

# **City of Yerington**

## ARPA (American Rescue Plan Act) Grant Program\* Application for Cross Connection Project

	The Cit	y of Yerington is an equal opp	ortunity provider and employer.	
		Applicant Informa	tion (please print)	
Full Name:				Date:
Last		First	M.I.	
Business Name:				
Mailing Address:				
Service Address:				
Phone:	Email:		COY Account Num	ber:
ELIGIBILITY:				
reimbursement up to 50%	6 of the cost of installa	tion of the device(s) up t	to install backflow prevention do \$8,000. Devices need to be in ication must have a City of Yerin	nstalled by a certified Backflow

### **INELIGIBILITY:**

Devices installed prior to March 3, 2021 are not eligible for this program. ARPA funds became available on that date and the program cannot be grandfathered to include devices installed before that date.

#### **DOCUMENTATION:**

Attach the following documentation for reimbursement:

- Copy of the **paid** invoice for the installation of the device(s)
- Copy of the certificate of completion provided by the Certified Backflow Prevention Assembly Tester
- Upon approval, completion of a grant agreement form is required

#### APPLICATIONS MUST BE RECEIVED AT CITY HALL BY 5:00 PM ON June 30, 2023

Certification and Signature					
Ш	I understand that I'm accepting a one-time payment to my commercial business for the approved amount.				
	I certify that my answers and the information provided are true and complete to the best of my knowledge.				
	I certify that I have not received or applied for other grant funds that duplicate the funds requested here.				
Signat	ure:Date:				

<sup>\*</sup>Federal Register, Vol. 86, No 93 26802, Page 171, 1st and 2nd Columns