



## GRAFTON COUNTY

### MUNICIPALITIES – PANDEMIC EMERGENCY RELIEF FUND APPLICATION

Municipality Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Are you register in SAM.gov \_\_\_\_\_ YES \_\_\_\_\_ NO

Unique Identifier Number: \_\_\_\_\_

#### **GRANT INFORMATION**

Grant Amount Requested \_\_\_\_\_

Please provide a detailed description of the project that you are requesting funding for including what category of ARPA funding your project would fall under:

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Please provide the timeline for your project:

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<b><u>Cost Summary:</u></b>	<b>\$ Amount</b>
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Planning/Engineering/Legal	_____
Acquisition	_____
Construction	_____
Equipment/Furniture	_____

TOTAL PROJECT COST: \_\_\_\_\_

Authorized Signer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title