



TOWN OF CARRBORO • NC

Town of Carrboro Project Request and Eligibility Determination

American Rescue Plan Act of 2021 Coronavirus State and Local Fiscal Recover Fund

This document is *to be completed by the person or persons requesting American Rescue Plan Act of 2021 Coronavirus State and Local Government Fiscal Recovery Fund monies*. The request will proceed through the **TOWN OF CARRBORO's** review process. The requester will receive notice if the project is approved, with instructions on how to proceed.

BASIC INFORMATION AND DESCRIPTION

Organization: _____ Phone: _____

Address: _____

Program/Project Name:	
Program/Project Description:	
Projected Outcome:	
Responsible Department:	
Program/Project Manager Name:	
Total Amount Requested:	
Internal Account Code(s): (assigned by Finance)	
Treasury Expenditure Category Level:	Choose an item.
Treasury Expenditure Category:	Choose an item.

ELIGIBILITY REVIEW (Please attach additional sheets as needed.)

Please select appropriate ARP/CSLFRF Category below and complete the required information. Note that each requested project may only be associated with one of the following categories: 1. Public Health; 2. Negative Economic Impact; 3. Premium Pay; 4. Water, Sewer, Stormwater Infrastructure; 5. Broadband; or 6. Revenue Replacement (Government Services). Please complete all information in the applicable category and attach any required additional justifications and documentation.

1. Public Health	
A. Enumerated Uses/ Safe Harbors (Must select one)	
<input type="checkbox"/> COVID-19 mitigation & prevention*	<input type="checkbox"/> Behavioral health care*
<input type="checkbox"/> Medical expenses*	<input type="checkbox"/> Preventing & responding to violence*
<input type="checkbox"/> Not on Enumerated List (Must complete Box B.)	
<i>*See detailed list of enumerated projects in each of these categories on pages 14-16 of the Overview of the Final Rule.</i>	
B. Written Justification (Please provide detailed responses to both these questions if checked "Not on Enumerated List" in Box A)	
(1) What is the specific negative public health impact or harm experienced by an individual or a class?	
(2) How does proposed project address the negative public health impact or harm?	

C. Is the project reasonably designed to benefit the individual or class that experienced a public health impact or harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Is the project related and reasonably proportional to the extent and type of public health impact or harm experienced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Does proposed project involve a capital expenditure between \$1 million and \$10 million?	<input type="checkbox"/> Yes – Proceed to Box F.	<input type="checkbox"/> No – Proceed to Box G.
F. Is proposed project on enumerated list in Box A? *Written justification must include the following elements: <ul style="list-style-type: none"> • Describe the harm or need to be addressed; • Explain why a capital expenditure is appropriate; and • Compare the proposed capital expenditure to at least two alternative capital expenditures and demonstrate why the proposed capital expenditure is superior. 	<input type="checkbox"/> Yes – Record written justification* in file, but not required in Project & Expenditure Reports	<input type="checkbox"/> No – Record written justification* in file and include in Project & Expenditure Reports
G. Does the proposed project involve a capital expenditure of \$10 million or more?	<input type="checkbox"/> Yes – Record written justification* for file and include in Project & Expenditure Reports	<input type="checkbox"/> No – No further action required.

2. Negative Economic Impact

A. Enumerated Beneficiaries (Must select one)

*See detailed list of enumerated beneficiaries and income on pages 17 & 19 of the [Overview of the Final Rule](#).

Beneficiaries Who Experience Negative Economic Impact from the Pandemic

- Low-moderate income households or communities
- Household that experienced unemployment
- Households that experienced increased food or housing insecurity
- Households that qualify for the Children’s Health Insurance Program, Childcare Subsidies through the Child Care Development Fund Program, or Medicaid
- When providing affordable housing programs: households that qualify for the National Housing Trust Fund and Home Investment Partnerships Program
- When providing services to address lost instructional time in K-12 schools: any student that lost access to in-person instruction for a significant period
- Small business that experienced decreased revenue or gross receipts, increased costs, financial insecurity, or other financial challenges due to the pandemic
- Nonprofit the experienced decreased revenue, increased costs, financial insecurity, or other financial challenges due to the pandemic
- Travel, tourism, hospitality industries
- Other industry that experienced at least 8% employment loss from pre-pandemic levels or is experiencing comparable or worse economic impacts as national tourism, travel, and hospitality sector
- Local government

Beneficiaries Who Experienced Disproportionately Negative Economic Impact from the Pandemic

- Low-income households and communities
- Households residing in a Qualified Census Tract (QCT)
- Households that qualify for Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Free- and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income (SSI), Head Start and/or Early Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Section 8 Vouchers, Low-Income Home Energy Assistance Program (LIHEAP), and Pell Grants. For services to address educational disparities, Treasury will recognize Title I eligible schools as disproportionately impacted and responsive services that support the school generally or support the whole school as eligible.
- Small businesses operating in a Qualified Census Tract (QCT)
- Nonprofits operating in a Qualified Census Tract (QCT)
- Not on enumerated list (Must complete Box B.)**

B. Written Justification (Provide detailed response to this question if proposed beneficiary not on enumerated list in Box A)

Define the group/class/geographical area that experienced a negative economic impact from the COVID-19 pandemic. Be specific in defining group/class/area and in defining the negative economic impact to the group/class/area.

C. Enumerated / Safe Harbor Projects (Must Select One)

Projects for Negatively Economically Impacted

Households & Communities

- Food assistance & food banks
- Emergency housing assistance: rental assistance, mortgage assistance, utility assistance, assistance paying delinquent property taxes, counseling and legal aid to prevent eviction and homelessness & emergency programs or services for homeless individuals, including temporary residences for people experiencing homelessness
- Health insurance coverage expansion
- Benefits for surviving family members of individuals who have died from COVID-19
- Assistance to individuals who want and are available for work, including job training, public jobs programs and fairs, support for childcare and transportation to and from a jobsite or interview, incentives for newly- employed workers, subsidized employment, grants to hire underserved workers, assistance to unemployed individuals to start small businesses & development of job and workforce training centers
- Financial services for the unbanked and underbanked
- Burials, home repair & home weatherization
- Programs, devices & equipment for internet access and digital literacy, including subsidies for costs of access
- Cash assistance
- Paid sick, medical, and family leave programs
- Assistance in accessing and applying for public benefits or services
- Childcare and early learning services, home visiting programs, services for child welfare- involved families and foster youth & childcare facilities
- Assistance to address the impact of learning loss for K-12 students (e.g., high-quality tutoring, differentiated instruction)
- Programs or services to support long-term housing security: including development of affordable housing and permanent supportive housing

Small Businesses

- Loans or grants to mitigate financial hardship, such as by supporting payroll and benefits, costs to retain employees, and mortgage, rent, utility, and other operating costs
- Technical assistance, counseling, or other services to support business planning

Projects for Disproportionately Negatively Economically Impacted

Households & Communities

- Pay for community health workers to help households access health & social services
- Remediation of lead paint or other lead hazards
- Primary care clinics, hospitals, integration of health services into other settings, and other investments in medical equipment & facilities designed to address health disparities
- Housing vouchers & assistance relocating to neighborhoods with higher economic opportunity
- Investments in neighborhoods to promote improved health outcomes
- Improvements to vacant and abandoned properties, including rehabilitation or maintenance, renovation, removal and remediation of environmental contaminants, demolition or deconstruction, greening/vacant lot cleanup & conversion to affordable housing
- Services to address educational disparities, including assistance to high-poverty school districts & educational and evidence-based services to address student academic, social, emotional, and mental health needs
- Schools and other educational equipment & facilities

Small Businesses

- Rehabilitation of commercial properties, storefront improvements & façade improvements
- Technical assistance, business incubators & grants for start-up or expansion costs for small businesses
- Support for microbusinesses, including financial, childcare, and transportation costs

Nonprofits

- Loans or grants to mitigate financial hardship
- Technical or in-kind assistance or other services that mitigate negative economic impacts of the pandemic

Travel, Tourism, Hospitality Industry

- Aid to mitigate financial hardship, such as supporting payroll costs, lost pay and benefits for returning employees, support of operations and maintenance of existing equipment and facilities
- Technical assistance, counseling, or other services to support business planning
- COVID-19 mitigation and infection prevention measures (see section Public Health)

Local Government

- Public safety, public health, and human services salaries/benefits, to extent responding to the COVID-19 public health emergency
- Restoring pre-pandemic employment levels
- Effective service delivery

Not on enumerated list (Must proceed to Box D.)

D. Written Justification (Provide detailed response to this question if proposed project not on enumerated list in Box C.)

- (1) What is the specific negative economic impact or harm caused or exacerbated by the pandemic?
- (2) How does the proposed project address the impact or harm?

E. Is the project reasonably designed to benefit the individual or class that experienced a public health impact or harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Is the project related and reasonably proportional to the extent and type of public health impact or harm experienced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Does proposed project involve a capital expenditure between \$1 million and \$10 million?	<input type="checkbox"/> Yes – Proceed to H.	<input type="checkbox"/> No – Go to Box I.
<p>H. Is proposed project on enumerated list in Box C? <i>*Written justification must include the following elements:</i></p> <ul style="list-style-type: none"> • Describe the harm or need to be addressed; • Explain why a capital expenditure is appropriate; and • Compare the proposed capital expenditure to at least two alternative capital expenditures and demonstrate why the proposed capital expenditure is superior. 	<input type="checkbox"/> Yes – Record written justification* for file, but not required in Project & Expenditure Reports	<input type="checkbox"/> No – Record written justification* for file and include in Project & Expenditure Reports
I. Does the proposed project involve a capital expenditure of \$10 million or more?	<input type="checkbox"/> Yes – Record written justification* for file and include in Project & Expenditure Reports	<input type="checkbox"/> No – No further action needed

4. Premium Pay

Please provide description of project and attach any necessary documentation. Must conform with requirements in 31 CFR 35.6(c). (More details on this expenditure category are available [here.](#))

4. Water, Sewer, Stormwater Infrastructure

Please provide description of project and attach any necessary documentation. Must conform with requirements in 31 CFR 35.6(e)(1).

5. Broadband Infrastructure

Please provide description of project and attach any necessary documentation. Must conform with requirements in 31 CFR 35.6(e)(2).

6. Revenue Loss

This portion of ARP/CSLFRF funds may be used for the provision of government services. Please provide description of project and attach any necessary documentation. Note that water, sewer, stormwater, and broadband projects may be funded in this category, without having to meet all of the criteria specified in the other categories.

PROHIBITIONS VERIFICATION (To be completed by Town's Chief Financial Officer):

By checking these boxes, the Chief Financial Officer attests that the statements are true.

- Project does not contravene the statutory purpose of ARP, including program, service, or capital expenditure that includes a term or condition that undermines efforts to stop the spread of COVID-19
- No Conflict of Interest

- Complies with all state and federal laws and local ordinance
- No pension fund deposit
- No borrowings or debt service
- No financial reserves

JUSTIFICATION AND LEGAL REVIEW FOR STATE AUTHORITY (To be completed by Town Attorney):

TOWN ATTORNEY
DATE

Program Administration Information (To be completed by Applicant)

Proposed Project Budget, delineated by Cost Item for Allowable Cost Review

U.G. Provisions	Cost Items	Estimated Amount	Necessary/ Reasonable	% Allocable	Required Documentation
200.430	Compensation		Choose an item.		
200.431	Fringe Benefits		Choose an item.		
200.475	Travel		Choose an item.		
200.439	Equipment & Other Capital		Choose an item.		
200.453	Materials & Supplies		Choose an item.		
200.318 & 200.92	Contractual Services & Subawards		Choose an item.		
200.459	Consultants / Professional Services		Choose an item.		
200.465	Occupancy (Rent & Utilities)		Choose an item.		
200.471	Telecommunications		Choose an item.		
200.473	Training & Education		Choose an item.		

(assigned by Finance) Program/Project #:

(assigned by Finance) Program/Project Short Name:

200.413 (c)	Direct Administrative Costs		Choose an item.		
	Add'l Cost Item		Choose an item.		
	Total Direct Costs		Choose an item.		
200.414	Indirect Costs		Choose an item.		
Total Project Budget					

Administrative Classification (To be completed by the Town's Chief Financial Officer)

Administration Type	<input type="checkbox"/> In-House	<input type="checkbox"/> Contractor/Vendor	<input type="checkbox"/> Sub-Recipient/Subaward
If Contractor/Vendor or Sub-recipient, has this been verified using the Classification Checklist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Program Sub-Recipient and/or Contractor List: (To be completed by Applicant)

Name	Tax ID #	Completion of Classification Checklist?	Contractor or Sub-Recipient	DUNS #/UEI	Date Checked SAM.gov
		Choose an item.	Choose an item.		
		Choose an item.	Choose an item.		
		Choose an item.	Choose an item.		

Key Project Dates : (To be completed by Applicant)

Due Date	Task Type	Task Description	Status
	Choose an item.		Choose an item.
	Choose an item.		Choose an item.
	Choose an item.		Choose an item.

Applicant will attach Race and Equity Work Sheet before emailing completed application.

Applicant will be notified if any of the following attachments are required.

- Risk Assessment
- Monitoring Plan
- Agreements

Once application is completed, save one single PDF that includes all additional attachments (including the Race Equity Work Sheet). Email to ARPA@carrboro.gov.

For any questions about the application, email arpa@carrboronc.gov.