

Town of Pomfret
 5218 Pomfret Road
 North Pomfret, VT 05053
 Agenda for April 15, 2015 Special Selectboard Meeting
 7:00pm at the Pomfret Town Offices

Agenda Item	Presiding Officer	Timeframe
1. Call to Order	Chair	7:00-7:05pm
2. Public Comment	Chair	7:05-7:15pm
3. Items Requiring a Vote: <ul style="list-style-type: none"> a. Warrant for Payment: 268 b. State Paving and Structures Grants: <ul style="list-style-type: none"> i. To authorize agent to file applications and other documents related to state grants for paving and structures; ii. To certify compliance for Town Road and Bridge Standards and Network Inventory; iii. To certify minimum town highway budget of \$300 per mile; and iv. To approve risk-based assessment. c. Designate a “Municipal Officer” to enforce dog ordinance 	Treasurer Road Foreman Chair	7:15-7:25pm 7:25-7:40pm 7:40-7:50pm
4. Budget Review	Chair	7:50-8:50pm
5. Closing Public Comments & Adjournment	Chair	8:50-9:00pm

January 13, 2015

Board of Selectmen
Town of Pomfret
5218 Pomfret Road
North Pomfret, VT 05053

RE: **Town Highway Grant Programs and Annual Financial Plan SFY2016**

Dear Board Members:

In preparation for the FY 2016 Town Highway Grant program, enclosed you will find application forms for the two grant programs as well as a TA-60 Annual Financial Plan form. Also, please update the enclosed list of Town Officers so that we can update our records and be sure to provide us with a current copy of your Town's Annual Report. For the Towns whose adopted codes and standards meet or exceed the January 23, 2013 template, please sign and return the enclosed "Certification of Compliance". I will be contacting you in the coming weeks to schedule our annual meeting.

The grant amounts for each program are limited to \$175,000 State share for any one project. However, funding is limited and the money will be distributed as equitably as possible based on funding previously received by the Town and the critical nature of the project. Please note that the grant application form has changed. To apply for a town highway grant (structures, class 2 roadway, emergency), please complete an application for each grant you wish to apply for. Please submit your grant applications to the District 4 office by **April 15, 2015**.

The Annual Financial Plan must be filled out and returned to this office within 60 days of the approval of the municipal budget in accordance with Title 19 VSA Section 306(e). VTrans will not approve any grant application without a completed TA-60. Towns are required to submit their Annual Financial Plans on the form enclosed. I am happy to help you complete the form during our annual meeting.

As always, if you have any questions, please call me at 802-296-5567.

Sincerely,

Chris Bump
District Project Manager

Enclosures
C: Files



VERMONT

AGENCY OF TRANSPORTATION

FY Municipal Highway Grant Application

APPLYING FOR: Structures Class 2 Roadway Emergency

MUNICIPALITY: ADDRESS:

MUNICIPAL CONTACT (name):

Phone: E-Mail:

ACCOUNTING SYSTEM: Automated Manual Combination

DUNS #: Grantee FY End Month (mm format):

DISTRICT CONTACT (name):

Phone: E-Mail:

SCOPE OF WORK TO BE PERFORMED BY GRANTEE

Location of Work. The work described below involves the following town highway structure:
TH# ____, (Name)_____ which is a class ____ town highway.
Bridge #_____, which crosses _____
Culvert # ____, for which the original size was _____ and the replacement size is _____
Causeway: _____
Retaining Wall: _____

Estimated Completion Date:

Work to Be Done:

Detailed Cost Estimate (below or attached):

Estimated Project Amount: \$

Municipality has adopted Codes & Standards that meet or exceed the State approved template? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Municipality has a current Network Inventory? (less than 3 years old) YES NO	
Municipality MUST complete the following environmental resource checklist:	
EXISTING STRUCTURES: (check all that apply)	
<input type="checkbox"/> Steel Tube Culvert	<input type="checkbox"/> Concrete Box Culvert
<input type="checkbox"/> Stone Culvert	<input type="checkbox"/> Concrete Bridge
<input type="checkbox"/> Ditch	<input type="checkbox"/> Rolled Beam/Plate Girder Bridge
<input type="checkbox"/> Metal Truss Bridge	<input type="checkbox"/> Wooden Covered Bridge
<input type="checkbox"/> There are foundation remains, mill ruins, stone walls or other.	
<input type="checkbox"/> Stone Abutments or Piers	<input type="checkbox"/> Buildings (over 50 yrs old) within 300 feet of work
PROJECT DESCRIPTION: (check all that apply)	
<input type="checkbox"/> The Project involves engineering/ planning only.	<input type="checkbox"/> The project consists of repaving existing paved surfaces only.
<input type="checkbox"/> The project consists of reestablishing existing ditches only.	<input type="checkbox"/> All work will be done from the existing road or shoulder.
<input type="checkbox"/> The structure is being replaced on existing location/alignment.	<input type="checkbox"/> There will be excavation within 300 feet of a river or stream.
<input type="checkbox"/> There will be excavation within a flood plain.	<input type="checkbox"/> Road reclaiming, reconstruction, or widening
<input type="checkbox"/> Tree cutting / clearing.	<input type="checkbox"/> Temporary off-road access is required.
<input type="checkbox"/> New ditches will be established.	<input type="checkbox"/> The roadway will be realigned.
The municipality has included photos of the Project. Must show infrastructure and surrounding features, as much as possible. <input type="checkbox"/> YES <input type="checkbox"/> NO	
The municipality has included a detailed Scope of Work. <input type="checkbox"/> YES <input type="checkbox"/> NO	

Below this line to be filled in by VTrans staff:

Recommended Award Amount:

District Staff Approval: (name) _____ Date: _____

Archaeology Approval: J. Russell B. Gauthier Date:

Historic Preservation Approval: J. Ehrlich K. O'Shea Date:

Archology/Historic Preservation Conditions/Comments:

Note:
Projects may involve impacts to protected historic or archaeological resources. For more information, responsible parties are encouraged to contact the individuals listed below :

Jen Russell, VTrans Archaeology Officer,
802-828-3981, jeannine.russell@state.vt.us

OR

Brennan Gauthier, VTrans Assistant Archaeologist,
802-828-3965, brennan.gauthier@state.vt.us

Judith Ehrlich, VTrans Historic Preservation Officer,
802-828-1708, judith.ehrlich@state.vt.us

OR

Kaitlin O'Shea, VTrans Historic Preservation Specialist,
802-828-3962, kaitlin.OShea@state.vt.us

NEW GRANT INFORMATION SHEET

SECTION I – GENERAL GRANT INFORMATION

Grant Title:		Amount Awarded This Action:	
Award Start Date:	Award End Date:	Subrecipient Award: YES NO	
Grantee Name:		Grantee Address:	
Performance Measures YES NO Included in Award:	Match/In-Kind: \$ Description:		

SECTION II – SUBRECIPIENT AWARD INFORMATION

Grantee DUNS #:	Grantee Fiscal Year End Month (MM format):		
Indirect Rate: ___ % (Approved rate for Federal Funds Only)	FFATA: YES NO	R&D:	

SECTION III – FUNDING ALLOCATIONS (STATE FUNDS)

Fund Type	Award This Action	Description/Comments
General Fund	\$	
Special Fund	\$	
Transportation Fund	\$	
Other State Funds	\$	

FEDERAL FUNDS (includes subrecipient funds)	Required Federal Award Information
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CFDA #	Program Title	Award This Action	FAIN	Federal Award Date	Total Federal Award
		\$			\$
Federal Awarding Agency:			Federal Award Project Description:		
		\$			\$
Federal Awarding Agency:			Federal Award Project Description:		
		\$			\$
Federal Awarding Agency:			Federal Award Project Description:		
		\$			\$
Federal Awarding Agency:			Federal Award Project Description:		

SECTION IV - CONTACT INFORMATION

<u>STATE GRANTING AGENCY :</u> Name: Section: Phone: Email:	<u>GRANTEE</u> Name: Title: Phone: Email:
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Section I – General Grant Information

Grantee Name: The name of the grantee including the doing business as name (DBA) if applicable.

Grantee address information: If the Grantee has multiple addresses, this should be the address associated with the performance of the award. Enter the Zip+4 if available and if required for FFATA reporting.

Grant number: This should be the contract number issued to the original Grant.

The Following is Amended: Check each box that is applicable to this amendment.

Amount Awarded This Action: Enter the current amendment amount. If this award is an amendment that does not affect the amount, enter \$0.

End Date: This is the ending date of the performance period covered by this award.

Performance Measures: Check Yes or No to indicate whether or not the award contains performance measures.

Match/In-Kind \$ and Description: Enter the amount of match/in-kind required, or enter \$0. If a dollar value has been entered, enter a brief description of what is required. The narrative sections of the award may also contain additional information pertaining to required match or in-kind. If desired, this box may also be used to identify funding from other sources involved in the project that will not be covered by this award, such as projects where multiple organizations are contributing funding.

Section II – Subrecipient Award Information

Indirect Rate: Enter the approved indirect rate. If the subrecipient chooses not to request indirect costs for this award, enter 0%. ANY Indirect Rate needs to be approved by Audit.

Section III – Funding Allocation

Special and Other Fund Descriptions: If the award contains Special or Other funds, enter a brief description of the funding source.

CFDA #: Enter the CFDA number for all Federally funded awards.

Program Title: Enter the CFDA program title.

Award This Action: Enter the amount of the current award for each CFDA #. Enter the amount of the amendment. If the amendment does not affect the funding of this CFDA #, enter \$0 on that row.

The following information is required *only for federal subrecipient awards*.

FAIN: This is the Federal Award Identification Number assigned by the Federal granting agency.

Federal Award Date: This is the date that the Federal Granting Agency official signed the award to the State Granting Agency.

Total Federal Award: This is the total amount of the Federal award to the State Granting Agency.

Federal Awarding Agency: This is the Federal Agency that issued the award to the State Granting Agency.

Federal Award Project Description: This is the title/description of the Federal award to the State Granting Agency.

Section IV – Contact Information

- Enter a contact person for the State Granting Agency. This individual should be the State's main point of contact for the award and is not required to be the Appointing Authority.
- Enter a contact person for the Grantee. This individual should be the Grantee's main point of contact for the award and is not required to be the official who signed the award.

State of Vermont Grantee Risk-Based Assessment

Organization Name: _____ Grant No.: _____

Grant Title/Description: _____

ELIGIBILITY	Eligible	Ineligible
Suspension & Debarment		
Subrecipient Annual Report		
Single Audit		

	Small <\$25,000	Medium \$25,000 to \$250,000	Large >\$250,000	Points Awarded	
1. Amount					
Rate the organization based on the amount of the award	0	10	20		
2. Accounting System	Automated	Manual	Combination	Points Awarded	
Rate the organization based on the type of accounting system they use	0	20	0		
3. Program Complexity	Not Complex	Slightly Complex	Moderately Complex	Highly Complex	Points Awarded
Rate the complexity of the program	0	10	20	30	
<p>Programs with complex compliance requirements have a higher risk of non-compliance. In your determination of complexity consider whether the program has complex grant requirements. The following are some examples of reasons a program would be considered more complex:</p> <ul style="list-style-type: none"> ▶ Complex programmatic requirements and/or must adhere to regulations ▶ Matching funds or Maintenance of Effort are required ▶ Various types of program reports are required ▶ The organization further subcontracts out the program 					
4. Organization Risk				Points Awarded	
Rank the organization based on your knowledge of the following:	YES	NO			
a. Is the organization receiving an award for the first time?	35	0			
b. Did the organization adhere to all terms and conditions of prior grant awards?	0	30			
c. Does the organization have adequate and qualified staff to comply with the terms of the agreement?	0	20			
d. Does the organization have prior experience with similar programs?	0	15			
e. Does the organization maintain policies which include procedures for assuring compliance with the terms of the award?	0	10			
f. Does the organization have an accounting system that will allow them to completely and accurately track the receipt and disbursements of funds related to the award?	0	10			
g. If staff will be required to track their time associated with the award, does the organization have a system in place that will account for 100% of each employee's time?	0	10			
h. Did the organization have one or more audit findings in their last single audit regarding program non-compliance?	30	0			
i. Did the organization have one or more audit findings in their last single audit regarding significant internal control deficiency?	20	0			
j. Other issues that may indicate high risk of non-compliance? Explain: <small>(Point value should be based on evaluator's judgment)</small>					
<p><i>Other issues</i> include but are not limited to: (1) having new or substantially changed systems (2) having new compliance personnel (3) external risks including; economic conditions, political conditions, regulatory changes & unreliable information (4) loss of license or accreditation to operate program (5) rapid growth (6) new activities, products, or services (7) organizational restructuring (8) where indirect costs are included, does the organization have adequate systems to segregate indirect from direct costs.</p>					
Low = 0 - 40 Moderate= 40 - 70 High= 70 and higher	TOTAL RISK POINTS:				

Completed By: _____
Signature

Date: _____

Name: _____

Title: _____

Justification for issuing award to high-risk grantee

Organization Name: _____

Grant No.: _____

Grant Title/Description: _____

Justification:

Approved By: _____

Date: _____

Signature

Name: _____

Title: _____

Common Attributes of Grantees with Low, Moderate and High Risk:

Low Risk <i>Most of the following attributes must be present to be considered <u>low</u> risk</i>	High Risk <i>One or more of the following attributes may be present to be considered <u>high</u> risk</i>
▶ Organization has complied with the terms and conditions of prior grant awards.	▶ History of unsatisfactory performance or failure to adhere to prior grant terms and conditions
▶ No known financial management problems or financial instability	▶ Financial management problems and/or instability; inadequate financial management system
▶ High quality programmatic performance	▶ Program has highly complex compliance requirements
▶ No, or very insignificant, audit or other monitoring findings	▶ Significant findings or questioned costs from prior audit
▶ Timely and accurate financial and performance reports	▶ Untimely, inadequate, inaccurate reports
▶ Program likely does not have complex compliance requirements	▶ Recurring/unresolved issues
▶ Organization has received some form of monitoring (e.g., single audit, on-site review, etc.)	▶ Lack of contact with organization or any prior monitoring
	▶ Large award amount
Moderate Risk ▶ Agencies that fall between low risk and high risk are considered <u>moderate</u> risk.	

**Certification of Compliance
for
Town Road and Bridge Standards
and
Network Inventory**

We, the Legislative Body of the Municipality of _____ certify that we have reviewed, understand and comply with the Town Road and Bridge Standards / Public Works Specifications and Standards passed and adopted by the Selectboard / City Council / Village Board of Trustees on _____, 20____.

We further certify that our adopted standards do do not meet or exceed the minimum requirements included in the January 23, 2013 VTrans template.

We further certify that we do do not have an up-to-date highway network inventory which identifies location, size, deficiencies/condition of roads, bridges, causeways, culverts and highway-related retaining walls on class 1, 2, and 3 town highways, and estimated cost of repair.

_____ Date: _____

(Duly Authorized Administrator)

For a summary of your community's road and bridge information please visit: tinyurl.com/rdsinfo

ANNUAL FINANCIAL PLAN - TOWN HIGHWAYS
19 V.S.A. § 306(j)

TA-60

of _____ Fiscal Year _____ Begin _____ End _____

INCOME

DESCRIPTION	ESTIMATED
State Funds - 19 V.S.A. Section 306(a):	
Class 1	\$
Class 2	\$
Class 3	\$
Town Tax Funds – 19 V.S.A. Section 307	\$
Special Funds (e.g., bonds or earmarks):	
a.	\$
b.	\$
c.	\$
TOTAL	\$

EXPENSES

DESCRIPTION	ESTIMATED
Winter Maintenance	\$
Non-Winter Maintenance	\$
Major Construction Projects	
a.	\$
b.	\$
c.	\$
TOTAL	\$

Comments:

This form shall be signed by the appropriate town officials and forwarded to the District Transportation Administrator.

ANNUAL FINANCIAL PLAN - TOWN HIGHWAYS

TA-60

19 V.S.A. § 306(j)
(page 2)

We, the Legislative Body of the Municipality of _____ certify
that funds raised by municipal taxes are equivalent to or greater than a sum of at least **\$300.00**
per mile for each mile of Class 1, 2, and 3 Town Highway in the municipality. (19 V.S.A. 307)

_____ Date: _____

(Duly Authorized Representatives)

The submitted Town Plan meets the requirements of Title 19, Section 306(j).

_____ Date: _____

District Transportation Administrator