

The American Rescue Plan Act provides the Boone County Commission with \$4,167,771 in direct federal aid to assist our community in its recovery from the COVID-19 pandemic. Boone County received the first round of funding, approximately \$2 million, in 2021 In general, the American Rescue Plan Funds can be used to respond to the ongoing COVID-19 pandemic, to replace lost public revenues, to support economic stabilization, and to make necessary investments in water, sewer, public health and broadband infrastructure. For additional information please see ARP State and Local Rules.1

Please complete the application below in its entirety. You may attach additional pages if needed. Once submitted this application and any supporting document is considered a public record and will be made available to the public and media upon request.

PLEASE CERTIFY THAT YOU HAVE REVIEWED THE US TREASURY
GUIDELINES REGARDING THE ELIGIBLE USES OF AMERICAN RESCUE PLAN
STATE AND LOCAL RECOVERY FUNDS

Section One: Contact information

Name:

Timothy Spratt

Address:

s: BOX 154, Van, WV

Phone number:

304-245-8847

¹ https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds

Email address:

Section Two: Project Summary

Please provide a narrative overview or summary of your proposal, including but not limited to the following:

- 1. Brief description of the proposal
- 2. Purpose and key anticipated outcomes
- 3. Individuals or communities served
- 4. How the COVID-19 pandemic has necessitated this request
- 5. Amount of funding requested
- 6. Amount of any bids or cost estimates received to date, if applicable
- 7. Amount and source of matching funds raised or committed by your organization
- 8. How ARP funds, if awarded, will be used
- 9. How long it will take you to complete the project if awarded funding

Section Three: Proposal details

Please describe the problem or need which your project seeks to address.

Maintenance, Repairs and Upkeep of community parks located on Pond Fork (Van) and West Fork (Twilight).

2. Please describe goals and expected outcomes of your proposal.

Make necessary repairs to swings, slides and other equipment, also tennis courts at both parks need resurfaced and nets installed. Some fencing is needing monding, Tree and grass cutting addressed.

3. Please provide your project timeline, e.g., if funded when the project or proposalbe

fully implemented

Some repairs will be made as timely as parts can be obtained. Other montes will be needed for perpetual care; mowing, weed exting, etc. Refacing of tennis courts will be contracted by local paver.

4. Please provide your total proposed budget.

\$ 25,000. For total repairs and upkeep at this time.

Please list any partners in this proposal, and the partner's role and your relationship with them.

Work will be provided by community volunteers, other than work such as resufacing areas.

Please describe your plan for sustainability of the project or initiative after thegrant award has been exhausted.

A face book page has been designed to communicate work progress we community. An account has been opened we peoples bank to receive any donations by concerned citizens

Section Four: Organization information

1. Please provide your organization's mission statement.

Keep our parks open and presentable as well as safe for the surrounding areas.

2. Describe the history of your organization, tell us about your current programs and

A committee has been established to set up an account hetters have been sent to all local churches, & face book page is being establish to inform interested parties

Please describe three significant accomplishments of your organization.

Some donations have been made from individuals Word is getting out about the project. Dates are being set to do some needed maintenance.

4. Please list your Owner(s), Board of Directors, senior staff members, or other key members of your organization:

N.A.

Please list the staff involved with this project and describe their roles and responsibilities:

Timothy Spratt, Van WV 25206 Barry Brown, Bod White WV 25206 On account for PDPS (preserve our parks)

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6. Please upload/attach the following financial documents, if applicable: cash flow statement for applicant's most recent fiscal year, two years of audited financial statements, current operating budget. If the applicant has not been audited, please include an unaudited balance sheet and income statement as prepared bythe applicant.

N.A. as of this date.

7. List any federal, state, local or private grant awards or funding received in the lastthree years and the current status of those funds. If your organization has previously received funds from Boone County, please list the amount, nature of the project(s) and current status of the funding and project(s).

N.A.

8. If you have made application for funding for this project from other sources (city, state, private or non-profit organizations) please list the same here.

N.A.

Section Five: Impact of the COVID-19 Pandemic

 Please explain the impact of the COVID-19 pandemic and how it relates to your request, e.g., reduction in services, closures, increased costs, impacts to the community.

Covid has not played a role in parks other than lack of large usage by groups for functions.

2. If you are requesting lost revenue due to COVID-19, provide that informationhere. Attach documentation sufficient to verify your request.

N.A.

3. How will ARP funding, if awarded, aid in the recovery from the COVID-19 pandemic?

N.A.

Section Six: Supplementary information

1. Please enter at least one third-party reference.

Sue Baire, Twilight WV 304-245-8214

 Please include any supplementary information or documentation (such as lettersof support, newspaper articles, etc.) which you feel will be essential to the County's review.

Signature: Simulty Spratt

Name (Print): Timothy Spratt

Title: Signature on account

Date: 9-18-22

➤ How to Submit an ARP Application to Boone County?

You may email it to pwhite@boonecountywv.net or mail to:

Boone County Commission

Attention County Administrator
206 Court St.
Madison, WV 25130.
For questions, call 304-369-7301 or email pwhite@boonecountywv.net

TO: WHOM IT MAY CONCERN

WE HAVE TO THE BEST OF OUR UNDERSTANDING REVIEWED THE GUIDELINES AND READING OF THE ARP PLAN. UNLESS THERE IS A SURPLUS OF FUNDING, WE MAY NOT EVEN BE CONSIDERED FOR ANY AID BY YOUR REVIEW. THE ABOVE BEING STATED WE DO HOPE YOU WILL CONSIDER SEEING WITHIN YOUR FUNDING TO OFFER AID BY OUR REQUEST.

BY COLLECTIVE COMMUNITY SUPPORT WE ARE TRYING TO PRESERVE OUR PARKS (POPS) WE CURENTLY MAINTAIN TWO OF THE PARKS THAT THE COUNTY USE TO. BOTH PARKS ARE IN NEED OF REPAIRS, REPLACEMENT OF PARK EQUIPMENT NOT TO MENTION THE GROUNDS UP KEEP ALONE. THERE ARE PLANS FOR FUTURE UPKEEP BUT RIGHT NOW WE ARE INDEBTED TO THE GROUNDS KEEPER TO THE TUNE OF \$2,400.00. WE WERE INFORMED OF THIS ON SEPTEMBER 15,2022 THIS WAS A BLOW TO OUR NEWLY ESTABLISHED "POPS" STARTUP.

WE MADE AN ATTEMPT TO APPROCH LOCAL CHURCHES TO HELP GET THIS REVAMP OFF THE GROUND, REPLYS HAVE BEEN VERY SLOW...TO DATE WE HAVE ONLY A PLEDGE AMOUNT OF \$600.00, THAT NO WHERE NEAR CLEARS OUR DEPT OR GIVES US BUILDING BLOCKS FOR THE FUTURE.

WE LIVE IN A SMALL AREA, LITTLE TO DO FOR OUR YOUTH. THE PARKS ARE A PLEASING SIGHT TO THE COMMUNITY BUT MORE THAN THAT THEY ARE VITAL FOR OUR YOUTH. WE HAVE SO LITTLE AND IF THE COMMUNITY IS WILLING TO TAKE CHARGE AND MAINTAIN, PLEASE CONSIDER OUR REQUEST TO RENDER SOME AID TO SEE THESE STAY USEABLE IN OUR COMMUNITY. THE CHURCHES USE THE PARKS, THE SCHOOLS USE THE PARKS, THE COMMUNITY NEEDS THE PARKS AND TO SEE THEM BECOME A VOLID UNUSEABLE AREA FOR OUR CHILDREN WOULD JUST BE ONE MORE DARK MARK ON THE COUNTY.

PLEASE CONSIDER OUR REQUEST FOR AID AT THIS TIME, ANY AND ALL YOU AGREE UPON WOULD BE GREATLY APPRECIATED. THANK YOU FOR YOUR CONSIDERATION IN OUR REQUEST. WE HOPE TO HEAR GOOD NEWS SOON.

ACCOUNT AGREEMENT

Peoples Bank 300 State St Madison, WV 25130 Agreement Date:08/29/2022 By: STACIE GARCIA EXISTING Account - This agreement replaces previous agreement(s). Account Description: Personal Checking 11:39:14 Checking Savings NOW Initial Deposit \$ 50.00 Source: 100% New Money -> All Cash	Account 2990830790 Number:	
	Account Owner(s) Name & Address Timothy Allen Spratt Pops Account PO Box 154 Van WV 25206-0154	
	h	
Ownership of Account - PERSONAL Purpose	Additional Information:	
Individual ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
☐ Revocable Trust or ☐ Pay-on-Death Designation as Defined in this Agreement (Name and Address of Beneficiaries):	Signature(s). The undersigned certifies the accuracy of the information helshe ha provided and acknowledges receipt of a completed copy of this form. The undersign	
	authorizes the financial institution to verify credit and employment history and/or he a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of th following agreement(s) and/or disclosure(s): Terms & Conditions Truth in Savings Funds Availability Electronic Fund Transfers Privacy Substitute Chec	
	★ Common Features ☐ The Internal Revenue Service does not require your consent to an provision of this document other than the certifications required to avoid backup withholding.	
	(1): X Jamsch, allar Spratt Timothy Allen Spratt Sole owner	
Ownership of Account - BUSINESS Purpose	I.D. # ***-**-4844 D.O.B. 04/27/1958	
□ Sole Proprietorship □ Single-Member LLC □ Partnership □ LLC (LLC tax classification: □ C Corp □ S Corp □ Partnership) □ C Corporation □ Non-Profit	(2): [x Bay & Brown	
Business:	I.D. # D.O.B	
Backup Withholding Certifications (Non-"U.S. Persons" · Use separate Form W-8)		
By signing at right, I, Timothy Allen Spratt certify under penalties of perjury that the statements made in this section are true.	(3): L _X	
TIN: 234-94-4844 Number (TIN) shown is my correct taxpayer identification number.	I.D. # D.O.B	
Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	(4): _X I.D. #	
Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)	Authorized Signer (Individual Accounts Only)	
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	x	
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).	I.D. # D.O.B	