to be assigned by OPM upon approval)



STATE OF CONNECTICUT
 Office of Policy & Management
 prescribed by the Secretary pursuant to CGS §7-536(c)

Town Code & Municipality Name: **063 Hampton**
 Name of Project: **Hazardous Tree Removal**
 Project Description: **Tree Removal Brook Road and Bigeow Road AND location**
 Project Contact Person Name: **Allan Cahill** Contact Person Title: **First Selectman**
 Is the above project located within a floodplain, or does it encroach upon or affect a floodplain, or does it have any impact on natural or man-made storm drainage, peak run-off rates and/or the regulation of flood flows? YES or NO
 Contact Person Phone: **860-455-9132** Contact Person e-mail: **firstselectman@hamptonct.org**

PROJECT CATEGORIES - (for more project eligibility information, restrictions and submittal requirements, see next page and Guidelines.)

<input type="checkbox"/> Auto External Defibrillator - acquisition	<input type="checkbox"/> Land Acquisition - including for open space, and costs involved in making land available for public uses	<input type="checkbox"/> Public Building (other than schools)- construction, renovation, code compliance, energy conservation, fire safety	<input type="checkbox"/> Technology Upgrades – including expansion of public access to government information through electronic portals and kiosks
<input type="checkbox"/> Bikeways/Greenways – establishment of	<input type="checkbox"/> Local Capital Improvement Plan – costs associated with preparation or revision	<input type="checkbox"/> Public Housing – development, renovations, improvements (including energy conservation)	<input type="checkbox"/> Technology acquisition (for schools) related to the implementation of SDE Common Core State Standards
<input type="checkbox"/> Bulky Waste/Landfill projects	<input type="checkbox"/> Municipal Broadband Network – Costs associated w/planning	<input type="checkbox"/> Roads – construction, renovation, repair or resurfacing	<input type="checkbox"/> Thermal Imaging systems - acquisition
<input type="checkbox"/> Dams/Bridges/Flood Control – construction, renovation, enlargement or repair	<input type="checkbox"/> On-board Oil Refining System ≥ 384K bps	<input type="checkbox"/> Sewage Treatment Plants, Sanitary or Storm, Water or Sewer Lines – construction, renovation, enlargement, repair, including separation of lines	<input type="checkbox"/> Veterans’ Memorials – renovations or construction
<input type="checkbox"/> Emergency Communication System & Building Security Improvements (including for schools)	<input type="checkbox"/> Public Parks - Improvements	<input type="checkbox"/> Sidewalk/Pavement - Improvements	<input type="checkbox"/> Water Treatment or Filtration Facilities/Mains – construction, renovation, enlargement or repair
<input type="checkbox"/> Flood Plain Management /Hazard Mitigation activities	<input type="checkbox"/> Plan of Conservation & Development (reimb. not more than 1x/10 yrs.) – costs associated with preparation or revision	<input type="checkbox"/> Solid Waste Facilities – construction, renovation or enlargement	<input type="checkbox"/> Equipment (see guidelines for limitations)
<input checked="" type="checkbox"/> Hazardous Tree/limb/branch trimming/removal			

Amount of LoCIP funds requested(cannot exceed town’s current LoCIP available entitlement account balance): **\$ 24750.00**

MUNICIPAL CERTIFICATION

The undersigned certifies that:

1. I am the Chief Executive Officer of the Municipality and have the authority to execute this certification on behalf of the Municipality.
2. The above named project (the “Project”) is a “local capital improvement project” within the meaning of CGS §7-536(a)(4).
3. The Municipality has authorized the Project for which it seeks approval, and such authorization is documented in minutes of the required municipal meeting(s).
4. The Project is included in the Municipality’s Capital Improvement Plan (CIP).
5. The Municipality agrees to (1) maintain detailed accounting and project records with respect to the Project; and (2) make such records available to auditors and the State upon request, for the prescribed period of time pursuant to CGS §§7-536(h), 11-8, 11-8a, 11-8b and 7-109. Additionally, under the authority granted by C.G.S. §§ 11-8, 11-8a, 11-8b and 7-109, the Connecticut State Library has established retention schedules for municipal records which may require a retention period longer than prescribed in C.G.S. §7-536(h). Municipalities shall retain records for whichever retention period is longest.
6. The Municipality will not use funds received for the Project to satisfy a local matching requirement for a state assistance program(s) other than the Local Bridge Program, pursuant to §13a-175p to 13a-175u, inclusive.
7. The information contained on this form is true, accurate and complete.

By (signature): Allan Cahill Printed/typed Name: Allan Cahill
 (must be Chief Executive Officer of Municipality: Mayor, First Selectman or Town Manager)

Title: First Selectman Date: 3/24/2020

Email this completed and signed form in PDF format to: LoCIP.Submit@ct.gov. The email subject line MUST include your town’s name, the word LoCIP, the word Authorization or Reimbursement depending on which form you are submitting. If you are submitting both an authorization and a reimbursement, indicate by including the words Authorization and Reimbursement in the email subject line.