

3. Alignment with TIF Goals: Detail how your project aligns with the goals of the Tax Increment Financing (TIF) District Matching Grant Program.

4. Community Impact: Describe any positive impacts your project may have on the local community. This could include creating jobs, improving the visual appeal of the area, fostering a welcoming environment, or addressing any existing code violations.

5. Expected Outcomes: Provide an idea of what you expect to achieve once the project is completed. This could include increased foot traffic, improved customer experience, enhanced property value, or any other measurable outcomes.

6. Project Timeline: The estimated start and completion dates of the project.

7. Cost -Total expected cost of project, two (2) quotes must be attached:

8. Reimbursement Basis: Determine if this will be on a reimbursement basis, or if you intend for the Town to pay your selected contractor directly. (Keep in mind that the town must submit all paperwork for payment and this process can take several weeks before the payout is made, please inform contractors of this delay in payment)

4. Selected Contractor Information:

Firm:

License:

Email:

Phone:

Address:

5. Other Required Information:

-Does the business or property owner currently owe the Town of Suffield any back taxes?

Yes: _____ No: _____

-Is the business or property owner currently involved in litigation with the Town of Suffield?

Yes: _____ No: _____

- Are there currently any code enforcement actions active against the building or that work undertaken will mitigate code violations?

Yes: _____ No: _____

Attachments:

Please include the following with this application:

-Proof of business

-W9

-Photos of property and area to be improved

-Written approval from Property Owner (When applicable)

-Project Budget, Quotes, and Final Plans from Contractors. A minimum of two (2) quotes are required (See Policy and Procedures Document for requirements for Quotes/Final Plans, the Town will reimburse 80% of the lower of the two quotes and will note the amount on the Letter of Agreement)

-List of Building or other Permits this project may require

Certification:

By submitting this application, I/We, _____ affirm that the information included in this application is true and accurate to the best of my knowledge and I agree to participate in the Suffield TIF Matching Grant Program as described in the program “Policies and Procedures” and further acknowledge that failure to accurately report information contained herein may result in nullification of grant award or require repayment of the grant, if awarded.

Authorized Signature of Applicant/Business Owner

Date

Signature of Property Owner (if different than above)

Date

Submit Application to:
Economic Development Specialist
83 Mountain Rd
Suffield CT
06078

Application Deadline:
September 30th 2026