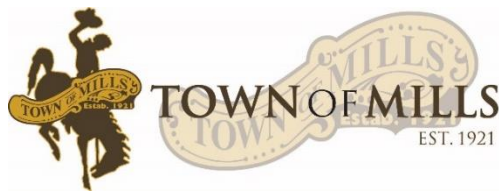


**SPECIAL COUNCIL
MEETING 6-29-2020**

June 29, 2020

9:00 AM

Town Hall



Mayor:
Seth Coleman
Council President:
Sara McCarthy
Council Members:
Darla Ives
James Hollander
Ron Wales

AGENDA

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE

Resolution and Ordinances

Resolution 2020-31: A Resolution Authorizing Submission of A Coronavirus Relief Grant Application to the State Loan and Investment Board on Behalf of the Governing Body for The Town of Mills

OPEN DISCUSSION

ADJOURNMENT

In accordance with the Americans with Disabilities Act, persons who need accommodation in order to attend or participate in this meeting should contact Town Hall at 307-234-6679 within 48 hours prior to the meeting in order to request such assistance.

Entitled: A RESOLUTION AUTHORIZING SUBMISSION OF A CORONAVIRUS RELIEF GRANT APPLICATION TO THE STATE LOAN AND INVESTMENT BOARD ON BEHALF OF THE GOVERNING BODY FOR THE

Town of Mills, Wyoming

FOR THE PURPOSE OF:

The Town of Mills seeks \$200,000 in Coronavirus Relief Grant (CRG) funds to address deficiencies in the Town of Mills' COVID-19 crisis and civic communications capabilities by running fiber to Town-owned buildings housing critical municipal services.

(State Purpose of Project)

WITNESSETH

WHEREAS, the Governing Body for the Town of Mills, Wyoming

desires to participate in the CORONAVIRUS RELIEF GRANT program to assist in financing this request; and

WHEREAS, the Governing Body of the Town of Mills, Wyoming

recognizes the need for the request; and

WHEREAS, the Coronavirus Relief Grant program requires that certain criteria be met, as described in the State Loan and Investment Board's Rules and Regulations governing the program, and to the best of our knowledge this application meets those criteria; and

WHEREAS, if any of the disbursed grant funds are later deemed to not comply with the SLIB criteria or the criteria of the CARES Act, the grant applicant agrees to repay the ineligible grant funds within 15 days of such finding to the Office of State Lands and Investments.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE Town of Mills, Wyoming

that a grant application in the amount of **\$200,000**

(Amount being requested)

be submitted to the State Loan and Investment Board for consideration at the next Board meeting after application processing to assist in funding the

Coronavirus Relief Grant Program

(Name of Funds Requested)

BE IT FURTHER RESOLVED, that

Sabrina Foreman, Community Development Director

(Name and Title of Person(s))

are hereby designated as the authorized representatives of the Town of Mills, Wyoming

to act on behalf of the Governing Body on all matters relating to this grant application.

PASSED, APPROVED AND ADOPTED THIS

_____ day of **_____** **_____**

(Date)

(Month)

(Year)

(Signature)

(Name and Title)

Attest:

(Signature)

(Name and Title)

State of Wyoming State Loan and Investment Board Coronavirus Relief Grant Program

APPLICANT INFORMATION

Applicant Category Government Entity: Medical Entity: Tribal Council:

Applicant

Mailing Address

City State Zip

E-Mail Address Phone #

Tax ID #:

Contact Person (Name and Title)

Phone # E-Mail Address

WYOMING CORONAVIRUS RELIEF FUND INFORMATION

CRG Funding Name

Amount of Funding Requested NOTE: This amount must match the amount on the submitted resolution

List all other funding sources for the project in the table below including the status and amount expended, if any.

Other Funding Source Description	Amount	Status*		Amount Expended	Funding Percentage
		Pending	Approved		
					0.00%
					0.00%
					0.00%
					0.00%
Total Other Funding	\$0			\$0	

*Documentation to support the status must be attached to the Application Packet.

Estimated Total Funding Request:

Balance of Request Unfunded:
Auto Calculated
(Estimated Project Costs less Amount Expended)

Estimated Funding Percentage: (Final Funding Percentage is Determined by Board Approved Amount)
% is auto calculated
(Amount Requested/Estimated Project Costs)

I certify that I am authorized to sign this application on behalf of our governing body, and the applicant will comply with all appropriate requirements, if approved.
 To the best of my knowledge and belief, the information in this application is true and correct. I understand the State may review any relevant documents or instruments relating to the analysis of this application.
 I further certify by signing and submitting this application that all program eligibility criteria have been reviewed and this application reflects the criteria.
 I understand that if grant funds spent are later found to be ineligible, the applicant will be requested to pay back the ineligible funds within 15 days to the Office of State Lands and Investments.

Signature _____ Date _____

Name and Title (typed) _____

OFFICE OF STATE LANDS AND INVESTMENTS
Coronavirus Relief Grant Program
Certification Statement

WHEREAS, the Governing Body for the
Town of Mills, Wyoming

Hereby Certifies that the funding being applied for under the WYOMING CORONAVIRUS RELIEF FUND GRANT program meets the requirements set forth under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). It is further certified that the funding being applied for meets the requirements of 2020 Spec. Session 1, SEA No. 001.

The CARES Act provides that payments from the Grant Fund may only be used to cover costs that:

1. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019;
2. Were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act); and
3. Were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

If any of the disbursed grant funds are later deemed to not comply with the SLIB criteria or the criteria of the CARES Act, the grant applicant agrees to repay the ineligible grant funds within 15 days of such finding to the Office of State Lands and Investments.

BE IT FURTHER RESOLVED, that

Sabrina Foreman, Community Development Director

(Name and Title of Person(s))

are hereby designated as the authorized representatives of the
Certification Statement
to act on behalf of the Governing Body on all matters relating to this grant application.

PASSED, APPROVED AND ADOPTED THIS

_____ day of _____
(Date) *(Month)* *(Year)*

(Signature)

(Name and Title)

Attest:

(Signature)

(Name and Title)