**LoCIP Project Payment Waiver Request**

Pursuant to [**CGS Sec. 7-536(f)**](https://www.cga.ct.gov/current/pub/chap_116b.htm):

***If a municipality fails to request payment within seven years of OPM’s authorization of a LoCIP project, the secretary shall make no payment for such project unless the municipality requests and receives a waiver for such project on such terms and conditions as the secretary deems appropriate.***

Please complete and sign the waiver request form below and return it to [Kathleen.Taylor@ct.gov](mailto:Kathleen.Taylor@ct.gov). The request will be submitted to the Secretary for his consideration. The Secretary may or may not need additional information, and as provided for in statute, may or may not make the authorization of payment(s) contingent upon certain terms and conditions that he deems appropriate. You will be notified via email if additional information and or certain terms or conditions will be required. You will be notified via email of the approval or denial of this waiver request.

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Town/Borough/City Name‘s LoCIP Project enter project number was authorized in insert year and no requests for payment have been made since that authorization.

As Chief Executive Officer of the municipality listed above, I hereby submit this waiver request to the Office of Policy and Management for the Secretary’s consideration.

**LoCIP Project Payment Waiver Request**

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| Town/City Name: | | | | | Town/Borough/City Name | | | | |
| LoCIP Project #: | | | | | Project Number | | | | |
| OPM Project Authorization Date: | | | | | OPM Project Authorization Date | | | | |
| LoCIP authorized amount: | | | | | Amount of LoCIP funds authorized for **this** grant only | | | | |
| Previous Payment Amounts and Dates: | | | | | List previous payments and dates | | | | |
| Reason for delay in seeking reimbursement: | | | | | Enter reason | | | | |
| Anticipated date all LoCIP grant funds will be expended for this project? | | | | | Enter date | | | | |
| **By signing below, I hereby certify that the information provided on this form is true, accurate and complete:** | | | | | | | | | |
| Printed Name & Title: | | | Printed/Typed Name and Title | | | | | | |
| Signature: | | |  | | | | | | |
| Date: | | Select date | | | | |  | | |
| **FOR OPM USE ONLY:** | Approved:  Denied: | | | \_\_\_ , OPM Secretary | | | |  |  |
|  |  | | | **Signature** | | | | | Date |
| **Terms/Conditions (if applicable):** | | | | | |  | | | |
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