To: Federally Funded Projects Team  
From:

Re: Approval Request for $#,###,### for Projects under <Program Name>   
Date:   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Department/Agency of \_\_\_\_ requests review of the American Rescue Plan Act (ARPA) State Fiscal Recovery (SFR) funds for the projects detailed below.

*General Instructions: Complete this template and remove all italicized text prior to submission to the Federally Funded Projects (FFP) team through your Governor’s Office liaison*, *cc’ing* [*Douglas.Farnham@vermont.gov*](mailto:Douglas.Farnham@vermont.gov) *and* [*Kendal.smith@vermont.gov*](mailto:Kendal.smith@vermont.gov)*.*

**Grantee/Agency**: (e.g. VHCB or ANR)

**Total Amount Appropriated:** $#,###,### appropriated under Act XX Sec. X

**Total Amount Allocated to the Program:** $##,###,###

**Total Amount Requested in this Memorandum:** *this amount should be the equal to the projects described below*

**Program Name:**

**Program Description:** *Please provide a high-level description of the program. Your description should include how your program will account for equitable geographic disbursement of funds across Vermont and coordination with other programs. Mechanisms to prioritize economically dis-advantaged communities or individuals are of particular importance. Wherever possible, include the statistics or program measures that you intend to use to demonstrate program success.*

**Related Programs:** *Please list any programs which will require coordination with this program and the point of contact in that program you will be coordinating with.*

|  |  |
| --- | --- |
| Program Name | Point of Contact |
|  |  |
|  |  |
|  |  |
|  |  |

**Project List:** *Please list the specific projects using a descriptive name. Location level detail is requested whenever possible, to allow the interagency team to determine whether other agencies, departments or grantees have similar, overlapping or complementary projects under development or recommended.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Name | Town | County | Amount | Estimated # of people served |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Have you coordinated with other Agencies or component units to understand potential economies of scale/scope of the Projects in the Project List?**

**Confirmation that the Program complies with ARPA SFR rules:**

ARPA SFR risk evaluations are done once per Program. At the time the Grantee/Agency submits its first FFP Approval Request, it should also submit the ARPA SFR Questionnaire for the associated Program to the Coronavirus Financial Office (CFO). Preliminary risk ratings can be found [here](https://finance.vermont.gov/sites/finance/files/documents/About_Dept/SFR%20Process%20Map%20Outline.pdf). Upon receiving approval by the FFP and Governor for the first FFP Approval Request for each Program:

* If your appropriation is listed in the below file as a “low risk” appropriation, you may submit your Program questionnaire to the Coronavirus Financial Office and your appropriation will be released in Vision at that time.
* If your appropriation is listed as “medium” or “high risk” you will be required to receive approval of your Program SFR Questionnaire from the CFO before your appropriation is released in Vision or before you are permitted to spend on a Program under a previously released appropriation (for appropriations covering multiple Programs)*.*

If your program is not associated with an appropriation on the list linked above, please contact [*your Governor’s Office liaison*, *cc’ing* [*Douglas.Farnham@vermont.gov*](mailto:Douglas.Farnham@vermont.gov) *and* [*Kendal.smith@vermont.gov*](mailto:Kendal.smith@vermont.gov)](mailto:ADM.COVID@vermont.gov).

**For Agency of Administration Use Only**

Approval Amount:

Approval Signature and Date: