**Intertown Capital Equipment Purchasing Incentive (ICE) Program**

(Connecticut General Statutes Section 4-66m, as amended by PA 15-170)

**The Intertown Capital Equipment Purchase Incentive (ICE) Program provides grants to two or more municipalities to jointly acquire, by purchase or lease, “equipment or vehicles necessary to the performance or delivery of a required governmental function.”**

**The purpose of this submission is for: □ PRE-APPROVAL □ FINAL APPROVAL AND DISTRIBUTION**

Must include Certified Resolution and copy of Intermunicipal Agreement.

*Complete and return on or before December 1, 2015 to:* ***Office of Policy and Management***

***Intergovernmental Policy Division***

***450 Capitol Avenue, MS 54ORG***

***Hartford, CT 06106-1379***

***ATT: ICE Program***

*Please attach additional sheets if necessary; identify program and towns on each attachment.*

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| **Applicant:** Provide the name and address of the municipality taking the **lead role**: |
|  | **Lead municipality** | List other Participating Towns here: |
| Town |  |  |
| Address |  |  |
| Address |  |  |
| Address |  |  |
|  |  |  |
| Contact |  |  |
| e-mail |  |  |
| Phone |  |  |
| Fax |  |  |
|  |  |  |
| If any of the participating municipalities is designated as a **“distressed/targeted investment/public investment municipality”**, list the municipality and its designation.  |
| Town | Designation |
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| Provide a **Brief Descriptive Title** for the Proposed Acquisition: |
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| Provide **a description of the “required governmental function or service”** of the equipment or vehicles for which you are requesting funding. |
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| **List the equipment or vehicle(s)** for which funding is sought (Provide Serial No., VIN and Model No.): |
| **Equipment/Vehicle** | **Purpose** | **Total acquisition cost** |
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| Attach a written **sales or lease agreement** that provides the cost of the item being acquired and any additional costs associated with the acquisition (shipping, installation, etc.), approximate date of delivery and terms of the sale/lease. If leased, it must be a *capital lease, where at least one of the municipalities ultimately owns the equipment or vehicle.* |
| Attach a copy of the **inter-municipal agreement** which will be utilized to for the purpose of sharing the use of the equipment or vehicle(s) acquired under the provisions of this program. *NOTE that this is not required for the purpose of pre-approval.* |
| **Sustainability:** Explain how the cost of maintenance and repair, and ultimately equipment/vehicle replacement cost will be provided for at the end of its useful life. |
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| Attach a copy of a municipal **Resolution of Endorsement** from each participating municipality. |
| *NOTE that this is not required for the purpose of pre-approval.* |
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| ***Certification by CEO of Lead Municipality:*** *I do hereby certify that the information contained herein is* *true and accurate to the best of my knowledge.* |
| Signature Date |
| Name, Title and Town: |
|  |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*For OPM Use Only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |
| Equipment Cost:  |
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|  |
| Vehicle Cost: |
|  |
|  |
| Total: |
|  |
|  X Factor ( %) |
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| **Grant Amount:** ($375,000 maximum) |