

RESOLUTION NO. _____

**RESOLUTION APPROVING AMERICAN RESCUE PLAN GRANT FUNDING IN
AN AMOUNT NOT TO EXCEED \$74,000.00**

WHEREAS, on or about May 17, 2021, Laramie County received \$19,326,709.00 of funding from the American Rescue Plan Act of 2021 (ARPA); and

WHEREAS, ARPA established the Coronavirus State Fiscal Recovery Fund and the Coronavirus Local Fiscal Recovery Fund (SLFRF); and

WHEREAS, effective April 1, 2022, the Secretary of the Treasury adopted the final rule implementing the SLFRF program, found at 31 C.F.R. Part 35; and

WHEREAS, the final rule implementing the SLFRF allows, among other things, the expenditure of ARPA funds to mitigate the negative public health and economic impacts of the COVID-19 pandemic, including the support of local jurisdictions; and

WHEREAS, Laramie County accepted requests for the available grant funding; and

WHEREAS, Laramie County received an application from the Town of Albin requesting \$74,000; and

WHEREAS, the Board of Laramie County Commissioners reviewed the application to ensure compliance with applicable law and regulation and approved funding in the amount of \$74,000; and

WHEREAS, attached hereto as "Exhibit 1" is the Town of Albin ARPA grant application.

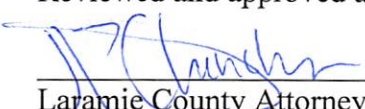
NOW THEREFORE, BE IT RESOLVED, that, the Board of Laramie County Commissioners hereby approve the grant request for the Town of Albin in conformance with "Exhibit 1."

DATED this _____ day of _____, 2022.

Troy Thompson
Laramie County Commissioners

Debra Lee
Laramie County Clerk

Reviewed and approved as to form:



Laramie County Attorney

Laramie County, Wyoming Application for Nonprofit Organizations Affected by the COVID-19 Pandemic-Applications are due 4/29/22.

1. Name of Nonprofit Organization_____Town of Albin Owner/Authorized
2. Representative's Name Kelly Krakow
3. If applicable, Federal Tax Identification Number 83-6001124
4. Physical Address of your nonprofit organization 430 5th Ave Albin, WY
5. Primary Contact Person Kelly Krakow
6. Email address townofalbin@yahoo.com
7. Telephone number 307-246-3386
8. Provide mission statement/purpose or your organization.
Town of Albin our home on the range ~ Grow and prosper with us
9. Please describe how the COVID-19 pandemic has caused a negative impact to your nonprofit organization and/or the population you serve.
The COVID-19 pandemic negatively impacted our little community by forcing the cancellation of many programs including all our youth programs and community events therefore, reducing our revenue. The pandemic also caused a disruption of the services that we provide to our community.
10. Program/Project
 - a. Briefly describe the program/project you are requesting funds for:
We are requesting funding for new glass for our pool area, update the dehumidifier in the pool area, new thermostats for the community center, a new dishwasher/sanitizer for our senior citizen lunch program, replace electrical circuits and breakers, and replace ballasts and sensors.

- b. Describe the need for your program/project. The Community Center is a very well used building and these projects will help with cost reduction of heating bills and increase safety.
- c. Identify any other organizations in Laramie County that address this need. There are 6th Penny Funds and SLIB funding available for some projects that fall within the guidelines
- d. Is this a new, existing or changed program?
Existing Program
-
- e. Specifically, what will you use ARPA funds for? The ARPA funds will be used for new glass for our pool area, update the dehumidifier in the pool area, new thermostats for the community center, a new dishwasher/sanitizer for our senior citizen lunch program, replace electrical circuits and breakers, and replace ballasts and sensors. All of these projects will make the community center more cost effective and efficient for the town.
- f. Who will benefit and how (population served)? This will serve the entire population of Albin as well as our surrounding areas that utilize the community center
- g. How will you prevent the duplication of benefits to end users? We are a governmental agency and the services we provide are unique
- h. How many individuals/families will be served by this program/project? This program will serve the population of Albin as well as all the surrounding area that uses the Community Center.
- i. How will these funds help you respond to, or recover from COVID-19? These funds will help the town to recover revenue that was lost due to the pandemic making it impossible to serve senior lunches, with the closure of the community center people did not purchase memberships to the facility, the funding will help in all aspects of budget amounts for the community center.

11. Project Outcomes

- a. If this is a continuing activity, describe measureable outcomes of your previous years' work regardless of funding source. N/A
- b. Describe anticipated measureable outcomes for your proposed project/program. The outcome of this program for the Community

Center will provide a safer environment for all community members and will provide cost effective changes that will be beneficial to the town.

12. Agency's Auditing and Fiscal Controls

- a. Briefly describe your agency's financial oversight/internal controls to minimize opportunities for fraud, waste and mismanagement. The mayor and town council approve the bills every month. The town's checks require two signatures. Vouchers are made out for each invoice that are approved by the town clerk and mayor. The town is also required to fill out a report for the Wyoming Dept of Audit every year that is due in September
- b. How does your agency plan to segregate ARPA funds from other agency funds for purposes of identification, tracking, reporting and audit? The town uses QuickBooks as a book keeping source and also will keep a spreadsheet of projects and funding to track the monies and how they are spent.

13. If applicable, please list the grand total revenue collected by your nonprofit organization in calendar year 2019 (documentation is required to support this figure). \$750,667 Fiscal year

14. If applicable, please list the grand total of revenue collected by your nonprofit organization in calendar year 2020 (documentation is required to support this figure). \$761,952 Fiscal year

15. If applicable, please list the grand total of revenue collected by your nonprofit organization in calendar year 2021 (documentation is required to support this figure). \$837,199 Fiscal year

16. How much are you requesting in Laramie County ARPA funds? Please provide a detailed budget breakdown for requested items. \$74,000

Pool Glass \$29,000

Pool Dehumidifier \$15,000

Thermostats \$8,000

Electrical Circuit and Breakers \$15,000

Dishwasher/Sanitizer \$7,000

17. Is your organization facing any pending litigation or legal action? If yes, please explain.

No

18. Is your organization registered in Sam.gov to be eligible to receive federal funds? Active Status will be required to be awarded ARPA funds.

Yes

Application Certification

By checking this box, you are certifying that the information provided herein is true and correct to the best of your knowledge.

Print Name Kelly Krakow Title Mayer

Signature Kelly Krakow Date 4-28-22