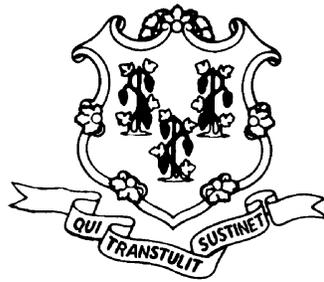


State of Connecticut

# Dry Cleaning

## Establishment Remediation Fund



## Project Financing Plan and Budget

Administered by

**The Department of Economic and Community Development**

**James Abromaitis, Commissioner**

**Infrastructure and Real Estate Division**

**Chet Camarata, Executive Director**

**Dimple Desai, Program Manager**

**DRY CLEANING ESTABLISHMENT REMEDIATION FUND**  
**Instruction Sheet**  
**Project Financing Plan and Budget**

1. Please type the budget. Handwritten budgets will not be accepted. Budget must have original signatures.
2. Start by completing the applicant's (operator) and representative's information on page 1 of 5.
3. Complete page 2 and fill in the known and anticipated expenditures for each of the categories. Expenses eligible for grant begin July 1, 1994 or later. The State grant funding for a project under this program can extend for a maximum of three years. Any future expenditure beyond 3 years till the end of the remediation project should be included in the Year 4.
4. Fill out the project budget detail sheets (pages 3 and 4) with a brief description of the activities and related expenditures from Years 1 thru. 4.
5. Once the total project cost is determined, please complete page 5 with the appropriate funding source for the project duration.

**Notes for Page 1 of 5:**

- Line 1.**        **Total Project Expenditures.** Enter the amount from page 4, line 10, "Total Project Expenditures". Included expenses should be from July 1, 1994 or later to end of remediation project including long term monitoring. This should include any anticipated expenses beyond the end of the three year State limit.
- Line 2.**        **Required Contribution.** Enter either \$10,000 or \$20,000 -- applicant's contribution in the project. If you enter \$10,000 we must have documentation that contamination was not reported to CT DEP on or prior to December 31, 1990. Also include cancelled checks and invoices for the same.
- Line 3.**        **Applicant's Share.** The Applicant must show how the balance of the total project expenditures (Line 1) will be paid. If funds other than this program funds have been or will be used in this project, please identify the source of the funds, amount and the controlling party. This would include participation from other state agencies, lending institutions, landlord, current operator or former operator of the Establishment including escrow accounts.
- Line 4.**        **State Grant.** This is your potential grant for this and future cycles of the program. The maximum that can be requested per year is up to \$50,000. The maximum for each project is up to \$150,000 for three years.

**For any questions on this form, please contact Dimple Desai, at (860) 270-8151 or Brian Dillon, at (860) 270-8156 before finalizing the budget.**

**Connecticut Department of Economic and Community Development  
 DRY CLEANING ESTABLISHMENT REMEDIATION FUND**

**PROJECT FINANCING PLAN AND BUDGET  
 SUMMARY**

(Note: This budget form must be type written)

**Applicant Name (Operator):** \_\_\_\_\_

**Establishment Name (Business):** \_\_\_\_\_

**Applicant's Representative's Name:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_ **CT** \_\_\_\_\_

**Budget Period Requested By Applicant - Start** \_\_\_\_\_ **End** \_\_\_\_\_

<b>(For DECD Use Only)</b>	
[ ] Initial Submission	[ ] Revision # _____
<b>Budget Period Approved by DECD:</b>	
Start _____, 20____;	End _____, 20____

(A) Projections and Sources of Funds	(B) Total Requested	(C) DECD Approval
1. Total Project Expenditures .....	\$ _____	\$ _____
2. Required Contribution (\$10,000 or \$20,000).	\$ _____	\$ _____
3. Applicants Share (Identify)* .....	\$ _____	\$ _____
4. State Grant .....	\$ _____	\$ _____

\*Must Indicate Funding Sources in addition to State Grant necessary to complete remediation project (applicant or landlord or other):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Approval of the Project Financing Plan and Budget for State Assistance in the amount shown in the above summary and for the time period indicated is hereby requested. It is understood that the project will be operated in accordance with the Project Financing Plan and Budget approved by DECD.*

**Applicant's Name (Type):** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Project Financing Plan and Budget is hereby approved in the amounts and for the time period indicated.**

\_\_\_\_\_ **James F. Abromaitis, Commissioner, DECD** \_\_\_\_\_ **Date**

## DRY CLEANING ESTABLISHMENT REMEDIATION FUND ANNUAL EXPENDITURES BY CATEGORY

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

YEAR 	1*	2	3	4**	(5) TOTAL ELIGIBLE	(6) TOTAL (1+2+3+4)
PROJECT EXPENDITURES						
1. Professional environmental services						
2. Soil remediation						
3. G.W. remediation						
4. Long term monitoring						
5. Sampling -soil/water						
6. Water line installation						
7. Potable drinking water						
8. Preventive measures						
9. Other						
<b>10. Total Project Expenditure</b>						

\* Provide documentation of expenses from July 1, 1994 to Application Date

\*\*Future expenses may not be eligible for funding

# DRY CLEANING ESTABLISHMENT REMEDIATION FUND

Name of Establishment: \_\_\_\_\_

Property Address: \_\_\_\_\_

## PROJECT BUDGET DETAIL SHEET

IN THE LINES BELOW, ITEMIZE EXPENDITURES BY SPECIFIC ACTIVITY IN A GIVEN YEAR (YEARS 1 THRU. 4). PROVIDE BRIEF DESCRIPTION FOR EACH PROPOSED ACTIVITY.

### PROJECT EXPENDITURES

#### 1. Professional environmental services

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total (Page 2, Line 1).....\$ \_\_\_\_\_

#### 2. Soil remediation

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total (Page 2, Line 2).....\$ \_\_\_\_\_

#### 3. G.W. remediation

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total (Page 2, line 3).....\$ \_\_\_\_\_

#### 4. Long term monitoring

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total (Page 2, line 4).....\$ \_\_\_\_\_

# DRY CLEANING ESTABLISHMENT REMEDIATION FUND

**5. Sampling - soil/water**

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total (Page 2, line 5).....\$ \_\_\_\_\_

**6. Water line installation**

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total (Page 2, line 6).....\$ \_\_\_\_\_

**7. Potable drinking water**

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total (Page 2, line 7).....\$ \_\_\_\_\_

**8. Preventive measures**

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total (Page 2, line 8).....\$ \_\_\_\_\_

**9. Other**

_____	\$	_____
_____	\$	_____
_____	\$	_____

Total (Page 2, line 9).....\$ \_\_\_\_\_

**TOTAL PROJECT EXPENDITURE PAGE 4, LINE 10).....**

\$ _____
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## DRY CLEANING ESTABLISHMENT REMEDIATION FUND ANNUAL FUNDING SUMMARY

Establishment Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

YEAR FUNDING SOURCE	1	2	3	4*	(5) TOTAL ELIGIBLE(1+2+3)	(6) TOTAL (1+2+3+4)
REQ'D CONTRIBUTION \$10,000 or \$20,000						
APPLICANT'S SHARE						
STATE GRANT						
<b>TOTAL</b>						

**\*FUTURE EXPENSES THAT ARE NECESSARY TO REMEDIATE THE SITE --- NOT ELIGIBLE FOR STATE FUNDING UNDER THIS PROGRAM. IT IS THE RESPONSIBILITY OF THE APPLICANT OR THE LANDLORD, AS APPLICABLE.**

**Total Project Expenditures (Column 6): \$ \_\_\_\_\_**