



OFFICE OF THE BOARD OF SELECTMEN

Veronica Kell, *Chairman*
Chaz Sexton-Diranian, *Vice Chairman*
Theresa A. Morse, *Clerk*

R. Eric Slagle, Town Administrator

POLICY #: 03-2023
REPLACE POLICY #: N/A

ARPA FUNDS ALLOCATION/REALLOCATION POLICY

Purpose: The purpose of this policy is to define the process for allocating and re-allocating ARPA funds prior to the ARPA Project Final Allocation deadline.

1. The Select Board shall approve and allocate funding for all ARPA projects by a majority vote of the Board; such vote to be taken at a public open session of the Select Board.
2. Surplus Funds that were previously allocated by the Select Board for an ARPA project, can be re-allocated or re-purposed to a different or new ARPA project by another majority vote of the Select Board (see Treasury allowable uses list – attachment 2 of policy)
3. Departments/organizations shall make requests for allocation or re-allocation of ARPA funds to the Select Board through the Town Administrator. An ARPA funds application form shall be completed for each request for funds.
4. Departments/organizations shall notify the Town Administrator when an ARPA project has been fully completed and all funds associated with the project have been fully expended. The Town Administrator shall inform the Select Board of all such project completions/closeouts.
5. The Town Accountant shall provide the Town Administrator and Select Board with quarterly reports on all ARPA expenditures.

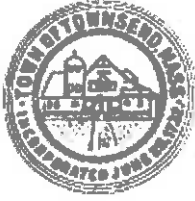
Approved Date:


Veronica Kell, Chairman


Chaz Sexton-Diranian, Vice-Chairman


Theresa Morse, Clerk

First Reading: 06/21/2022
Second Reading: 07/05/2022
Adopted: 07/05/2022



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ATTACHMENT 1

ARPA PROJECT REQUEST FORM

Department/Board/Organization:
Date:
Address and Zip Code:
Email Address:
Phone:
Contact Person:
Title:
If Department/Board: Person accepting responsibility for funds:
If Organization: Person Signing Sub-recipient Contract:
Email of Person Signing Sub-recipient
1.) Name of Proposed ARPA Project:

2.) Type of Project: Identify Project:
3.) Estimated Start Date of Project:
4.) Estimated Date of Completion*: *Note –†Projects must be under contract by 12/31/24 and completed by 12/31/26
5.) Please note project milestones and dates(e.g. launch, end of phase I, etc.). If available, attach a scope of work and project schedule in the attachments section.
6.) Project Description:
7.) Performance Measurement: a. Low and moderate-income persons expected to service (count):
b. Low and moderate-income persons expected to service (percent):
8.) Identify the Category for Eligible Use:
9.) Select an expenditure category for this project. (see attached list from U.S. Treasury)
10.) Please explain how the project qualifies under the expenditure category noted above:
11.) How does the proposed project relate to the Covid-19 pandemic and how will ARPA funding help address this need?
12.) How will this project benefit residents and/or businesses in the Town of Townsend?

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REPLACE POLICY #: 2014-01
ATTACHMENT 1**

<p>13.) What specific outcomes or accomplishments will this project receive?</p>
<p>14-A.) Estimated Total Cost of Project:</p>
<p>14-B.) Amount of Townsend ARPA Funds Requested:</p>
<p>15.) Are the project costs ready to be appropriated, or will they be phased? (e.g., costs for planning then costs for execution). <input type="checkbox"/> Appropriated <input type="checkbox"/> Phased</p>
<p>16.) Are matching funds available from another source? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please identify source(s) and amount(s): Please provide a brief description.</p>
<p>17.) Are there other funding opportunities available (i.e. other state or federal grants or programs) that may reduce the amount of ARPA funding needed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please identify:</p>
<p>18.) Budget summary of activity, including all proposed and confirmed funding sources:</p>

19.) Please identify any ongoing/recurring costs the proposed project will incur and how those costs would be funded:

20.) Will this project result in savings for a Town Department or the Community beyond 2026? YES NO
If yes, please explain:

21.) Will this project increase future revenues for Townsend? YES NO
If yes, please explain:

22.) Is additional staff required for the duration of the project?
 YES NO
If yes, please explain:

23.) Does the proposed project benefit residents disproportionately impacted by the COVID-19 pandemic (e.g., communities of color, people with disabilities, low-to-moderate income residents or elders)?
 YES NO
If yes, please describe how:

24.) Does the proposed project reduce adverse climate impacts and/or promote environmental sustainability?
 YES NO
If yes, please describe how:



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ATTACHMENT 2

ARPA FUNDS ALLOWABLE USES

The list of allowable expenses for ARPA can be found in this document under Appendix 3:

State and Local Fiscal Recovery Funds Compliance and Reporting Guidance (treasury.gov)

