



**TOWN OF TEMPLETON
SELECT BOARD
160 Patriots Road, P.O. Box 620
EAST TEMPLETON, MASSACHUSETTS 01438
TEL: (978) 894-2755**

COVID-19 Recovery Micro Grants Program Application Form

(See Micro-grant Policy Letter for instructions on application process)

Applicant Information:

1. Name:

2. Contact Information: (Street, Town, State, Zip Code *Must be a Templeton resident*)

- Address:

- Phone:

- Email:

3. Organization/Group Name (if applicable):

4. Description of Impact:

Briefly describe how you or your community group has been financially impacted by the COVID-19 events.

5. Amount Requested and Intended Use of Funds:

Provide a specific amount and plan for how the micro grant (not to exceed \$1000) will be utilized to offset the impacts of COVID-19. Include specific expenses or needs you plan to address.

6. Community Engagement:

Describe any efforts you or your community group have taken, or plan to take, to support the broader community, particularly those who may be disproportionately affected by the pandemic.

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Demographic Information (Optional):

7. Demographic Information (Optional):

The following questions are optional and will help us understand the diverse needs of our community. Your responses will not impact the evaluation of your application.

- Age:
- Gender: Write in:
- Ethnicity:
- Household Income Range:

Submission:

8. Submission Method:

Please submit your completed application form electronically, by emailing grants@templetonma.gov , or in paper copy in a sealed envelope clearly labeled "COVID-19 Micro-Grant Application" and deliver to the Select Board office at 160 Patriots Rd East Templeton.

"I, _____, declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements may result in the rejection of my application. I am 18 years old or older. I understand that the micro-grant program is supported by funds awarded to the Town of Templeton under the American Rescue Plan Act. As such, micro-grant recipients are bound by the rules and limitations of the American Rescue Plan Act and corresponding regulations."

Signature:

[Applicant's Signature]

Date:

For Office Use Only:

Received (Date): _____ Submission Method: _____

Received by: _____

Control Number: _____2



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Application Receipt and Processing

Selection and Approval

For Office Use Only:

Received (Date): _____ Submission Method: _____

Received by: _____

Control Number: _____

Certification of Eligibility

Applicant is Resident? (Yes or No, Based on Office Verification of Address): _____

Applicant is 18 or older? _____ Clerk Note: _____

Eligibility Certification (Signature): _____, (Print Name): _____

Selection Panel Application Review

Date of Application Review: _____

Application Meets Criteria? (Yes/No, Reason): _____

Selection Panel Approved? (Yes/No): _____

Selection Panel Certification (any): _____ (Signature)

_____ (Printed Name and Title)

Notification to Applicant (Date and Method, phone email?): _____, _____