



**Work Session Meeting Agenda**  
**2 Park Drive South, Great Falls, MT**  
**Gibson Room, Civic Center**  
**January 18, 2022**  
**5:30 PM**

The agenda packet material is available on the City's website: <https://greatfallsmt.net/meetings>. The Public may view and listen to the meeting on government access channel City-190, cable channel 190; or online at <https://greatfallsmt.net/livestream>.

Public participation is welcome in the following ways:

- Attend in person. Please refrain from attending in person if you are not feeling well.
- Provide public comments in writing by 12:00 PM the day of the meeting: Mail to City Clerk, PO Box 5021, Great Falls, MT 59403, or via email to: [commission@greatfallsmt.net](mailto:commission@greatfallsmt.net). Include the agenda item or agenda item number in the subject line, and include the name of the commenter and either an address or whether the commenter is a city resident. Written communication received by that time will be shared with the City Commission and appropriate City staff for consideration during the agenda item and will be so noted in the official record of the meeting.
- Call-in. Call in during specific public comment periods at [406-761-4786](tel:406-761-4786). Please note that the call in option may not be the most ideal option as there is a time delay between what is being aired/streamed and the live meeting, and there may be significant waiting times depending on how many calls are in the queue. Public would need to watch the meeting through the viewing methods listed above and call in when prompted by the Mayor. Calls will be taken in the order in which they are received. Callers will be restricted to customary time limits.

## **CALL TO ORDER**

## **PUBLIC COMMENT**

*(Public comment on agenda items or any matter that is within the jurisdiction of the City Commission. Please keep your remarks to a maximum of five (5) minutes. Speak into the microphone, and state your name and either your address or whether you are a city resident for the record.)*

## **WORK SESSION ITEMS**

1. Neighborhood Council Updates - Neighborhood Council #2.
2. Fire Rescue Ambulance Transport Cost Recovery - Jeremy Jones.
3. American Rescue Plan Act (ARPA) Funding, Application Process - Thomas Hazen, Melissa Kinzler, Greg Doyon.

## **DISCUSSION POTENTIAL UPCOMING WORK SESSION TOPICS**

## **ADJOURNMENT**

*City Commission Work Sessions are televised on cable channel 190 and streamed live at <https://greatfallsmt.net>. Work Session meetings are re-aired on cable channel 190 the following Thursday morning at 10 a.m. and the following Tuesday evening at 5:30 p.m.*

*Wi-Fi is available during the meetings for viewing of the online meeting documents.*

**UPCOMING MEETING SCHEDULE**

City Commission Training – Thursday January 27, 2022 8:00 a.m. – 4:00 p.m.

State of the City Presentation -- Monday January 31, 2022 1:00 p.m. – 5:00 p.m.

Work Session -- Tuesday February 1, 2022 5:30 p.m.

Commission Meeting -- Tuesday February 1, 2022 7:00 p.m.



# American Recovery Plan Act Application

I recommend that we set the following "Due Date" for applications:

**Applications due – July 15, 2022**

# American Recovery Plan Act APPLICATION

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# I. APPLICATION INSTRUCTIONS

## INTRODUCTION

The American Recovery Act (“ARPA”) was signed into law on March 11, 2021 and amended Title VI of the Social Security Act to establish the Coronavirus State Fiscal Recovery Fund in §602 of the Act and the Coronavirus Local Fiscal Recovery Funds (together the “Recovery Funds”) in §603. These Recovery Funds were created to considerably expand support previously provided by the Federal Government to State and Local governments.

The City of Great Falls is accepting applications for programs related to COVID-19 recovery efforts. These programs may involve direct responses to the medical requirements of the pandemic, efforts to address the negative social impacts of the pandemic, or programs aiming to address disproportionately impact populations.

## AVAILABLE FUNDS

The City will reserve a portion of Local Relief Funds received through the American Recovery Plan to be made available to qualifying projects within the City of Great Falls through this funding. Any additional funds, if awarded, will be distributed on a needs bases.

## FUNDING GUIDELINES

- A. Dates:** To be considered eligible, expenses must be incurred between March 31, 2021 and September 30, 2024. All project related funds must be expended by September 30, 2026.
- B. Eligible Activities:** To be considered an eligible expense under ARPA, a program or project must fall within one of the following categories:
1. **To respond to the public health emergency; or**
    - **Supporting health responses** – Mitigating the impact of COVID-19 continues to require an unprecedented cooperative health response between public and private entities. ARPA funds may be used by these organizations to mitigate the current pandemic or prevent future outbreaks through:
      - i. **Services and Programs to contain/mitigate the spread of COVID-19** (*Expense Categories 1.1 to 1.9*) includes testing, vaccination, tracking and other medical activities related directly to the treatment of the disease.
      - ii. **Services to address behavioral healthcare needs exacerbated by the pandemic** (*Expense Categories 1.10 to 1.11*) includes treatment for mental health, substance abuse, and other behavioral health services. Applicants establishing or expanding these programs should identify evidence based practices used in treatment.

2. **Addressing the negative economic impacts caused or exacerbated by the COVID-19 pandemic; or**

- The COVID-19 public health emergency resulted in significant economic hardship for many Americans. Consumer spending slowed, businesses closed, schools/offices shifted to remote access, and tourism dramatically slowed. ARPA funds may be used to address harms caused or exacerbated by. Uses include:
  - i. **Delivering assistance to workers and families** (*Expense Categories 2.1 to 2.3*) – Financial assistance, Job training, food shortages, and housing assistance *may be provided by community partners with existing relevant programs.*
  - ii. **Supporting small businesses and non-profits** (*Expense Category 2.4 and 2.5*) – Helping local enterprises to address financial challenges caused by the pandemic and to make investments in COVID-19 prevention and mitigation tactics, as well as to provide technical assistance.
  - iii. **Supporting tourism, travel, and hospitality industries** (*Expense Category 2.6*) – Industries that were hit particularly hard by the health emergency may use ARPA funds to support safe reopening, facilitating social distancing, or mitigation of financial hardship. Planned expansions of tourism, travel, or hospitality facilities that were delayed due to the pandemic are also eligible projects.

3. **Services to Disproportionately Impacted Communities; or**

- The pandemic has disproportionately impacted low-income families and exacerbated systemic health and economic inequities impacting low income communities. To be considered eligible, projects aimed at alleviating the increased impact experienced by low-income households must be:
  - i. Provided at a physical location in a Qualified Census Tract (“QCT”); or
  - ii. A program or service where the primary intended beneficiaries live within a QCT; or
  - iii. A program or service for which the eligibility criteria are such that the primary intended beneficiaries earn less than 60% of the median income for the City of Great Falls; or
  - iv. A program or service for which the eligibility criteria are such that more than 25% of the population served are below the federal poverty line.
- Eligible activities for projects include:
  - i. **Addressing educational disparities** (*Expense Categories 3.1 to 3.4*) - through new or expanded early learning services, providing additional resources to high-poverty school districts, and offering tutoring/after school programs. Also, services to address social, emotional, and mental health needs; or
  - ii. **Promoting healthy childhood environments** (*Expense Categories 3.5 to 3.7*) – through new or expanded high quality childcare, home

- visiting programs for families with young children, or services for foster youth or families involved in child welfare system; or
- iii. **Investments in housing and neighborhoods** (*Expense Categories 3.8 to 3.10*) – services to address homelessness, affordable housing development, housing vouchers, and residential counseling; or
- iv. **Addressing Social Determinants of Health** (*Expense Categories 3.11 to 3.12*) – through funding of community health workers, public benefit navigators, and community violence intervention programs.

**C. LIST OF INELIGIBLE ARPA ACTIVITIES**

1. No recipient may use funds to make a deposit to a pension fund; and
2. Funds may not be used to pay off debt; and
3. Funds may not be used to pay legal settlements; and
4. Funds may not be used as federal match dollars for other grant opportunities.

**D. THE CITY OF GREAT FALLS' ARPA GOALS AND PRIORITIES**

- 1. Projects serving a significant number of Great Falls Residents.**
- 2. Addressing the negative impacts of the COVID-19 pandemic on the Tourism, Travel, and Hospitality Industries.**
- 3. Projects addressing an urgent and/or unaddressed need in the community.**
- 4. Programs that have not received funding from other sources.**
- 5. Projects that can be completed within the required timeframe.**

## II. APPLICATION GUIDELINES

1. **Application:** Provide an eligible program that serves residents or businesses in the City of Great Falls. Please complete and submit the Application, the Application Budget Form, plus relevant attachments.

2. **FUNDING REQUEST RESTRICTIONS:**

- a. **Minimum Grant Request: \$40,000.**

3. **SUBMISSION GUIDELINES**

All applications must follow the formatting described below or be subject to penalty points:

- a. Separate applications for each program requesting funds shall be submitted;
  - b. Applications must be typewritten;
  - c. All sections and narrative questions must be labeled, page numbering is encouraged;
  - d. Maps and larger sections must be shrunk to fit onto an 8 ½ x 11” paper;
  - e. The checklist provided must be completed and submitted with the application;
  - f. Page limits listed on the checklist must be followed; additional pages may not be forwarded to the Committee for review;
  - g. Required and supporting documents shall be labeled and placed in an appendix. Extraneous information will not be considered;
  - h. Required documents must be attached:  
 Non-profit applications: verification of 501(c)3 status; agency organizational chart; most recent agency operating budget; most recent audit or if not available the most recent 990 financial statement; copy of by-laws; current board list.
3. Project Timeline: describes when the program will occur with specific dates and times
  - i. All applications shall be complete, approved, and signed by the Board of Directors, the Executive Director, or other Responsible Person.
  - j. Any application for **\$50,000 or more** must provide proof of registration at <https://sam.gov/SAM/> at the time of APPLICATION SUBMISSION so a search can be conducted regarding debarment from receiving federal funds. There is no cost for registration. The entity’s legal name, address, and DUNS number must match the information provided on the application for funding. If registering or updating on <https://sam.gov/SAM/> the applicant must OPT-IN for public view.



**E. DEADLINES**

- 1. **SUBMISSION DEADLINES:** The complete version of the application must arrive by the deadline.

**DEADLINE: DD, MM, YYYY by 4:00pm**

*Applications must be submitted to:*

*City of Great Falls  
 Finance Department  
 2 Park Drive South, Room 112  
 PO Box 5021  
 Great Falls, MT 59403*

**NO LATE APPLICATIONS OR SECTIONS WILL BE ACCEPTED.**

**F. REVIEW PROCESS AND SCORING**

**1. REVIEW PROCESS**

A Review Team will be appointed by the Great Falls City Commission. The Review Team will review and score all applications based upon the following scoring categories. Staff will prepare a list of the rated applications from highest score to lowest score, including the Review Team’s recommendation. This will be given to the City Manager will review the recommendation and then submit findings to the City Commission. A program time-line for the Process is below but subject to change pending HUD guidance:

**MM, DD, YYYY**

**Applications are available**

**MM, DD, YYYY**

**Applications DUE by 4:00PM**

**6. SCORING CATEGORIES AND POINT DISTRIBUTION**

Applications will be rated and ranked on the basis of their responses to the application elements.

- 1. Project Description.....15 points
- 2. Need for the project and ARPA funds.....40 points
  - a. 15 points – How the does the program:
    - i. Respond to a Public Health Need related to the COVID-19 pandemic?; OR
    - ii. Address a Negative Impact caused or exacerbated by the COVID-19 pandemic?; OR
    - iii. Serve a Disproportionately Impacted Community?
  - b. 15 points – the number of individuals served
  - c. 10 points – how you assessed the need in your business and/or in the community
- 3. Project management.....10 points
- 4. Readiness to proceed.....15 points
- 5. Project budget.....10 points

6. Partnership/Collaboration .....10 points

**G. RESERVATION OF RIGHTS**

The City of Great Falls reserves the right, at its sole discretion, to award all, a portion, or none of the available ARPA funding, and may reject any and all proposals based on the quality and/or merits of the proposals, or when it is determined to be in the public interest to do so. Furthermore, the City may extend deadlines and timeframes, as needed.

The City of Great Falls reserves the right to substantiate any applicant’s qualifications, financial information, capability to perform, or past performance in its consideration of the applicant’s grant request.

The City of Great Falls reserves the right to waive any informalities in proposals, to accept any proposal or portion thereof, and, to reject any and all proposals, should it be in the best interest of the City to do so.

**H. POST AWARD AND SUB-RECIPIENT CRITERIA**

All awards are subject to pre-contract negotiations with the recipient.

The City of Great Falls is committed to monitoring the performance of grant recipients to ensure that funds are used appropriately and in a manner commensurate with the American Recovery Plan Act. Copies of the monitoring reports will be kept in the Finance Office.

Recipients that do not comply with the Post-Award and Sub-Recipient Criteria listed below will forfeit their award of ARPA funds. The forfeited funds will be then returned to the Great Falls ARPA program for reallocation.

- ARPA recipients shall not incur any costs or obligate any funding until a contract between the City and the recipient is executed.
- The ARPA Sub-recipient applicants shall complete their program and expend all awarded funds by 9/30/2024.
- All non-profit recipients must provide the following insurances:
  - Commercial General Liability Insurance of \$1,000,000 with the City listed as an additional insured
  - Worker’s Compensation Insurance
  - Unemployment Insurance
  - Automobile Liability
- ARPA recipients will be required to maintain accurate records documenting the prevention of, preparation for, or response to the Coronavirus AND records documenting targeted populations and/or areas being served by the program or project. ARPA recipients will provide quarterly reports to the City demonstrating the above eligibility requirements are being satisfied. The ARPA recipient must collect and track data elements associated with the program/project requesting funding. Additional reporting, including audited findings, may be required if requested by the United States Treasury.

- Recipients will be asked to provide a final summary reporting all accomplishments and outcomes to be provided to United States Department of the Treasury and the public. This includes a description of the impact or outcomes of the program or project. Quarterly updates may be requested and must be provided. If requested, funded recipients must comply.
- Sub-recipients are required to:
  - Collect and track data elements associated with the program/project requesting funding. These elements may include: how the person/household/business was directly impacted by the coronavirus, number of persons/households/businesses served, family size, race/ethnicity, income documentation, and residency documentation. Additional elements such as underwriting for business programs will be required, collected and tracked depending upon the nature of the program.
  - Submit performance reports to the City on a quarterly basis. The reports are reviewed for accuracy, performance measures and compliance. In addition, on-site monitoring/auditing of agencies for ongoing compliance and eligibility may be done by the City ensure income guidelines and residency are being met and goals are being reached.
- Payments: Invoices or requests for payments must be accompanied by backup substantiating the invoice. Quarterly funding requisitions will then be based upon the number of units provided and the cost for delivering that service.

## ARPA Funding Application Response

### III. ARPA APPLICATION

**COMPLETE APPLICATION CHECKLIST**

**Please submit each section of the application, including this checklist:**

- A. ARPA Application Cover Page**, *limit 1 page*
- B. ARPA Application Worksheet**, *limit 4 pages*
- C. ARPA Application Narrative**, *limit 5 pages*
- D. Budget: Revenues and Expenditures**, attached separately, *limit 1 page*  
*Budget worksheet MUST match budget listed on the Cover Page, Summary page, and in the narrative*

**Required documents for non-profit organizations:**

- Agency Organizational Chart** to show how the proposed program fits into the overall organizational structure; include program staff or positions, *limit 1 page*
- Most Recent Agency Operating Budget Summary**, *limit 1 page*
- Most Recent Independent Auditors Report and identified findings** or *if an Audit is not available* the most recent Financial Statement
- Agencies By-laws**
- Complete list of Board Members**

**Duplication of Benefits Affidavit:**

- Supplemental Attachment Duplication of Benefit Affidavit form**

**Signature of the Executive Authority**

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**Signature of the Executive Authority**

**Date**

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**Name**

**Title**

## A. ARPA COVER PAGE

*(limit 1 page)*

ARPA Type	<input type="checkbox"/> Response to the Public Health Emergency <input type="checkbox"/> Addressing a Negative Economic Impact caused or exacerbated by the COVID-19 Pandemic <input type="checkbox"/> Providing Services to Disproportionately Impacted Communities		
Operating Agency			
Program Name			
SAM identification number (if applying for \$50k or more)			
Mailing Address			
Address Services are Delivered			
Executive Director		Phone	Email
Project Director		Phone	Email
Financial Contact		Phone	Email
Person who completed the Application		Phone	Email
Amount of ARPA Funds Requested \$	Total Program Budget \$		Email
Estimated number of people who will be served:		<b>OR</b> Estimated number of businesses served:	
DUNS Number		Tax ID	

**B. ARPA WORKSHEET, limit 4 pages**

1. **ARPA Project Activity.** Please select ONE of the following Eligibility Categories:

- Respond to the Public Health Emergency; OR
- Addressing negative economic impacts caused or exacerbated by the COVID-19 pandemic; OR
- Serving Disproportionately Impacted Communities.

Please complete the corresponding budget snapshot for the selected Project Activity.

<b>Respond to the Public Health Emergency</b>	
<b>1.1.</b> COVID-19 Vaccinations	\$
<b>1.2.</b> COVID-19 Testing	\$
<b>1.3.</b> COVID-19 Contact Tracing	\$
<b>1.4.</b> Prevention in Congregate Settings	\$
<b>1.5.</b> Personal Protective Equipment	\$
<b>1.6.</b> Medical Expenses	\$
<b>1.7.</b> Capital Investments for Physical Plant Changes to Public Facilities that respond to the COVID-19 pandemic	\$
<b>1.8.</b> Mental Health Services	\$
<b>1.9.</b> Substance Abuse Services	\$
<b>TOTAL</b>	\$

<b>Addressing Negative Economic Impacts</b>	
<b>2.1.</b> Household Assistance: Food Programs	\$
<b>2.2.</b> Household Assistance: Rent, Mortgage, and Utility Aid	\$
<b>2.3.</b> Job Training Assistance (e.g. Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)	\$
<b>2.4.</b> Small Aid to Business Economic Assistance	\$
<b>2.5.</b> Aid to Nonprofit Organizations	\$
<b>2.6.</b> Aid to Tourism, Travel, or Hospitality Businesses	\$
<b>TOTAL</b>	\$

<b>Serving Disproportionately Impacted Communities</b>	
3.1. Education Assistance: Early Learning	\$
3.2. Education Assistance: Aid to High-Poverty Districts	\$
3.3. Education Assistance: Academic Services	\$
3.4. Education Assistance: Social, Emotional and Mental Health Services	\$
3.5. Healthy Childhood Environments: Child Care	\$
3.6. Healthy Childhood Environments: Home Visiting	\$
3.7. Healthy Childhood Environments: Services to Foster Youth of Families Involved in Child Welfare System	\$
3.8. Housing Support: Affordable Housing	\$
3.9. Housing Support Services for Unhoused Persons	\$
3.10. Housing Support Other Housing Assistance	\$
3.11. Social Determinants of Health: Community Health Workers or Benefits Navigators	\$
3.12. Social Determinants of Health: Community Violence Interventions	\$
<b>TOTAL</b>	<b>\$</b>

**2. Beneficiaries.**

A. Describe the beneficiaries or clients served by the program.	A.
B. How many will be served by the proposed program? (unduplicated -per year)	B.
C. How many are <i>low to moderate income residents</i> ? See income data in the instructions	C.
D. What percentage of total clients are low to moderate income residents of the City? ( <i>To calculate = D/B * 100</i> )	D.

3. **Employees.** *Program specific, not for the entire organization.*

A. Is this a new (pilot) program?	A.
B. How many employees are currently employed in this program?	B.
C. How many employees will be employed in this program if it receives ARPA funding?	C.
D. How many employees will be employed in this program if it does not receive ARPA funding?	D.

4. **Documentation**

A. How will the beneficiaries' information be collected and documented?	A.
B. What documentation will be used to prove the funds are going to the prevention, preparation or response to the Coronavirus?	B.
C. How will the units of service be tracked and documented?	C.
D. How will the outcomes be measured, collected, and documented?	D.

5. **Other Funding.**

Have you applied for other funding?

- No     Yes

If, yes, were you awarded other funding?

- No     Yes – Explain: \_\_\_\_\_

***Please limit the ARPA Worksheet to 4 (four) Pages.***



## C. ARPA APPLICATION NARRATIVE

In a separate document please answer the following questions; you have a maximum of 5 single-sided pages. Be as direct and specific as necessary. Please include question headings, but in order to save space please *do not* restate the question in your response.

### 1. Program Description

Describe the program being proposed. Make sure to explain the “who, what, when, and where”. Is this a new program or an expansion of an existing program?

### 2. Need for the Program and ARPA Funds as it relates to the Coronavirus

Describe the need, injury, or community that this program prioritizes. How is this program related to the Coronavirus, and why ARPA funds are essential to address this need? Please tie your responses to the eligibility category that was identified above. How will this program respond directly to the public health emergency? Or, identify how the COVID-19 pandemic has created or exacerbated a previously existing negative impact? Or, how will this program alleviate the disproportionate negative impact of the current and future health emergency on low-income households? Be specific and please share any statistical or financial data to emphasize the response.

### 3. Project Management

Define who will manage the project and how they will manage it. Describe the applicant’s experience in delivering and managing this or similar programs. Please summarize current licensing and accreditations obtained.

### 4. Readiness to proceed

Describe the steps that have been completed or must be completed to initiate the project. These may include community support, staffing, securing an appropriate location, marketing, and networking.

Describe the program’s timeline with dates and times, including the earliest possible start dates, end dates, and milestones as applicable.

### 5. Budget for the Project

Provide a narrative explaining the budget and expenses for the program. *Describe exactly what and who the ARPA will pay for in this program.*

Please ensure that budget amounts listed in the narrative match the cover page and budget worksheet.

### 6. Partnerships, Collaboration, and Outreach

Describe how you are collaborating with other non-profit organizations to form a cohesive approach to the coronavirus. What steps will you take to make sure there is not a duplication of services? How will you reach out to families or businesses in need?

**C. BUDGET: REVENUES AND EXPENDITURES, *limit 1 page.***

Clearly outline any other funding sources and each expenditure including what funding will be utilized for each line item.

DRAFT