Instructions:

1. *Phase I is the first step in the process, if approved more detailed documentation will be required as part of Phase II.*
2. *Complete the Phase I application form and submit to the ARPA Committee.*
3. *Completed applications may be submitted in person to the Town Administrator or via email using the following link; westfordarpacommittee@googlegroups.com*
4. *The ARPA Committee will review Phase I applications and respond within 45 days.*
5. *Phase I determination and possible advancement to Phase II will be determined and facilitated by the ARPA Committee.*
6. *The ARPA Committee may ask you or someone from your organization to complete a Phase II application.*
7. *The ARPA Committee may assign an ARPA committee member(s) to facilitate the Phase II application process.*

Date: Name of Organization:

Project Sponsor/Owner: Project Address:

Phone: Email:

Why do this project? (Check all that apply. It is acceptable to leave some blank. Additional information and project details will be required during Phase II.)

Community resilience

- ❑ Does this project offer baseline health and well-being for the community?
- ❑ Does this project help the community recover from the current pandemic?
- ❑ Will this project help sustain the community through another one?

Strategic value to the town

- ❑ Does this project align with the Town Plan vision, goals, and priorities?
- ❑ Is this project aligned with ideas identified in the ARPA survey from November 2021?
- ❑ Have the goals of this project been raised in other community meetings, forums, and surveys?
- ❑ Will this project benefit underserved residents?

Project Executability

- ❑ Is this a mature or shovel-ready project?
- ❑ Is this project self-sustaining?
- ❑ Will this project lower tax rates?

Brief summary of project (100 words or less):

Community or service area(s) this will benefit:

Project duration:

Estimated cost:

Page 2 to be completed by the ARPA Committee

Do Not Complete - This page to be completed by the ARPA Committee

ARPA Committee recommendation:

Date:

Application Status:

- ❏ Approved for Phase II application
    - ARPA Committee Facilitator assigned
    - Name:
    - Email:
    - Phone:
- ❏ Not Approved
- ❏ Additional Information needed, see ARPA Committee recommendation above

Other ARPA Committee comments or suggestions: