|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TOWN OF EAST BRIDGEWATER** |  |  |  |
|  | **ARPA PROJECT REQUEST FORM** |  |  |  |
|  | **Due: September 12, 2022** |  |  |  |
| **PART I: APPLICANT INFORMATION** | |  | **APPLICATION CHECKLIST** | |
| **Name/Business/Committee/Board/**  **Department/Organization:** |  | 1. Complete application with original  signature | □ |
| **Address:** |  | 2. Detailed Project Budget (part of  application) | □ |
| **Mailing Address (if different):** |  | 3. Detailed Project Schedule (part of  application) | □ |
| **501(c)3 Number (if applicable):** |  | 4. Job Descriptions (if pay requested) | □ |
| **Web Address (if applicable)** |  | 5. List Board of Directors (if business/non-profit) | □ |
| **Telephone:** |  | 6. Financial Statement (if  business/non-profit) | □ |
| **Name of Authorized Representative:** |  | 7. Balance Sheet & Profit/Loss  Statement (if business/non-profit) | □ |
| **Email Address:** |  |  | | |
| **Name of Proposed Project:** |  |
| **Total Funding Request:** | $ |
| **Total Matching Funds:** | $ |
| **Category of Request (# only):** | 1. Support public health 2. Address negative economic impacts caused by public health emergency 3. Provide premium pay for essential workers 4. Invest in water, sewer, broadband infrastructure 5. Lost Revenue 6. All other projects |