**TOWN OF EAST BRIDGEWATER**

**ARPA PROJECT REQUEST FORM**

**Due: September 12, 2022**

**PART IV: CERTIFICATION AND SIGNATURE PAGE**

**(1) Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing below, the applicant certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in the certification, the word "person" shall mean any natural person, business, partnership, corporation union, committee, club, or other organization, entity, or group of individuals.

By signing below, the applicant certifies under the penalties of perjury that to the best of their knowledge and belief, the applicant has complied with all laws of the Commonwealth of Massachusetts relating to taxes, and reporting of employees and contractors, and withholding and remitting child support.

By signing below, the applicant certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with creditors.

This proposal and other materials submitted may be considered public records subject to disclosure under the public records act. Please redact any personal or identifying information that may include: social security numbers, dates of birth, employee names, etc.

Submitting false or misleading information may result in rejection or ineligibility for financial assistance under this program, and the authorized representative is subject to any and all prosecution that applies.

Successful applicants will be expected to complete all reporting requirements as outlined in the contract. Failure to complete these requirements will be considered a default.

NAME OF APPLICANT/ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON SUBMITTING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_