

**City of Springfield – ARPA Budget Request\***

**Business Name:** \_\_\_\_\_

**Business Street Address:** \_\_\_\_\_ **Springfield, MA**

	Amount	Brief description of use
Rent	\$ _____	_____
Utilities	\$ _____	_____
Payroll	\$ _____	_____
Advertising/Marketing	\$ _____	_____
Inventory	\$ _____	_____
Debt Service	\$ _____	_____
Other: _____	\$ _____	_____
Other: _____	\$ _____	_____
<b>TOTAL ARPA GRANT REQUEST</b>	<b>\$ _____</b>	

*\*Please note, should funding be awarded, backup documentation (cancelled checks, bank statements, receipts, etc.) will be required to be provided to the City of Springfield on all spending as a condition of the grant contract.*