



TOWN OF NEWBURY

ARPA GRANT APPLICATION

REQUESTING DEPARTMENT:

PROJECT NAME:

APPLICATION TYPE:

TREASURY SUBCATEGORY:

AMOUNT REQUESTED:

PROJECT DESCRIPTION (250 words or less):

DEPARTMENT HEAD:

DEPARTMENT HEAD SIGNED

DATE

SUBMIT TO FINANCE DEPARTMENT --- DO NOT WRITE BELOW THIS LINE

Town Financial Review:

Total amount approved for ARPA eligibility: \$ _____

Financial Department Reviewer (print)

Sign

Date

Town Administrator approval:

Town Administrator (print)

Sign

Date