

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.

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