City of Revere ARPA Employee Funding Request Form

Please use this form to request ARPA funds for a new hire or current employee.

Prepared By:	Date:
Department:	
New Hire or Current Employee	
(if Current Employee, include full name):	
Job Title:	
Hourly Rate/Salary:	
Hours:	
Length of Employment:	
Is this a 20+ hour benefited position? *Note that ARPA funds covers fringe benefits for eligible employees.	
	gative impact due to the Covid pandemic and provide the reasoning/research behind your de the page number on the U.S Treasury Interim Final Rule that proves eligibility.
Comments:	
Sec	tion To Be Completed by Auditing
	,
Approved By:	Date: