



## OFFICE OF THE BOARD OF SELECTMEN

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

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R. Eric Slagle, Town Administer

POLICY #: 04-2023

REPLACE POLICY #: N/A

### **ARPA SUB-RECIPIENT FUNDING POLICY**

The American Rescue Plan Act (ARPA) has allocated State and Local Fiscal Recovery Funds (SLFRF) to the Town of Townsend. The ARPA program, under the U.S. Treasury's Final Rule, details allowable uses of the SLFRF funds and specific guidelines. It is the responsibility of the Town of Townsend to ensure these allowable uses and guidelines are met by both the Town and those organizations receiving SLFRF funds from the Town.

Your organization has been classified as a sub-recipient under ARPA. A sub-recipient is an entity that has received a sub-award from the Town to implement a program on behalf of the Town of Townsend for a legitimate public purpose. Sub-recipients are allowed to determine who is eligible to receive Federal assistance and have the responsibility for programmatic decision-making. Sub-recipients may have their performance measured in relation to whether objectives of the ARPA program and Town's intent of the funding are met, are responsible for adherence to applicable Federal program requirements specified in the original award and are required to perform a single audit. The full guidelines are in the *Compliance and Reporting Guidance: State and Local Fiscal Recovery Funds* (Attached as Exhibit A).

It is the goal of the Town of Townsend to ensure the ARPA Guidance from the Federal Government is strictly adhered to. In ensuring compliance with these reporting requirements, your organization will serve as the first line of defense against fraud, waste, and abuse of federal money. In fact, the Federal Guidance not only requires strict oversight of sub-recipient agreements, but specifically mentions sub-recipients' commitment to acting as a "gatekeeper" to potential fraud and waste.

Your organization is required to complete the Town of Townsend Sub-recipient Agreement Form. In addition to the Federal Guidance requirements, your organization's responsibilities will be subject to the rules and requirements of the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal awards under 2 CFR part 200, and shall include:

1. Ensure ARPA funds are used in accordance with the eligible uses as outlined in the U.S Treasury Secretary's Interim Final Rule (effective May 17, 2021) and Final Rule (effective April 1, 2022), Compliance and Reporting Guidance which defines 83 allowable spending categories and maintain adequate documentation of each expenditure.
2. Implementation of effective internal controls to ensure overall compliance and ensure clear and concise record keeping procedures for direct and indirect costs are in place.
3. Ensure record keeping and documentation procedures are in place on all beneficiaries



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4. Maintain records and all financial information for a period of 5 years after the funds have been expended or returned to the Federal Treasury and making such records available upon request by an authorized agent.
5. Implement, adopt and record all internal controls to document all SLFRF funds received from the Town.
6. If your organization expends \$750,000 or more, submit to an audit under the Single Audit Act under 200 CFR Part 200.
7. Ensure your organization has adopted Executive Order 1395, *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (January 20, 2021)*, OMB Memorandum M-21-20 *Promoting Public Trust in the Federal Government through Effective Implementation of the American Rescue Plan Act and Stewardship of the Taxpayer Resources (March 19, 2021)*, Executive Order M-20-21 *Implementation Guidance for Supplemental Funding Provided in Response to the Coronavirus Disease (COVID-19) (April 10, 2019)*, all legal requirements relating to nondiscrimination and nondiscriminatory use of Federal funds, ensuring your organization does not deny awarding a benefit or service on the basis of color, race, religion, national origin, limited English proficiency, disability, sex, gender identity, or sexual orientation.
8. Your organization is required to cooperate with the Town of Townsend, Town Administrator, Select Board, Town Accountant, and any other agent of the Town. The Town of Townsend may request detailed expenditure or other financial information from your organization for compliance and reporting requirements. Your organization is required to provide the requested information in a timely manner, even after your award term may have lapsed. The Town may also request detailed information about the structure, objectives, and other information about your organization.

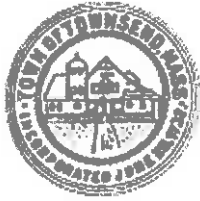
**Approved Date:**

  
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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**POLICY #: 04-2023**  
**REPLACE POLICY #: N/A**  
**ATTACHMENT 1**

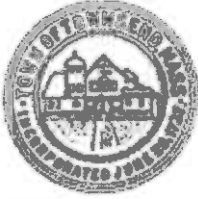
### **SUB-RECIPIENT AGREEMENT FOR RECEIPT OF ARPA FUNDS**

#### PROJECT INFORMATION (Project ARPA-\_\_)

- **Project Description:** Please provide a brief description of your organizations use of the designated ARPA funds.

#### AGENCY INFORMATION

- **Background/Program Experience:** Please provide a brief explanation.
- **Personnel/Staff Capacity:** Enter number of staff.
- **Financial Capacity:** Enter approximate amount: \$0.00.
- **Monitoring:** Please provide a brief explanation.
- **Audit Requirements:** Please provide a brief explanation.
- **Insurance/Bonding/Worker's Compensation:** Click here to enter.
- **Populations Served by Organization:** Please provide demographics information.



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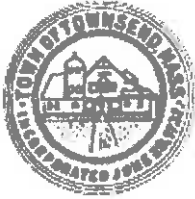
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R. Eric Slagle, Town Administer

- How many people do you serve monthly? Please enter approximate amount.
  
- Is this a certified minority-owned and/or women-owned entity?  YES  NO
  
- Has this organization been subject to any prior criminal, civil, or governmental administrative violations against the agency or senior staff?  YES  NO

If yes, please describe how: Please provide a brief explanation.

- Any other additional information:
  - W-9 (attach)
  - 501(c)(3) determination letter (attach)



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**SIGNATURE AUTHORIZATION FORM**

\_\_\_\_\_ (name of organization requesting ARPA funds)  
hereby agrees to adhere to all relevant Federal, State and local regulations and other assurances  
as required by the Town of Townsend.

Furthermore, as the duly authorized representative of the organization, I certify that the  
organization is fully capable of fulfilling its obligation under this agreement as stated herein.

I further certify that the information contained herein are true, correct, and complete.

The following person has been authorized to act as the Authorized Signer to this funding

\_\_\_\_\_ Name

This SIGNATURE AUTHORIZATION FORM has been completed by:  
(Clerk/Secretary/Treasurer of Board or other Designated Authority)

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

\_\_\_\_\_ Date

