

TOWN OF WEST HARTFORD - GRANT ACCEPTANCE AWARD

The acceptance of this grant acknowledges that these monies are Federal Coronavirus State and Local Recovery Funds (SLFRF) and the grantee will conform to all compliance requirements (as outlined in the “*Small Business & Non-Profit Recovery Grant Program*” grant guidelines).

All reporting requirements for the expenditures of SLFRF funds are subject to monitoring, evaluated and audited. The Financial Services Department is required to conduct regular periodic monitoring of each business/non-profit award to ensure that its making good faith efforts to achieve the program objectives as stated in the application.

1. Sub-Recipient Receiving Award:

Name/Address

2. Program Awarded:

3. Amount of Federal Funds obligated: \$

4. Period of Performance: March 3, 2021 through December 31, 2022

5. Grant Specific Use of Funds:

Insert from Business Application

6. Compliance/Reporting Requirements:

Signed affidavit once the grant has been received in full and identify exactly what the funds were spent on

7. Funding Disbursement:

A form W-9 Request for Taxpayer Identification Number and Certification must accompany this signed Grant Acceptance Award letter. This grant program operates on a reimbursement basis. The Funds will be distributed as follows:

COVID-19 Relief Assistance Grant – Payment will be made within 30 days of receipt of Grant Acceptance Award letter providing all required documentation has been submitted.

New or Enhanced Program Assistance Grant – Payments will be made in phases as the program progresses, the grantee (sub-recipient) will submit payment requests along with supporting documentation for request of payment. The Town will reimbursement within 30 days of receipt of payment request providing all required documentation has been submitted.

8. Certification

The undersigned certifies that Business/Organization complies with all civil rights compliance and to the best of my knowledge and belief that all information contained in the grant application is true, complete and accurate.

Signature of Applicant

Date

Print Name

Please submit signed form to:

Town of West Hartford, Financial Services Department, Room 221, Attn: Pattie Lewis, 50 South Main Street, West Hartford, CT 06107 or email: ARPAgrants@westhartfordct.gov