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| **TOWN OF EAST BRIDGEWATER** |
| **American Rescue Plan Act** |
| **Project Funding Request** |

# 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

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| (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

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| No |
| If Yes, please provide estimate |
| No |
| If Yes, please specify source of funds |
| No  If Yes, please articulate below |

Have you received an estimate as a basis for cost? Are grant or other funds available to offset this cost?

Will this require annual maintenance or ongoing costs?

Yes Yes Yes

# Project Description:

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| *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.*** |
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**Benefits of Project/Requested Equipment:**

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| *Highlight project benefits, including efficiencies created, service enhancements, etc.* ***Be as specific as possible; attach all backup supporting material.*** |
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**Ongoing maintenance costs of project or equipment:**

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| **Signature of Department Representative or** |
| **Town Administrator** |

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