

**TOWN OF WESTFORD
FORM TO REQUEST ARPA FUNDS**

Date: _____

ARPA Project #: VT0255- _____

Amount of Request: _____

Name of Organization: _____

Contact Name: _____

Phone #: _____

Email address: _____

Please check one:

_____ Request for funds prior to expense
Please attach quotes with your submission. You will be required to furnish the Town of Westford with copies of paid invoices after the work is completed.

_____ Request for reimbursement
Please attach copies of paid invoices.

Please describe what the funds will be/have been used for:

Submitted by: _____

Date: _____

For Town of Westford use only.

Approved by: _____

Date: _____