

# Agawam



## Commission on Disabilities

36 Main St., Agawam, MA 01001

Application Date:			
Organization Name:			
Address:			
Contact Person/Title:			
E-mail address:			
Phone and Fax Numbers:		Phone:	Fax:
Business is:	<input type="checkbox"/> Restaurant <input type="checkbox"/> Service such as Doctor's, Hair Salon, Masseuse etc.		
	<input type="checkbox"/> Small Local Business convenience, retail etc.		
	Other (list) _____		
Total Amount of Project \$ _____	Type of Project or Renovation _____		
Amount you are requesting: \$ _____	@ Persons to be served: # _____	Projected date(s) of service: _____	Please submit a completed & <b><i>detailed Budget</i></b> with your application.
Summary of request. (Please explain in detail your request for funding. Use a separate sheet if necessary)	_____		
	_____		
	_____		
	_____		
	_____		
<p>By signing below, Applicant agrees to the following assurances:</p> <ol style="list-style-type: none"> <li>1. Applicant agrees to attach <b><i>detailed budget</i></b> to this funding application, which shall show all expenses, and submit to Agawam Commission on Disabilities <b>3 quotes preferred for contract work.</b></li> <li>2. Applicant agrees to target project to better assist disabled people in Agawam.</li> <li>3. Promotional materials used to advertise this program, service, or equipment will list Agawam Commission on Disabilities as a funding source.</li> <li>4. Applicant agrees to submit to Agawam Commission on Disabilities all supporting documentation (receipts, invoices, etc.) on how funding was spent by or before _____</li> </ol>			
Prepared By		Date	