

## Project information

Project title: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Name of individual/group making request: \_\_\_\_\_

Requested funding amount: \_\_\_\_\_

Project description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(more space on reverse)*

## Evaluation criteria

Does the project appear in, or is the project compatible with:

- Town Plan
- Other plans
  - Regional Plan*
  - Northfield Area-Wide Plan (2016)*
  - Northfield Ridge and River Routes*
  - VCRD 1 (2002)*
  - VDAT Final Report (2014)*
  - Town Forest Stewardship Plan*
  - VCRD 2 (2023)*
  - Northfield Hazard Mitigation Plan*
  - ARPA Community Advisory Project Report*
- Northfield Selectboard Priorities (*short/medium/long term*)

Help us understand more about your project:

- | Y                        | N                        |  |       |
|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there expressed community desire for this project?  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the project consistent with the expressed desire of multiple smaller projects rather than one larger one? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there other grants available for this project for which ARPA funds could be used as a match?             | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the project compliment another ongoing project allowing for efficiency?                                 | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does it benefit a wide group of Northfield residents?  |       |
| <input type="checkbox"/> | <input type="checkbox"/> | Does it have a long-term positive impact?  |       |
| <input type="checkbox"/> | <input type="checkbox"/> | Does it align with the ARPA intentions of addressing COVID impacts?  |       |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there ongoing costs? (maintenance, etc.) If yes, briefly describe. <i>(more space on reverse)</i>        | _____ |

Please describe any additional considerations on reverse.