

REC	OVERY/PROJECT INFORM	IATION
Recovery/Project Title:		For office use only
		APP #
Recovery/Project Location:		ARPA
Email:	Phone:	BOS
Community Recovery Category:	Small Business/Workfor	rce Development
	Economic Resilience	
	🗆 Health & Safety	
	Infrastructure	
One sentence description of the re	covery/project:	

	APPLICANT I	NFORMAT	ΓΙΟΝ	
Applicantic	🗆 Town Departme	nt	🗆 Non-pr	ofit 501c3
Applicant is:	🗆 Business		□ Other	
Applicant/Organization:			DUNS #:	
Co-Applicant (if applicable):				
Co-Applicant is:	Town Departme	nt	🗆 Non-pr	ofit 501c3
	Business		🗆 Other	
Contact Person:				
Mailing Address:				
Telephone:		Email:		

Signature	Title	Date



	BUDGET SUMMARY
ARPA Funding Request:	
Total recovery/project budget:	
SUBI	MISSION CHECKLIST & INSTRUCTIONS
□Non-profit IRS certification □Letters of support from re	ng (if operating as a corporation) n (if operating as a nonprofit) isidents, community groups, boards or commissions site plans, renderings, or engineered drawings, if applicable
2021 established the Corona approximate \$350 billion to response to the COVID-19 er granting awards to qualifying that make the best use for lo innovation and resilience sha The ARPA Committee will ma	strong and equitable recovery, the American Rescue Plan Act of virus State and Local Fiscal Recovery Funds (CSFRF), an state, local, territorial, and Tribal governments to bolster their mergency and its economic impacts. The Town of Old Saybrook is g projects under this program. Old Saybrook seeks to fund projects ong-term recovery, investment, and results. Projects that exemplify all take priority. ake recommendations to the Board of Selectmen, who reserve the proposals as deemed in the best interest of the Town of Old
to December 31, 2024. The p	nds must be used only to cover costs incurred from March 3, 2021 period of performance will run until December 31, 2026 to allow for rojects. Old Saybrook's grants shall need to clearly align with this re.
	e Program and Eligibility Requirements: system/files/136/SLFRF-Final-Rule.pdf
signature on page 1, and atta completed application; if you Completed applications must	5: Please complete the application i <u>n its entirety</u> , including your ach additional information as may be necessary. <u>Save a copy of the</u> <u>a do not</u> , the information you add to the form will not be saved. t be submitted either electronically or mailed to: Office of the First Selectman, 302 Main Street, Old Saybrook, CT



RECOVERY/PROJECT NARRATIVE

1. General Narrative:

Describe the proposed scope of work, location and any property involved.

What ARPA Final Rule Category does your recovery/project fall under? Choose one:

□ To respond to the public health emergency or its negative economic impacts, including assistance to households, small businesses, and nonprofits, or aid to impacted industries such as tourism, travel, and hospitality;

□ To respond to workers performing essential work during the COVID-19 public health emergency by providing premium pay for workers;

□ For the provision of government services to the extent of a reduction in revenue due to the COVID-19 public health emergency; for example: infrastructure, mental health services or other public health services, government services to ensure preparedness for future challenges, early childhood care and education, improve business/tourism and local business patronage, affordable housing for those living and working in Old Saybrook.

□ To make necessary capital improvements in water, sewer, or broadband infrastructure

Explain how your recovery/project fits into the category selected:



2. Community Need:

What community need(s) will this recovery/project address? How does the recovery/project benefit the public and what populations(s) will it serve? If it serves a population currently underserved, please describe. How does the recovery/project preserve and enhance the character of Town of Old Saybrook? How does the recovery/project address COVID 19 recovery in response to federal guidance specifically in the U.S. Treasury Final Rule?

3. How will the success of this recovery/project be measured?

Describe outcomes and measurable deliverables.



4. Critical Need:

Is this recovery/project of an urgent nature? Is there a deadline or factors not controlled by the applicant?



5. Applicant Information:

Describe applicant. Is applicant a public, private non-profit, private for-profit, an individual, a partnership, or another type of entity? What is applicant's history and background? Identify and describe the role(s) of all participants (applicants, architects, contractors, etc.), including the project manager. Describe any past projects of similar type and scale of application, or experience that demonstrates the applicant's ability to carry out this project financially and effectively.

6. **Project Feasibility:** *Does not apply to Recovery Requests

List and explain further actions or steps required for completion of the project, such as environmental assessments, zoning or other permits and approvals and any known or potential barriers or impediments to project implementation. Is this an existing project? If new, how do you intend to operate past the funding horizon?



PROJECT FINANCIAL INFORMATION

7. Financial Information:

Describe all successful and unsuccessful attempts to secure funding and/or in-kind contributions, donations, or volunteer labor for the recovery/project. A bullet point list is acceptable. Will the recovery/project require funding over multiple years? If so, provide annual funding requirements. What is the basis for the total ARPA request? How will the recovery/project be affected if it does not receive ARPA funds or a reduced amount?

8. PROJECT SCHEDULE: *D Please provide a project timeline	oes not apply to Recovery Requests below, noting all project milestones.	
	Activity	Estimated Date
Project start date:		
50% Completion stage:		
Project Completion date:		



9. RECOVERY/PROJECT BUDGET:

Please include a complete itemized budget of all recovery/project expenses, including the proposed funding source for each expense, with your application, using the form below and attaching sheets as necessary. Note: ARPA funds cannot be used for maintenance. If the recovery/project received other federal funds in another fiscal year, please include this amount on a separate line, not on line 1. Town of Old Saybrook ARPA (Line 1) amount should match the amount requested on the application cover page.

Funding Courses	EXPENSES		
Funding Sources	DIRECT COSTS	INDIRECT COSTS	TOTAL
1 Old Saybrook ARPA	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
5	\$	\$	\$
6	\$	\$	\$
7	\$	\$	\$
8	\$	\$	\$
TOTAL COSTS:	\$	\$	\$

* Indirect costs include design, professional services, permitting fees, closing costs, legal, insurance, etc.

10. Did you receive CARES act funding or other federal grants?*

*(Including PPP, EIDL, or State funds pertaining to or associated with pandemic response & recovery efforts) Are you applying for or have you applied for other federal funds? (Please list)

11. Is the applicant in good standing with the federal and state government? Yes No