

ARPA Grant Fund Allocation Committee

Meeting Minutes: 1/3/2022

A meeting for the ARPA Grant Funding Allocation Committee was held on January 1, 2022 in the Irene Martel Meeting Room at the Town Hall.

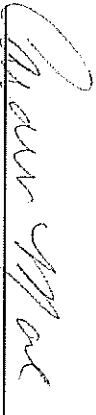
Present from the Committee: Ann Morgan, Marc Becker, Carol Cyr, Carole Marchand and Greg Balukonis. Greg Balukonis called the meeting to order at 2:02 PM

1. Action Items

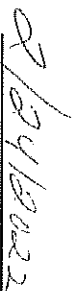
Champayne Nails: Equipment and future expenses

Discussion was had again on the fact that this is not an active business yet and did not fall under the guidelines. Discussion was had that once the business is physically open they can reapply and possibly be granted some funds. But at this point we could not find any way this application would fit into the guidelines. A motion was made and seconded to deny this application. The vote was unanimous to deny the application.

At 2:49 the meeting was adjourned



Carole Marchand, Recording Secretary



Date

Exhibit: Champayne Nails, Future expenses

RECEIVED

DEC 16 2021

Town of Webster
Disability Department

Town of Webster ARPA Grant Application

Please complete all sections of this Application including required signatures and requested documentation based on the type of project. Incomplete applications will result in delays.

I. PROJECT TYPE

Please indicate the type of eligible project. If you plan to apply for multiple projects, each project will require a separate application. Please check one:

- New Project / Future Expenses
- Completed Project / Past Expenses

II. GENERAL APPLICANT INFORMATION (To be completed by ALL Applicants)

Business Name Champanne's Nails LLC

Business Address 10 mechanic street Webster MA, 01570

Applicant - Name Champanne Lesnore

Applicant - Home Address 210 chace ave Webster MA 01570

Applicant - Daytime Phone Number 774-239-9897 Applicant - Email Address champannesnails@gmail.com

Required - Applicant is (Check)

- Property Owner
- Business Owner / Commercial Tenant
- Non-Profit Organization

Required - Federal Tax ID (FEIN)# or AG # 87-34102058

III. GENERAL PROPERTY INFORMATION (To be completed by ALL Applicants)

Property Street Address 10 mechanic street Webster MA 01570

Property Owner (Name of Individual/Corporation/Trust that owns the property) Edward J. Murphy (President)

Property Owner Mailing Address Baystate Investment Fund LLC One Kelly Square

Property Owner Phone Number 508-502-7459 Webster MA 01610

PAST EXPENSES - GRANT FUNDS REQUESTED

ARPA funds can be used for working capital (rent/mortgage, insurance, utilities, technical assistance, etc. to stabilize the business) or for personal protection modifications or equipment due to COVID-19. Past due invoices for products or services received AFTER March 3, 2021 may be eligible.

(Note: you will be asked to document these items)

Describe uses of requested funds:

Rent/Mortgage Monthly: \$ _____ x # Months: _____ = Total: \$ _____
Utilities (Average Monthly): \$ _____ x # Months: _____ = Total: \$ _____
Insurance (Monthly): \$ _____ x # Months: _____ = Total: \$ _____

Submit with your application copies of the invoices you wish to use grant funds to pay. For rent or mortgage payments, submit either a copy of your most recent mortgage statement showing the arrearage, or past-due notices or letter from the owner of the property you rent showing the amount provide invoices.

FUTURE EXPENSES - GRANT FUNDS REQUESTED

ARPA funds can be used for working capital (rent/mortgage, insurance, utilities, technical assistance, etc. to stabilize the business) or for personal protection modifications or equipment due to COVID-19. Future expenses AFTER March 3, 2021 and through December 31, 2024 may be eligible.

(Note: you will be asked to document these items)

Describe uses of requested funds:

Rent/Mortgage Monthly: \$ 500 x # Months: 12 = Total: \$ 6,000
Utilities (Average Monthly): \$ UNKNOWN x # Months: _____ = Total: \$ UNKNOWN
Insurance (Monthly): \$ UNKNOWN x # Months: _____ = Total: \$ UNKNOWN

Quote Worksheet

For projects under \$25,000, Applicants can submit three verbal quotes from vendors for goods and/or services instead of written quotes. Please fill out this worksheet if you do not plan to submit written quotes. You must include the total cost of three vendor quotes.

Quote #1

Company / Vendor Name: Universal companies Date Called: _____

Company / Vendor Address/ City / State: 18260 oak Dale Drive Abingdon, VA 24210

Company / Vendor Phone#: 800 558 5571 Total Cost of Vendor Quote: \$ 770.00

Name of Person You Spoke With: Online

Quote Information / Notes: Signature dryer station

Quote #2

Company / Vendor Name: Arco chairs Date Called: _____

Company / Vendor Address/ City / State: 30 N. Gould st. suite 7065 Shandon NY 83807

Company / Vendor Phone#: _____ Total Cost of Vendor Quote: 1,600

Name of Person You Spoke With: Online

Quote Information / Notes: Barcode mail dryer station

Quote #3

Company / Vendor Name: Salon smart Date Called: _____

Company / Vendor Address/ City / State: 15375 Roswell Blvd. S44 302 Clearwater FL 33766

Company / Vendor Phone#: 813-252-9440 Total Cost of Vendor Quote: \$ 780.00

Name of Person You Spoke With: Online

Quote Information / Notes: Signature Mail dryer station