



Town of St. Johnsbury

2022-23 ARPA FUND REQUEST APPLICATION

ST. JOHNSBURY CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS

On March 11, 2021, President Biden signed the \$1.9 trillion American Rescue Plan Act (ARPA) which established the Coronavirus State and Local Fiscal Recovery Fund. This fund provides \$130.2 billion to local governments nationwide for COVID-19 pandemic recovery assistance. The Town of St Johnsbury is estimated to receive \$2,139,413.67.

The Town of St Johnsbury has formed a ARPA Advisory Committee (AAC). The purpose of the committee is to develop a list of projects and/or purposes and identify priorities that benefit the Town of St Johnsbury, which ARPA funds can be used. This committee will also oversee the gathering of community input for long term projects and/or purposes. Once all the information is gathered, the AAC will review the community input, develop a plan, review requests and make recommendations to the St Johnsbury Select Board for approval. This community input process is anticipated to be completed during the summer and into the fall of 2022.

Acknowledging that there is some more immediate opportunities which align with priorities established in existing Town Plan initiatives and documented community visits, the ARPA Committee is requesting \$500,000 of the funds be set aside for the committee to review in the event time sensitive applications are submitted prior to the development of the long term plan.

Process:

Proposals may be submitted using the required funding request form which can be downloaded from the town's website at www.stjvt.com. All proposals received will be reviewed by the AAC. Recommendations for funding will be submitted to the Select Board for its consideration and possible approval.

This process is intended to help the Town effectively and efficiently determine the best uses of CSLFRF Funds in accordance with ARPA funding guidelines; however the Town (acting through the AAC, the Select Board or otherwise) may, in its discretion, seek and accept formal or informal proposals and make determinations as to the use of CSLFRF funds outside the process described herein.

If awarded, successful applicants will be required to execute an award agreement with the Town of St Johnsbury. This is a reimbursement program and awardees will be required to submit quarterly reports indicating status of project budget, timeline as well as back up documentation with proof of payment.

Requirements:

All proposals must adhere to guidelines governing the use of ARPA funds ([U.S. Department of Treasury FAQ's](#)). The full allocation of funding to the Town shall be classified as revenue loss. This decision allows the AAC and the Board to exercise broader flexibility and greater simplicity in how it uses the funds to support eligible proposals.

Applicants must submit a **"Fund Request Form"** to the AAC for review. All purchasing, bidding, accounting and record keeping shall be in accordance with the Town of St Johnsbury Policies.

Please Note: to be considered this application must be completed in full. Partially completed applications will not be considered for funding. Assistance with the application process is available upon request.

Proposals must be completed in full to be considered. Completed documents may be sent electronically or by mail using the information above.

General Information

Project Name			
Agency / Organization		Primary Contact Person	Tax Exempt Organization?
Address			
City		State	Zip
Telephone No.	Alternate Telephone No.	Email:	
Provide Project Mission Statement / Purpose:			
Project Start and End Date:			

Financial Overview - Must match Budget Overview sheet

Funds Requested \$	Total Project Cost \$
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Proposal Details (Please limit to 700 words)

1. **Program/Project Approach** – include the following details, as applicable:
 - a. Briefly describe the project you are requesting the funds for.
 - b. Describe the need for your program/project.
 - c. Will the funds requested be used as match towards any other grant funds.
 - d. If using ARPA funds as a match, how much additional grant funds are being requested and what is the source.
 - e. Identify any other organizations in St Johnsbury that address this need.
 - f. Describe your level of collaboration with other agencies/partners/stakeholders on this project.
 - g. Who will benefit and how?

2. **Project Outcomes**
 - a. Describe two anticipated measurable outcomes for your proposed project/program.

3. **Agency/Organization Type and Auditing and Fiscal Controls**
 - a. Describe the agency/organization’s entity type (non- profit corporation, for-profit corporation, partnership, LLC, etc.)
 - b. Briefly describe your agency/organization’s fiscal oversight / internal controls to minimize opportunities for fraud, waste and mismanagement.
 - c. How does your agency/organization plan to segregate ARPA funds from other agency funds for purposes of identification, tracking, reporting and audit?

4. **Contingency Plan**
 - a. If your request is not fully funded, what adjustments are you prepared to make?

5. **Project Budget**
 - a. Briefly explain project revenues and expenses related to this proposal. This should match with the Budget Overview.
 - b. Be specific about how ARPA dollars would be spent.

6. **Letters of Support (optional)**
 - a. Please provide any letters of support from stakeholders impacted or interested in your project.

FOR TIME SENSITIVE PROJECTS:

1. Describe the time limitation
 - a. What is the deadline?
 - b. What happens if the deadline is missed or the project is postponed?

2. Does the Project align with State, Regional and Town Plans
 - a. Provide specific examples from written plans

BUDGET OVERVIEW / INCOME AND EXPENSES

<u>Revenue Source Projections</u>	<u>Estimated Funding for this Project</u>
Proposed ARPA Funding	\$
Other Government Grants - list:	\$
	\$
Donation / Other Fundraising	\$
Internal / Self-Funding	\$
Other - list:	\$
Other - list:	\$
Total Revenues	\$

<u>Expenses</u>	<u>Project Budget (Proposed)</u>
Salaries / Benefits	\$
Occupancy	\$
Professional Fees / Contracted Services	\$
Program / Office Materials	\$
Marketing / Printing	\$
Professional Development	\$
Supplies / Materials	\$
COVID Related Expenses (please identify)	\$
Other - list:	\$
Other - list:	\$
Total Expenses	\$

NOTE: Revenues and Expenses must balance

THIS DOCUMENT CERTIFIES TO THE BEST OF ITS KNOWLEDGE:

1. The information submitted to the Town of St Johnsbury in this proposal, and substantially in connection with this proposal, is true and correct.
2. The applicant is in compliance with applicable laws, regulations, ordinances and orders applicable to it that could have an adverse material impact on the project. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory action by a governmental entity or inadequate capital to complete the project.
3. The applicant is not delinquent on any property taxes, parking violations, water/sewer fees, rental registration fees, or any other civic fees or fines.
4. The applicant is not in default under the terms and conditions of any grant or loan agreements, leases or financing arrangements with its other creditors that could have an adverse material impact on the project.
5. The applicant has to disclose, and will continue to disclose, any occurrence or event that could have an adverse material impact on the project.

Signature of Authorized Representative

Name and Title

Date

THE AUTHORIZED REPRESENTATIVE:

1. Understand This proposal and other materials submitted to the Town of St Johnsbury may be subject to disclosure under Vermont's Freedom of Information Act, and the Town's review of such materials will be subject to Vermont's Open Meetings Laws. The authorized representative may mark documents "confidential" if the documents contain proprietary information; however, the Town will make the ultimate determination as to its disclosure and public deliberation obligations under Vermont law.
2. Certifies that everything stated in the application and on any attachments is true and correct.
3. Certifies that all costs estimates have been done in good faith.
4. Understands that an inspection of the project by a Town representative and an audit of the actual cost of the project is necessary and forthcoming.
5. Agrees to submit appropriate documentation to substantiate reimbursement requests and will be subject to audit accountability standards.
6. Acknowledge that we have the full authority to preform the work described in the application.
7. Acknowledge that the project must be completed, including submission of all invoices, by ____.
8. Understand that the Town will send out an IRS Form 1099 to grant recipients where applicable.
9. Agree to provide program testimonials and photos for Town promotional materials.
10. Understands that submitting false or misleading information may result in this proposal being found ineligible for financial assistance under the funding program, and the authorized representative may be subject to civil and/or criminal prosecution.
11. This form and criteria may be subject to change as determined by the Town of St Johnsbury or the U.S. Treasury Department.

Signature of Authorized Representative

Name and Title

Date

ADDITIONAL NOTES AND ATTACHMENTS INCLUDED (SITE PLAN, PROJECT SKETCHES, PHOTOS, DIAGRAMS, etc.)

Internal Use Only:

Application reviewed by the Town Grant Administrator (initials) _____ Date: _____

Grant Application reviewed by the ARPA Committee Yes No Date: _____

Grant Application reviewed by the Select Board Yes No Date: _____

Award: Yes No Amount Awarded: \$ _____

Comments: _____

Internal Use Only: Grant Closeout Procedures: Invoices Received: Yes No Approved by: _____ Date: _____

Grant Amount Requested: _____

Total Amount of the Project: _____

Applicant Contribution: _____

Grant Amount authorized

Total Amount of the Project

Applicant Contribution