



CITY OF LYNN

AMERICAN RESCUE PLAN ACT (ARPA) PROJECT SUGGESTION FORM

1. Administrative Information

a. Name: _____

b. Email: _____ Phone: _____

c. Address: _____

d. Age:

- Younger than 18 years old
- 18 to 35 years old
- 36 to 50 years old
- 51 to 65 years old
- Older than 65

e. Gender:

- Male
- Female
- Other

f. Race/Ethnicity:

What's your race? (*Check all that apply.*)

- American Indian or Alaska Native
- Asian
- Black/ African American
- Native Hawaiian or Other Pacific Islander
- Mixed Race (two or more races)
- White

Are you Hispanic/Latino?

- Yes
- No

g. Disability: *Do you have a disability that hinders everyday activities? (optional).*

h. Housing tenure:

- Renter
- Homeowner
- Other

2. Name of Proposed ARPA Project:

3. Type of Project: (Select one)

- Public Health
- Negative Economic Impacts
- Services to Disproportionately Impacted Communities
- Premium Pay
- Infrastructure
- Revenue Replacement

5. Anticipated Timeline/ Costs (optional): *Please provide any project timeline and cost details (project milestones, scope of work, etc..).*

Signature of Project Requestor

Date