

## **Council Workshop – ARPA**

**Monday, March 13, 2023 @ 5:15 pm**

### **1. Update from Northern Light Acadia Hospital**

Representatives of Acadia Hospital will provide an update on the current expansion project as well as discuss the state of mental health services within our community.

### **2. Review of Draft ARPA Application**

Timeline for follow up on items from December 14, 2022 Workshop

- Efficiency Maine Partnership Program – February 2023 – Ongoing

Upcoming Agenda Items

- Follow up from Y on additional information requested
- Review of Draft ARPA Sprinkler Grant Application
- Municipal and school projects



**City of Bangor  
American Rescue Plan Act (ARPA)  
Grant Application**

1. All Applications must be signed with the application signature page.
2. Any additional information, including letters of support, brochures, or pictures can be added as attachments and will be included in the application.
3. All recipients of funds must agree to quarterly reporting of funds spent.
4. All applicants must abide by all federal, state, and municipal laws and regulations regarding this application, and the spending of funds. This includes bidding of projects when necessary.
5. All applications are subject to review and approval by the City Council. Not all applications will be awarded funding, or may only be awarded partial funding.
6. Deadline for final applications – **MONTH DAY, YEAR by TIME**
7. Information in this application is subject to Maine’s Freedom of Information Act.

<b>APPLICANT INFORMATION</b>	
Organization or Business Name:	
Mailing Address:	
Project Address: (if different)	
Principal Officer:	Office Phone:
Organization Establishment Year:	Cell Phone:
Email address:	Website:
Tax ID Number:	DUNS/UEI Number (if applicable):
Is your organization debarred from receiving federal funds? <input type="checkbox"/> YES <input type="checkbox"/> No	

Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?	<input type="checkbox"/> YES <input type="checkbox"/> No
If applicable, please provide the most recent financial statement, Form 990, and the single audit:	
<p>Which of the following did your organization experience as a result of the COVID-19 pandemic? <i>Circle all that apply. (Additional documentation may be required upon request)</i></p> <p>(a) Decrease in revenue (b) staffing/volunteer shortages (c) Inability to conduct essential operations</p> <p>(d) Unexpected expenses (e) Additional infrastructure costs (f) Increased demand for services</p> <p>(g) Other (please specify): _____</p>	
If your organization has previously received pandemic related funding, such as PPP, ARPA, CDBG COVID, or CARES funds, or has a pending application for funding, from the City of Bangor or another government entity, please list the amount, nature of the project(s), and current status of the funding and project(s).	

<b>Project Description and Budget</b>
Project Name:
Project Summary/Description and how it fulfills the organizations mission or goals: <i>Additional information can be attached and will be included in the application</i>

Purpose and key anticipated outcomes:	
Individuals or communities served: <i>Include details about the number of Bangor residents served and number of non-Bangor residents served.</i>	
Project Location:	
Estimated Project Start Date:	Estimated Project Completion Date:
Total Project Cost:	
Total Funding Requested: (Minimum request amount is \$10,000)	
ARPA Funding Requested as a Percentage of Total Project Budget: _____ %	
Which aspect(s) of your organization will this project support? Circle all that apply	
<p><b><u>Operations</u></b></p> <p>Wages/Benefits</p> <p>Lease of property/equipment</p> <p>Contacted Services</p> <p>Utilities</p> <p>Other</p>	<p><b><u>Capital</u></b></p> <p>Acquisition of property</p> <p>Acquisition of equipment</p> <p>New construction</p> <p>Facility repair/renovation</p> <p>Vehicles</p>
Staff Comment – a budget document should be provided as part of the application. If housing is an identified area of emphasis, applicants should be asked to provide rental rate information.	
Total # of organizations, businesses, or government entities partnering for this request: _____	
List:	
How will this project benefit the residents and taxpayers of the City of Bangor?	

Which areas of emphasis does this project address? *Circle all that apply.*

- (1) Mental Health      (2) Substance Use Disorder      (3) Job Training      (4) Aid to Non-Profits  
(5) Small Business Support      (6) Housing      (7) Homelessness      (8) Childcare

With the understanding that these are one-time ARPA awards, describe how your project/initiative will sustain operations after the funds are depleted.

**Which of the ARPA categories will the project fall under;**

*a summary of ARPA categories can be found in Overview of the Final Rule:*

<https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-Overview.pdf>

All projects MUST fall into one category

- A) To respond to the public health emergency, including COVID-19 mitigation and prevention, medical expenses, behavioral health care, and preventing and responding to violence.
- B) To respond to the negative economic impacts of the pandemic, including assistance to impacted households, communities, small businesses, industries, and nonprofits.
- C) For the provision of public safety, health or educational services.
- D) To make necessary investments in water, sewer, or broadband infrastructure.

Explain how your project fits into the category selected:

## Signature and Acceptance Page

By applying for funds and signing this page, applicant agrees to follow all laws, regulations, and guidelines concerning the American Rescue Plan Act. This would include all federal, state, and municipal laws, which encompass bidding processes, purchasing processes, drug policies, reporting procedures and other guidelines as needed.

By applying for funds and signing this page applicant agrees to report all funds spent, how the funds were spent, and provide an accounting of all funds. This includes quarterly updates during the course of the project.

I certify that I have reviewed the US Treasury Guidelines regarding the eligible uses of American Rescue Plan State and Local Fiscal Recovery Funds and, to the best of my knowledge, believe the request to be eligible for assistance. I further certify that I am authorized to submit this application request on behalf of the organization requesting the funds, and I acknowledge that the City Council reserves the right to accept or deny any application, with or without a formal explanation to the applicant.

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Signature of Principal Officer

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Date of Signature