



*Aroostook County Commissioners Office
Aroostook County
144 Sweden Street, Suite 1
Caribou, Maine 04736*

AMERICAN RESCUE PLAN ACT GRANT LETTER OF INTENT

Due at the County Commissioners Office on or before February 15, 2022

Letters of Intent may be submitted via email to the ARPA Program Administrator, Steve Pelletier at steve.pelletier@aroostook.me.us

If you would like to be considered for ARPA funding you are required to submit a **Letter of Intent (LOI)** as part of the application submission. By submitting this form, you are notifying the County that you intend to apply for ARPA funds for an eligible project before the application deadline. If you choose not to apply after submitting the LOI, you do not need to notify the County.

Eligibility to submit an application does not imply final project approval or funding. It will be used to assess eligibility and identify a potential project. You will receive a Notification Eligibility Email from the County if your proposed project is determined to be eligible. If awarded, funds will not be available until after July 1, 2022. If the County Administration has any questions, they will contact you through email.

Letter of Intent

1. Applicant Information

| | | | |
|-------------------------------|----------------------------------|---|----------------------------------|
| Applicant: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Fax: | Click or tap here to enter text. |
| City/Zip: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Authorized Person: | Click or tap here to enter text. | | |
| Project Location: | Click or tap here to enter text. | | |
| DUNS Number: | Click or tap here to enter text. | | |
| Non-Profit 501(c)(3) Date: | Click or tap here to enter text. | <i>*Provide Determination Letter</i> | |
| Contact Person: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| | Click or tap here to enter text. | Email: | Click or tap here to enter text. |

2. Multi-Jurisdictional Applicant Information

Application Lead Organization

| | | | |
|-------------------------------|----------------------------------|---|----------------------------------|
| Applicant: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Fax: | Click or tap here to enter text. |
| City/Zip: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Authorized Person: | Click or tap here to enter text. | | |
| Project Location: | Click or tap here to enter text. | | |
| DUNS Number: | Click or tap here to enter text. | | |
| Non-Profit 501(c)(3) Date: | Click or tap here to enter text. | <i>*Provide Determination Letter</i> | |
| Contact Person: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| | Click or tap here to enter text. | Email: | Click or tap here to enter text. |

Sub-Applicant

| | | | |
|-------------------------------|----------------------------------|---|----------------------------------|
| Applicant: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Fax: | Click or tap here to enter text. |
| City/Zip: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Authorized Person: | Click or tap here to enter text. | | |
| Project Location: | Click or tap here to enter text. | | |
| DUNS Number: | Click or tap here to enter text. | | |
| Non-Profit 501(c)(3) Date: | Click or tap here to enter text. | <i>*Provide Determination Letter</i> | |
| Contact Person: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| | | Email: | Click or tap here to enter text. |

*****Please add additional lines for additional organizations.***

3. Eligibility Activity Categories

| | |
|--|---|
| | Public Health and Negative Economic Impact |
| | Investments In Infrastructure |

4. Project Information

Provide a clear, concise description of the proposed project using the space below. The scope of work should be very specific in identifying how the funds will be used to meet the ARPA Grant Program Statement Guidelines within eligible activity categories. **Maximum of 1000 words.**

5. Cost Estimates and Project Funding

Provide an estimated project cost, amount of ARPA funds to be requested and sources, amounts and dates secured for all anticipated cash matching funds. **A minimum 25% cash match of the total grant award is required for Public Health and Negative Economic Impact Projects, 50% for Water and Sewer Infrastructure Projects, and 100% for Broadband Projects Infrastructure Projects. Match amounts may come from any public or private source.**

| | | | |
|-------------------------------|----|---------------------|----|
| Total Estimated Project Cost: | \$ | ARPA Grant Request: | \$ |
|-------------------------------|----|---------------------|----|

| Funding Source | Amount | Date Secured |
|----------------|--------|--------------|
| | | |
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| | | |

****Funding Sources Must be Committed by the Application Deadline Date.**

Applicant Certifications

- a. To the best of my knowledge and belief, the information in this Letter of Intent and all attached documentation is true and correct; and
- b. This Letter of Intent complies with all applicable State and Federal laws and regulations; and
- c. With the exception of administrative costs, verify that no person who is an employee, agent, consultant, officer, or elected official or appointed official of state, local government, non-profit organizations, and sub-recipients which are receiving ARPA funding may obtain a financial interest in or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect to ARPA activities.
- d. Approval of this Letter of Intent by the County to submit a final application does not imply final project approval or funding.

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Signature of Authorized Person

Name of Organization

Date

Signature of Each Participating Applicant in a Multi-Jurisdictional Application

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Signature of Authorized Person

Name of Organization

Date

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Signature of Authorized Person

Name of Organization

Date

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Signature of Authorized Person

Name of Organization

Date