

Franklin County CARES Act 2020
Spend Plan Project Form

| |
|--------------------------|
| Name: |
| Department/Organization: |
| Contact Number: |
| Email: |

| | |
|---|-------------------------|
| Project Title: | |
| Please provide a brief description explaining the COVID-19 impact pertaining to this project? | |
| Please provide a brief description explaining why this project is necessary during COVID-19? | |
| Are these costs actual or estimated? | Total Project Costs(\$) |

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| Are these costs actual or estimated? | Total Project Costs(\$) |

*If you have other projects you
are wanting to submit please
start another form.*

| |
|-----------------------------|
| Date Submitted: |
| Combined Project Costs(\$): |

Thank you for taking the time to submit great ideas for your community!