



**Office of the Secretary of the State**  
State of Connecticut  
165 Capitol Avenue, Suite 1000  
P.O. Box 150470, Hartford, CT 06115-0470

**Stephanie Thomas**  
Secretary of the State

**Jacqueline A. Kozin**  
Deputy Secretary of the State

31 August 2024

**Town Name** Town of Bethel

**Address** 1 School Street, Bethel CT 06801

Pursuant to Public Act 24-81, the Connecticut Secretary of the State will provide a grant in the amount of at least \$2,000 to each municipality for costs related to implementing and conducting early voting. Additional funds are allocated to municipalities based on the formula in the attached grant agreement.

The Secretary of the State will distribute the grants as soon as possible, contingent on towns detailing their intended use of the funds and returning this signed agreement. This funding is provided as a subrecipient one-time grant.

Please note:

- Acceptable utilization of funds includes costs directly tied to changes necessary to implement early voting; examples include but are not limited to labor costs, printing costs, location-related expenses, or equipment and supplies.
- Funds are to be fully expended by December 31, 2024.
- Prior to January 31, 2025, your town must report expenditures to the Office of the Secretary of State. Reports must include backup information such as a ledger report from your financial system or copies of purchase orders and invoices.
- If funds are not fully utilized prior to December 31, 2024, contact the Office of the Connecticut Secretary of the State at [mss@ct.gov](mailto:mss@ct.gov) to request an extension on utilization, including intended use of remaining funding.
- By accepting funds, the town agrees that it will comply with applicable public auditing requirements, in accordance with the provisions of Sections 7-394a and 7-396a of the Connecticut General Statutes.
- By accepting funds, the town agrees that it is compliant with all applicable state and federal non-discrimination laws.

By signing below, I agree to the information above. Please keep a copy for your records.

**My town intends to utilize funds for:**

Poll worker compensation for October 21 - November 3, 2025

**Authorized town official signature**

**Authorized town official title** First Selectman

**Date**

**STATE OF CONNECTICUT GRANT AGREEMENT FOR SLFRF**

**COVER PAGE**

<b>State Agency</b> State of Connecticut Secretary of the State("Grantor")	<b>Agreement Number</b>  <b>Federal Grant No. <i>SLFRP0128</i></b>
<b>Grantee:</b> Town of Bethel CT  <b>UEI/SAMS Number</b>  <b>FEIN No.</b>	<b>Agreement Effective Date</b> 07/01/2024  <b>Agreement Expiration Date</b> Month, Day, Year 06/30/2025
<b>Agreement Maximum Amount</b>  State Fiscal Year 2025   Total for All State Fiscal Years	<b>Fund Expenditure End Date</b> Month, Day, Year 06/30/2025  <b>Agreement Authority</b> Section 1 of Public Act 24-81 and Section 602(b) of the Social Security Act (the "SSA"), as added by section 9901 of the American Rescue Plan Act ("ARPA"), Pub. L. No. 117-2 (March 11, 2021), which established the Coronavirus State and Local Fiscal Recovery Funds ("SLFRF"), 31 CFR Part 35, and in accordance with the Statement of Work, grant solicitation and the attached grant application, if applicable.
<b>Exhibits and Order of Precedence</b> The following Exhibits and attachments are included with this Agreement: <ol style="list-style-type: none"> <li>1. Exhibit A, Statement of Work.</li> <li>2. Exhibit B, Payment Terms and Provisions and Budget.</li> <li>3. Exhibit C, Federal Provisions.</li> <li>4. Exhibit D, Agreement with Subrecipient of Federal Recovery Funds</li> <li>5. Exhibit E, SLFRF Subrecipient Quarterly Report</li> <li>6. Exhibit F, Contractor Terms</li> <li>7. Exhibit G, Beneficiary Terms</li> </ol> <p>In the event of a conflict or inconsistency between this Agreement and any Exhibit or attachment, such conflict or inconsistency shall be resolved by reference to the documents in the following order of priority:</p> <ol style="list-style-type: none"> <li>1. Exhibit C, Federal Provisions.</li> <li>2. Exhibit D, Agreement with Subrecipient of Federal Recovery Funds.</li> <li>3. Connecticut Special Provisions in §17 of the main body of this Agreement.</li> <li>4. The provisions of the other sections of the main body of this Agreement.</li> <li>5. Exhibit A, Statement of Work.</li> <li>6. Exhibit B, Payment Terms and Provisions and Budget.</li> <li>7. Exhibit E, SLFRF Subrecipient Quarterly Report.</li> </ol>	

Federal Awarding Office	US Department of the Treasury
Grant Program	Coronavirus State and Local Fiscal Recovery Funds
Assistance Listing Number	[21.027]
Federal Award Number	<b><i>SLFRP0128</i></b>
Federal Award Date	00/00/xx
Federal Award End Date*	December 31, 2026

Federal Statutory Authority	Section 602(b) of the Social Security Act (the "SSA"), as added by section 9901 of the American Rescue Plan Act ("ARPA"), Pub. L. No. 117-2 (March 11, 2021)
Total Amount of Federal Award (this is <u>not</u> the amount of this grant agreement)	\$1,000,000

\* Funds may not be available through the Federal Award End Date subject to the provisions in § 2 (Terms and Agreement Effective Date) and § 5 (Payments to Grantee) below.

For Grantor/DAS Use Only

AMOUNT	FUND	DEPT	SID	PROGRAM	ACCT	BR YR	PROJECT
	12060	SOS12500	28478	12651	29202	N/A	N/A

**SIGNATURE PAGE**

**THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT**

Each person signing this Agreement represents and warrants that the signer is duly authorized to execute this Agreement and to bind the Party authorizing such.

<p><b>GRANTEE</b></p> <p>_____</p> <p>By: Name &amp; Title</p> <p>Date: _____</p>	<p><b>GRANTOR</b> <b>STATE OF CONNECTICUT</b></p> <p>_____</p> <p>By: Name &amp; Title</p> <p>Date: _____</p>
<p>In accordance with § 3-125, Connecticut General Statutes, this Agreement is not valid until signed and dated above by the State of Connecticut Attorney General or an authorized delegate.</p>	