Appendix A

Initial Application

**High-Poverty Schools Heating Assistance**

**Program**

**Initial Application**

Please fill out each section below to the best of your knowledge/ability, print and sign. Send either a signed original to the address below and/or email an electronic copy to [christopher.heine@vermont.gov](mailto:christopher.heine@vermont.gov).

Christopher Heine

Public Service Department

112 State St.

Montpelier, VT 05620

**School Name:**

**School District/Union:**

**Applicant Name:**

**Email:**

**Phone:**

**Title:**

**Authorized Representative (if different applicant)**

**Proposed Project Description**:  **(**Please include a list of tasks to complete project; project timeline including estimated start and completion dates; Personnel that will be responsible for the completion of the above should be identified.)

**Estimated Total Project Cost:**

**Funds Requested:**

**Source for matching funds:** (**Matching funds of no less than 10% required.** Describe source of funds, including pending and projected funds. Describe whether there is an outstanding request or request yet to be made for any of the funds and the likelihood of receiving funds; include expected timelines for confirming pending sources of requested funds)

**Approvals Required** (include a brief description of any town or school approvals received or needed for project):

**Permitting Required** (include a list of permits to be obtained for the project)**:**

**Preliminary Planning/Project Development** (Describe any planning or project development that has been completed for the project):

**Signature of Authorized Representative: Date:**