



ATTACHMENT 4 Cover Page

If you have questions about this form, please contact Maritza Pagan at Maritza.Pagan@ct.gov.

This application has been designed to allow each municipality to respond to one, two or all three sections of the RFP. Include one cover page for each Section applied for. Please read all instructions for each application in their entirety and answer each question completely. Submission of complete and accurate information will enhance the chance of the application being selected for funding.

Note: All of the questions must be answered. If a question is not applicable to your particular application, please indicate "N/A". Do not leave the questions blank.

1.	Municipality or Region:			
2.	Contact Name:			
	Title:			
	Address:			
	Phone Number:			
	E-mail:			
3.	Authorized Representative (municipal chief elected official or other):			
	Name:		Title:	
	Signature		Date	
4.	Federal Employment Identification Number:			
5.	Total matching funds or in-kind service provided (if any) (N/A for Recycling Rewards):			

6.	Which category of funding are you requesting? Applicants may apply for all three categories of funding. A separate cover page must accompany each individual Section application.			
<input type="checkbox"/> Section 1 – Recycling Rewards (Attachment 1)				
<input type="checkbox"/> Section 2 – UBP Program Implementation (Attachment 2)				
<input type="checkbox"/> Section 3 – Waste Reduction Initiatives (Attachment 3)				