**APPLICATION**

**Take It Outside Barrington**

While funding is available the Town of Barrington is making items and services available free of charge to businesses and other eligible entities through the Take It Outside Initiative to be utilized in response to the COVID-19 public health emergency to help sustain operations.

The **Application Period starts at noon Thursday, October 15 and closes at noon Thursday, October 29, 2020**. The Town will make every effort to fill eligible applicants’ requests; however, there is limited funding available. The average estimated value of items distributed to each applicant is expected to average $2,000 to $3,000 in value. This amount could be higher or lower, depending on the number of requests received and if additional grant funds become available.

**Email Completed Application to Debra Page-Trim:** [dpagetrim@barrington.ri.gov](mailto:dpagetrim@barrington.ri.gov)

**Questions?** Email Debra or call: 247-1900 x365

1. Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Address of Activity (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Person Authorized to Submit Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

1. Describe “Take It Outside” Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Attach Sketch of “Take It Outside” Activity**  (Check if provided)

Sketch needs to show how you propose to use requested items (next page). For example, show layout of seating area, location of tables and chairs, heaters (including type), lighting, electrical service (existing or proposed). The Town will review sketch for completeness. Applicants will be required to post the completed sketch to Viewpoint for approval by Town officials (Building Official, Fire Department)

1. **Items Requested**

**Priority No. Est. Unit**

**Ranking Item Units Price Total Request (est. cost)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Patio Heater – Propane |  | x | $250 | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Patio Heater – Electric |  | x | $250 | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Electrical Service \* |  | x | $1,000 | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |
|  | LED String Lights (48’) |  |  | $60 | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
|  | Event Tent (Purchase) \* |  | x | $1,500 | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
|  | Tent (Rental Credit) \* |  | x | $1,500 | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Outdoor table - 4 people \* |  | x | $300 | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Outdoor table - 2 people \* |  | x | $200 | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Chairs (packs of 4) \* |  | x | $150 | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Other (Specify) \*\* |  |  |  | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | x |  | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | x |  | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | x |  | = | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

\* Items available subject to approval of Town’s Phase 2 Grant Application

\*\* Items must be eligible per grant guidelines, subject to approval by Town. See <https://reopeningri.com/take-it-outside-grant-program>

1. **Other Available Items:**

* Fleece blankets (enter number requested): \_\_\_\_\_\_\_\_\_\_\_
* For hand sanitizer or face masks, contact East Bay Chamber of Commerce: (401) 245-0750

**Required** for display at activity location, to be provided by Town with distribution of approved items:

* Take It Outside Program Sticker
* Safety Protocol Signage

1. **Consent and Waiver of Liability**

**Consent and Waiver of Liability Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned hereby agree to accept any and all risks involved and to waive any and all claims or causes of action of whatsoever kind or nature arising from my participation in the Take It Outside grant program administered by the Town of Barrington (“Town”), on behalf of myself, any corporate entity over which I have authority to act as an agent, my agents, successors and assigns. I acknowledge that the Town is not responsible in any manner for any injury or damage that may be caused by the propane or electric heater or other items provided to me through the program and/or the distribution or use thereof.

Furthermore, I agree, on behalf of myself, any corporate entity over which I have authority to act as an agent, my agents, successors and assigns, to release, discharge, indemnify, defend and hold harmless the said Town, its representatives, officers, and agents from any and all liability, loss, damages, costs, expenses, and claims of whatever nature, which the Town, its representatives, officers, and agents may hereinafter incur, suffer, or sustain by reason of any matter or thing in connection with my participation in the Take It Outside grant program and/or the distribution or use of patio heaters or other items received by me through the program.

Dated this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_