



Grant Questionnaire

PURPOSE

This questionnaire relates to an Asset Management Planning Grant from the Massachusetts Clean Water Trust (the “Trust”). It is intended to provide the Trust with information necessary to fund the Grant.

Please enter a response for each question. If a particular question requests information that is unavailable, please include an explanation of why the information is unavailable.

GENERAL INFORMATION

<u>Commitment No.</u>	<u>DEP Project No.</u>	<u>Project Cost</u>	<u>Grant Commitment</u>
_____	_____	\$_____	\$_____

A. Applicant (Name of City, Town, District, etc.):

B. Employer Identification Number:

C. Wire Transfer Instructions for Grant Disbursements:

- a. Bank:
- b. Account No.
- c. ABA No.

CONTACT INFORMATION

A. Chief Financial Officer

Name:
Title:
Address:

E-mail Address:
Telephone:

B. Treasurer

Name:
Address:

E-mail Address:
Telephone:

C. Department of Public Works Contact Person

Name:
Title:
Address:

E-mail Address:
Telephone:

OTHER INFORMATION

If you have any other relevant information to provide, please include it below.

By signing below, I certify that, to the best of my knowledge and belief, all information set forth in this Grant Questionnaire is correct and complete as of the date below.

Signature:_____.

Date: ___/___/_____

By:
Authorized Officer
Name:
Title: