



# TOWN OF EAST BRIDGEWATER

## American Rescue Plan Act

**Submitter:**

\_\_\_\_\_  
(Name of Person Submitting Application)

**Department/Board/Committee to Oversee/Maintain the Project:**

**Date:**

**Amount Requested:**

**Project being Requested:**

\_\_\_\_\_  
(Provide a full description below)

### FUNDING CATEGORY

- ☐ Support Public Health
- ☐ Address COVID-19 Negative Economic Impacts
- ☐ Provide premium pay for essential workers
- ☐ Investments in water, sewer, and broadband infrastructure
- ☐ None of the Above (Would fall under Revenue Replacement funds)

### Priority Ranking (Check One):

- Very High (Needed ASAP) ☐
- High (Needed in 1 year) ☐
- Medium (Needed in the next 2 years) ☐
- Was Planned for in the next 10 years ☐

**Does this project meet the bylaw requirements for Capital Planning?**

Yes

☐

No

☐

(Acquisition of land and any expenditure of \$20,000 or more having a useful life of at least five years)

**Has this project been on a department or Board's priority list?**

Yes

☐

No

☐

Have you received an estimate as a basis for cost?

Yes

☐

No

☐

If Yes, please provide estimate

Are grant or other funds available to offset this cost?

Yes

☐

No

☐

If Yes, please specify source of funds

Will this require annual maintenance or ongoing costs?

Yes

☐

No

☐

If Yes, please articulate below

**Project Description:**

*Provide project description and articulate funding category, include an overview of proposed timeline, location(s), and supporting detail. If requested equipment is a replacement, please provide the age (based on first in service date) and condition of current item. **Be as specific as possible; attach all backup supporting material.***

**Benefits of Project/Requested Equipment:**

*Highlight project benefits, including efficiencies created, service enhancements, etc. **Be as specific as possible; attach all backup supporting material.***

**Ongoing maintenance costs of project or equipment:**

*Describe any expected ongoing costs associated with this request. **Be as specific as possible; attach all backup supporting material.***

---

Signature of Submitter

---

Signature of Department Representative or  
Town Administrator