



TOWN COUNCIL – AGENDA REQUEST FORM

THIS FORM WILL BECOME PART OF THE BACKGROUND INFORMATION USED BY THE COUNCIL AND PUBLIC

Please submit Agenda Request Form, including back up information, 8 days prior to the requested meeting date. **Public Hearing requests must be submitted 20 days prior to requested meeting date to meet publication deadlines** (exceptions may be authorized by the Town Manager, Chairman/Vice Chair).

MEETING INFORMATION

Date Submitted: May 19, 2020
Submitted by: Town Manager Eileen Cabanel and Finance Director Paul T. Micali
Department:
Speakers:

Date of Meeting: May 28, 2020
Time Required: 10 minutes
Background Info. Supplied: Yes: No:

CATEGORY OF BUSINESS (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Appointment:	<input type="checkbox"/>	Recognition/Resignation/Retirement:	<input type="checkbox"/>
Public Hearing:	<input checked="" type="checkbox"/>	Old Business:	<input type="checkbox"/>
New Business:	<input type="checkbox"/>	Consent Agenda:	<input type="checkbox"/>
Nonpublic:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

TITLE OF ITEM

Public Hearing - Acceptance of New Hampshire's Governor's Office of Emergency Relief and Economic Recovery for Coronavirus Relief Fund

DESCRIPTION OF ITEM

The Town Council will hold a public hearing to authorize the acceptance and expenditure of unanticipated revenue in the amount of but not to exceed \$607,480 from New Hampshire's Governor's Office of Emergency Relief and Economic Recovery for Coronavirus Relief Fund Payments to local governments, pursuant to RSA 31:95-b and Charter Article 8-15.

REFERENCE (IF KNOWN)

RSA:	31:95-b	Warrant Article:	
Charter Article:	8-15	Town Meeting:	
Other:		N/A	

EQUIPMENT REQUIRED (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Projector:	<input type="checkbox"/>	Grant Requirements:	<input type="checkbox"/>
Easel:	<input type="checkbox"/>	Joint Meeting:	<input type="checkbox"/>
Special Seating:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laptop:	<input type="checkbox"/>	None:	<input type="checkbox"/>

CONTACT INFORMATION

Name:	<u>Eileen Cabanel</u>	Address	<u>6 Baboosic Lake Road</u>
Phone Number	<u>424-2331</u>	Email Address	<u>ecabanel@merrimacknh.gov</u>

LEGAL NOTICE
Town of Merrimack
Public Hearing

To View the Virtual Meeting:

Merrimack TV Channel 20 (Comcast)

Merrimack TV Facebook Live Page <http://www.facebook.com/merrimacktv>

If you wish to speak during the public hearing or public comments:

For telephone access dial either of the following phone numbers and enter the Meeting ID number when prompted:

Dial by your location

(929) 205 6099 US

(301) 715 8592 US

Meeting ID: 971 9744 6449

To participate press *9 when prompted to do so (public hearing, public participation, etc.) This will display as a "hand wave", letting the host or co-host know that the caller wishes to speak.

Submit public comments to: TCPublicComments@MerrimackNH.Gov

Public comments must be received prior to the start of the meeting on 5/28/2020 at 7PM. The Council Chair will determine if they can read all public comments. These e-mails can be read at the discretion of the participants or recorded for the meeting minutes as part of the public record.

Residents of Merrimack are hereby advised that the Town Council will hold a public hearing to authorize the acceptance and expenditure of unanticipated revenue in the amount of but not to exceed \$607,480 from New Hampshire's Governor's Office of Emergency Relief and Economic Recovery for Coronavirus Relief Fund Payments to local governments, pursuant to RSA 31:95-b and Charter Article 8-15. The public hearing will be held on **Thursday, May 28, 2020 at 7:00 PM.**

For Town of Merrimack Use:

Posted: May 20, 2020

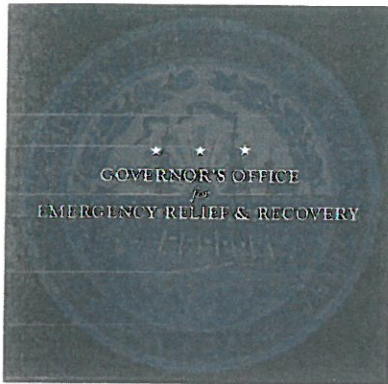
To Be Published: May 20, 2020 (*Union Leader*)

To Be Published: May 22, 2020 (*Sunday Select Merrimack Edition*)

Governor's Office for Emergency Relief & Recovery

CORONAVIRUS RELIEF FUND PAYMENTS TO LOCAL GOVERNMENTS

Program Overview and Guidance



The Governor has authorized the allocation and expenditure of \$40 million total, \$32 million to municipalities and \$8 million to counties, to cover eligible COVID-19-related expenses incurred from March 1, 2020 to August 31, 2020. Eligible reimbursements through other federal sources, including FEMA and any state or local match must be excluded. These amounts have been allocated and made available to all municipalities and counties based on 2018 population figures from the Office of Strategic Initiatives. The allocated amounts can be found on the website of the Governor's Office for Emergency Relief and Recovery (GOFERR) (www.goferr.nh.gov).

Local governments will only be reimbursed for COVID-19-related expenses actually incurred, but only up to the amounts allocated based on population figures. No local government can receive total reimbursements from the GOFERR Coronavirus Relief Fund exceeding its allocated amount. For example, if \$100,000 was allocated to Municipality A, Municipality A could not be reimbursed for eligible expenses totaling more than \$100,000, even if Municipality A's eligible expenses from March 1, 2020 to August 31, 2020 amount to \$200,000. Any amount allocated that exceeds the eligible expenses submitted for reimbursement by a local government from March 1, 2020 to August 31, 2020, will, after August 31, 2020, lapse back to the GOFERR Coronavirus Relief Fund to be available to the State for other disbursement.

In September, local governments will be required to estimate the additional COVID-19-related expenses they will incur through December 31, 2020. GOFERR will use this information in considering whether further relief might be needed after August 31, 2020.

Grant Agreement: Each local government must submit by e-mail, a signed grant agreement to GOFERR to be eligible for the funds. Please email municipalities@goferr.nh.gov, if a municipality, or counties@goferr.nh.gov, if a county. The agreement is available on the GOFERR website (www.goferr.nh.gov). A local government's failure to submit a completed grant agreement before or together with its initial request for reimbursement will mean that no funds will be paid to the local government.

Reimbursement Requests: Local governments must submit reimbursement requests to GOFERR by email (using a form created by GOFERR), including expense details/explanations, estimates, if applicable, and supporting documentation. Please email municipalities@goferr.nh.gov, if a municipality, or counties@goferr.nh.gov, if a county. The form is available on the GOFERR website (www.goferr.nh.gov). The initial request for reimbursement may be submitted with the completed grant agreement, and must be submitted by June 1, 2020. GOFERR will make every effort to issue all checks within 30 days after receipt of the request.

GOFERR will only accept reimbursement requests in May, July, and September, as follows:

- By June 1, 2020, for eligible expenses incurred from March 1, 2020 to April 30, 2020;
- By July 15, 2020, for eligible expenses incurred from May 1, 2020 to June 30, 2020; and
- By September 15, 2020, for eligible expenses incurred from July 1, 2020 to August 31, 2020.

If a local government fails to submit a request by any deadline, the local government will not receive a reimbursement payment for expenses incurred during the applicable time period.

Guidance on Allowable Costs: To the extent not covered by another relief funding source:

1. Necessary expenditures due to the COVID-19 public health emergency means:
 - a. Costs related to local government actions taken to respond to the public health emergency;
 - b. Expenditures that respond to second order effects of the public health emergency;
 - i. economic support for employment related losses.
 - ii. economic support for losses due to business interruptions.
 - c. Treasury will use a standard of “reasonable judgment of the government officials responsible” in reviewing whether an expenditure is necessary.
2. Costs not accounted for in the budget most recently approved as of March 27, 2020.
 - a. Cannot lawfully be funded using a line item, allotment, or allocation within that budget.
 - b. Is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.
3. A cost is only “incurred” when the responsible unit of government has expended funds to cover the cost during the period March 1, 2020 to December 30, 2020.

Not Allowable:

- Shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Revenue replacement is not a permissible use of Fund payments.

Examples - Allowable

- Increased Welfare costs – food, shelter, utilities
- Interest on Tax Anticipation Notes (TANs) or other short-term borrowing
- New Telework costs for remote municipal operations – computers, software, networking
- Increased Election costs (if not covered by other federal funding)
- Wages and benefits required by the Families First Coronavirus Response Act for non-first responders
- Childcare costs for first responders and essential employees due to school closures
- Increased unemployment costs for municipalities that self-fund not otherwise covered
- Legal fees associated with new federal requirements and state emergency orders
- Municipal building modifications, cleaning/disinfecting need for social distancing and public safety
- Facility signage (park/beach closure)
- Credit card fees (waiving fees paid by cardholders due to disallowing in person payment by other means)

Examples – Not Allowable:

- Municipalities incurring police/fire/emergency costs (Should be FEMA)
- 25% match on FEMA eligible costs
- Property tax abatements (will not know extent until final tax bills are issued in December and abatement applications are filed thereafter)

GOFERR CORONAVIRUS RELIEF FUND GRANT AGREEMENT
(Municipalities and Counties)

The State of New Hampshire and the Grantee hereby mutually agree as follows:

1. GENERAL PROVISIONS: IDENTIFICATION.

1.1. State Agency Name: Governor's Office For Emergency Relief and Recovery (GOFERR)

1.2. State Agency Address: 1 Eagle Square, Concord, NH 03301

1.3. Grantee Name: _____

1.4. Grantee Address: _____

1.5 Grantee Telephone Number: _____

1.6. Account Number: _____

1.7. Completion Date: _____

1.8. Grant Amount not to exceed \$ _____

1.9. Grant Officer for State Agency: _____

1.10. State Agency Telephone Number: _____

1.11. Grantee Signature: Choose the appropriate one of the signature options below:

A. Majority of Selectmen

_____ Date: _____
Selectmen Signor 1

_____ Date: _____
Selectmen Signor 2

_____ Date: _____
Selectmen Signor 3

B. Designated Signing Authority

_____ Date: _____
Print Name: Title:

Municipalities must attach evidence that they have complied with RSA 31:95-b or RSA 21-P:43 concerning acceptance of unanticipated revenue. Municipalities using the designated signing authority option must also attach evidence demonstrating the authority to sign.

1.12. State of New Hampshire Signature:

_____ Date: _____
Print Name: Title: