

Town of Pomfret Special Selectboard Meeting Agenda
Town Offices

5238 Pomfret Road
No Pomfret, VT. 05053
Wednesday December 23, 2020
6:00 p.m.

Agenda	Presenter	Time Frame
1. Call to Order	Chair	6:00
2. Public Comment		6:05
3. Agenda Review		
4. Approve 12/09/2020 minutes		
5. Items for Discussion or Vote a. Budget b. Dolan contribution c. USDA Loan Application		
6. Meeting Wrap-Up a. Select Board Correspondence b. Review of Assignments c. Agenda Items for Next Meeting d. Meeting Adjournment		

- <https://zoom.us/j/95395079923?pwd=ZjBEed3ZuZWgvWmx2M0tpOE8zbjg2dz09> to start or join a scheduled Zoom meeting
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Pomfret Selectboard Special Meeting
December 9, 2020

Present: Emily Grube, Steve Chamberlin, Scott Woodward, John Peters, Chuck Gundersen

Public: John Moore (Planning), Annie Bower (Library), Betsy Rhodes (Library), Neil Lamson (Auditor), Jim Potter (Road Foreman), Karen Hewitt Osnoe (ZBA), Ben Brickner (Auditor, Zoning), Nancy Matthew (Auditor), C. Hewitt (SB Assistant)

1. The meeting was called to order at 6 PM
2. Public Comment – no public comment
3. Agenda Review – Scott asked for the addition of whether the board would put on Town Meeting warning non-social services articles requested by individuals. John moved and Scott seconded; unanimous roll-call vote.
4. Items for Discussion or Vote
 - a. Grader RFP – Steve moved and Scott seconded the RFP for a grader be sent out. Jim and Steve are working on it. Unanimous roll-call vote.
 - b. Budget
 - 1) Fire Department – Kevin Rice, Chief, went line-by-line through his budget. The Training Budget is increased because he has 4 new people. Additionally, the hose was tested, which had been requested for 10 years. There was a loss of 1000 feet of LDH which must be replaced (\$6150). The tanks were inspected; he is buying one set of new gear per year.
 - 2) Zoning Administrator – Karen Osnoe was asked about increasing her stipend – She agreed that there has been a lot more work with the new bylaws and more hearings (40). She feels she needs some training regarding flood plains. Ben suggested the fees be raised also, the current fee barely covers the warning. Karen’s stipend was raised from \$5000 to \$8000. Karen has also been doing a lot of delinquent tax collection. Her rate in that capacity was increased from \$2500 to \$3500.
 - 3) Unpaid Ambulance Bills – The current unpaid balance is in excess of \$ 12000. John will check with the Woodstock service to obtain HIPPA training so that we can try and collect. Suicide 6 will be asked to take care of their share (\$3300). The bulk of the unpaid fees are from non-insured or out of state Medicare.
 - 4) Library – Annie Bower reports there are no increases and the budget remains at \$41,000. The building is 115 years old and some masonry needs repair. John Barnes has gone over the entire building and his estimate is \$14000. He has done all previous work. There is a \$9000 ± library reserve which should cover most of his work. Annie will check for any Historic Preservation Grants/Matching funds. Annie thanked the board for all their “intricate” work; Betsy thanked the residents for supporting the library.
 - 5) Reserve Funds – Nancy asked that all the reserve spending be included in the report.
 - c. Ottaquechee Health Foundation – John moved and Scott seconded that \$2500 be pledged to support the Foundation. Unanimous roll-call vote.

- d. Scott reported that the Governor and legislature may allow towns to delay Town Meeting. He feels this may be wise in order to carefully go over the line items while having some hard conversations. Emily asked what services might be eliminated to create level funding. John agrees we need better long-range planning. He also feels the Fire Department needs to provide more concrete information in their budget; why are independent though taxpayer funded? The Capital Planning Committee will not be recommending building renovations this year, and no big-ticket items. The Garage needs an on-demand generator. It was suggested that the three culvert/bridge projects be prioritized and estimates obtained to determine how to best tackle them.
 - e. Scott would like the board to contemplate approving valid petitions by individual taxpayers be added to the Town Meeting Warning. This will be discussed in more depth at the next meeting.
5. Meeting Wrap-Up
- e. Select Board Correspondence - none
 - f. Review of Assignments Emily will notify OHC of the no petition signature status.
 - g. Agenda Items for Next Meeting – RFP Grader Approval, Zoning Board Fees, on demand generator, where to allot charitable donation, unpaid ambulance bills, highway budget, municipal budget, reserve funds
 - h. Meeting Adjournment – John moved and Chuck seconded for adjournment at 9:40 pm. Unanimous roll-call vote

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
Organizational DUNS:		Department:	
Address:		Division:	
Street:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City:		Prefix:	First Name:
County:		Middle Name	
State: Zip Code		Last Name	
Country:		Suffix:	
		Email:	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□	Phone Number (give area code)	Fax Number (give area code)
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)
9. NAME OF FEDERAL AGENCY:	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): □□-□□□□	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
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13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name	Middle Name
Last Name		Suffix
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

APPLICANT'S NARRATIVE & FEASIBILITY REPORT

Community Facility Program
Loans, Grants and Loan-Grant Combinations

Applicant's Name: Town of Pomfret, Vermont

Amount Requested from Rural Development: \$ 260,000 Loan \$ _____ Grant

Please fully complete all questions. Please do not use N/A. Your application may be delayed if this narrative is incomplete. To best help you, we need a complete picture of your current situation and what you propose.

- 1. What service** does your organization provide? Describe services at the proposed facility and other facilities which you may operate.

The Town of Pomfret provides direct and contract municipal services related to a variety of governmental functions, including, but not limited to: summer and winter town highway maintenance, contract fire protection and ambulance services, basic municipal services and administration.

- 2. Service Area.** Indicate what area the proposed facility will serve and, if known, list the population and/or number of families.

The Town of Pomfret has roughly 900 full-time residents and several seasonal residents and covers a geographical area of about 40 sq. miles in Central Vermont. The Town needs to purchase a new motor grader to serve the towns road maintenance.

- 3. Existing Facility/Equipment.** Briefly describe what facilities or equipment you currently have or how service is currently provided.

The Town of Pomfret currently has a 14 year John Deere grader that is ready for replacement. The costs to repair are equal to or more than its residual value.

- 4. Proposed Facility/Equipment.** Describe what you want to purchase and/or construct. Indicate what the facility or equipment will be used for, approximate size, and expected method of procurement. For projects which involve construction, indicate location, size of site, basic materials or type of construction, and attach a sketch, site plan and/or working drawings. For items of major equipment, indicate new or used, existing or custom-built, or special features. Address what, if any, alternatives were considered in developing this project.

The Town of Pomfret would like to purchase a new motor grader.

APPLICANT'S NARRATIVE & FEASIBILITY REPORT

Community Facility Program Loans, Grants and Loan-Grant Combinations

- 5. Need for Facility and/or Equipment.** Indicate why the proposed facility is needed. Include comments regarding the following: similar facilities and services in the area, usage trends, community support and regulatory agency approval. If the facility will provide an expansion of service, please explain.

The Town of Pomfret uses the grader for repairing roads after mud season, crowning roads during the summer, and winging back snow during the winter.

6. Cost Estimate.

Development and Construction	\$	_____
Land and Rights	\$	_____
# acres owned	\$	_____
to be purchased	\$	_____
Legal Fees	\$	_____
Architect/Engineer	\$	_____
Equipment/Furniture	\$	260,000 (est.)
Interim Financing Costs	\$	_____
Contingency	\$	_____
<u>Total</u>	\$	260,000 (est.)

- 7. Construction/Procurement.** Describe the current status or plans for construction/procurement such as design, vendor/contractor solicitation, etc. for the project. Note that federal funding requires maximum open and free competition which typically includes public bidding for construction projects and solicitation of at least three quotes for equipment procurement.

- 8. Service to persons with disabilities.** Please indicate whether your proposed project, when completed, will result in your services being fully accessible to persons and employees with disabilities. If not, to be eligible for funding you must work with a person knowledgeable regarding accessibility requirements to complete a self-evaluation and transition plan. This can be obtained at the RD website with other application materials.

APPLICANT'S NARRATIVE & FEASIBILITY REPORT

Community Facility Program

Loans, Grants and Loan-Grant Combinations

9. **Financial Feasibility.** If a Financial Feasibility Report has been prepared, please provide a copy. The Financial Feasibility must include the following items. If you do not have a Financial Feasibility Report, or the Financial Feasibility Report does not contain the following items, please provide*:

- **Attachment A** to this Narrative - **Schedule of Existing Debt.**
- Discuss all sources of expected revenue and any additional operating expenses associated with the new facility.
- Explain all assumptions used in preparing the projections including changes in usage, rate structure and depreciation.
- **Accounting System** (*loan applicants only*). Provide a brief description of your accounting system.

The Town of Pomfret uses a system called NEMRC, which is a common application in use throughout Vermont for municipal governments

For further details regarding financial information needed, please refer to #3 FINANCIAL INFORMATION in the APPLICATION GUIDE.

*** You may be asked to have a financial feasibility report prepared and an examination opinion provided. Please contact your Rural Development Loan Specialist for a determination.**

10. **Other Funds.** List the source and amount of funds that are available other than Rural Development, to fund the project. (Such as applicant contribution, commercial loan, loans/grants from other Government agencies or foundations, fundraising or gifts .)

Source	\$ Amount	Status of Commitment
Hwy Vehicle Reserve Fund	\$282,268	Committed to other purchases

APPLICANT'S NARRATIVE & FEASIBILITY REPORT

Community Facility Program Loans, Grants and Loan-Grant Combinations

11. **Other Credit.** All applicants must certify that other funding from their own resources or through commercial credit is not available to finance this project. Provide a summary of **specific** attempts made to obtain financing. Describe your project to the commercial lender and ask what financing is available. Advise the lender that you intend to submit an application to Rural Development. Let the lender know Rural Development can partner with them to finance your project through the Communities Facilities Guaranteed Loan Program. If your organization has cash reserves, please explain if these are not available to support the project.

12. **Board Members.** Attach a list showing the name, address, telephone number, and term of office for each member of the governing body.

13. **Do any members of the governing body or employees of your organization** have any immediate family members, known relatives or close associates who are USDA/Rural Development employees? If so, please list below or attach a list.
No

14. **Professional Consultants.** If applicable, indicate name and contact information (address, telephone, e-mail) for

Local/Bond Counsel:

Engineer:

Architect:

Accountant:

Other:

APPLICANT'S NARRATIVE & FEASIBILITY REPORT

Community Facility Program
Loans, Grants and Loan-Grant Combinations

15. **What is your Duns number?** Obtaining a **DUNS number** costs nothing and requires a short telephone call to Dun and Bradstreet. Applicants can call 1-800-333-0505 and register for a number. Please see http://www.grants.gov/applicants/request_duns_number.jsp for more information on how to obtain a DUNS number or how to verify your organization's number.

DUNS Number: 949845887

16. **System for Award Management (SAM) Registration:**
For an application to be considered complete, SAM Registration is required.
It is important to begin this register immediately. It usually takes 3-5 days for registration to be completed.

How to register in SAM

1. Go to www.SAM.gov
2. Create a Personal Account and Login
3. Click "Register New Entity" under "Manage Entity" on your "My SAM" page
4. Select your type of Entity
5. Select "No" to "Do you wish to bid on contracts?"
6. Select "Yes" to "Do you want to be eligible for grants and other federal assistance?"
7. Complete "Core Data"
 - ✓ Validate your DUNS information
 - ✓ Enter Business Information (TIN, etc.)
 - ✓ Enter CAGE code if you have one. If not, one will be assigned to you after your registration is completed.
 - ✓ Enter General Information (business types, organization structure, etc)
 - ✓ Financial Information (Electronic Funds Transfer (EFT)Information)
 - ✓ Executive Compensation
 - ✓ Proceedings Details
8. Complete "Points of Contact"
9. Your entity registration will become active after 3-5 days when the IRS validates your TIN information.

Have you registered for SAM? YES NO **Process Started on (date)** _____

What is your Cage Number? _____

17. If you are a Non-Profit, please attach form **Evidence of Community Support**.

18. If you are a Public Body, please attach form **Public Body Certificate of Organization**.

APPLICANT'S NARRATIVE & FEASIBILITY REPORT

Community Facility Program
Loans, Grants and Loan-Grant Combinations

The above information was completed by:

Signature:  **Date:** December 14, 2020

Name: Scott D. Woodward

Title: Selectboard Member

I certify that I have reviewed the above information and it is true and accurate to the best of my knowledge:

Signature: _____ **Date:** _____

Name: _____

Title: **Authorized Representative or Chair of Governing Board**

Thank you for completing this Applicant's Narrative. Understanding your needs and proposed project will help us provide you with the best service possible.

USDA is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Attachment A Applicant's Narrative

COMMUNITY FACILITY APPLICATION NARRATIVE
SCHEDULE OF EXISTING DEBT


OWED TO	ORIGINAL LOAN AMOUNT	PURPOSE	BALANCE OWED	ANNUAL PAYMENT	DATE FIRST PAYMENT	INTEREST RATE	TERM	SECURITY	ANNUAL RESERVE	INCOME SOURCE

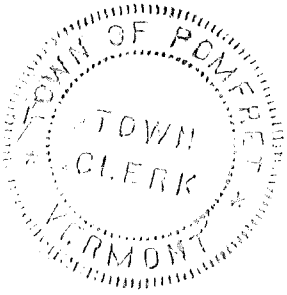
State Guide

PUBLIC BODY CERTIFICATE OF ORGANIZATION

This is to certify that the TOWN OF POMFRET was duly incorporated
on JUNE 18, 1771 and has been in continuous existence since that date.

Dated this 11th day of DECEMBER, 2020


Town Clerk



Bond Article Language

“Shall general obligation bonds or notes of the Town of Pomfret, in an amount not to exceed [write out the amount in words] Dollars \$260,000, be issued for the purpose of financing the purchase of a motor grader, subject to reduction from available state and federal grants-in-aid, the estimated cost of such improvements being two-hundred and sixty thousand dollars?”