

EMERGENCY ALERTS | **Coronavirus Updates and Information**

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Local Rapid Recovery Planning Application

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REQUIRED INFORMATION AND SIGNATURE PAGE

This is the Cover Page for the Local Rapid Recovery Planning program. Please fill it out completely. The Chief Executive Officer of the municipality or other entity must sign the application. Please print out this page, have signed, scan and upload signature. Please note that for applications from non-municipal organizations, a letter of support for the application MUST be attached.

13. Application Contact Name (name of the person filling out the application) *

Mary	Savage Dunham
<small>First Name</small>	<small>Last Name</small>

14. Application Contact Email *

dunhamm@hingham-ma.gov

15. Application Contact Mailing Address *

210 Central St

Address Line 1

Address Line 2

Hingham

City

Massachusetts

State

02043

ZIP Code

15.a. Application Contact Phone *

(781) 741-1419

16. List any other contact names, email address and phone (optional)

Tom Mayo is town administrator mayot@hingham-ma.gov; Mike.kranzley@

17. Chief Executive Officer Name *

Tom mayo
First Name Last Name

18. Chief Executive Officer Email *

mayot@hingham-ma.gov

19. Title of Chief Executive Officer *

Town Administrator

20. Chief Executive Officer Phone *

(781) 741-2402

21. Chief Executive Officer Mailing Address *

210 Central St
Address Line 1

Address Line 2

Hingham
City

Massachusetts
State

02043
ZIP Code

22. Chief Executive Officer Certification and Signature

Please read this statement carefully. By signing, you are agreeing to its terms. I certify that the information I have provided in this Application is true and accurate. I understand that any misrepresentation or false information may result in the Application being cancelled or denied, or in the termination of assistance.



23. Upload Cover Page with Signature Here *

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24. If Lead Applicant is not a municipality, you MUST submit a letter of support from the CEO of the municipality indicating they support the application. (optional)

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