

ARPA-45

ARP Application - Jefferson County

Status: Active Date Created: Aug 12, 2022

Applicant

Marshall DeMeritt mddemeritt@gmail.com 290 McQuilkin Run Way Shepherdstown, WV 25443 5407428190

Internal Section

STEP ONE

Please select the date for the Commission Meeting before completing the approval step

Commission Meeting Date

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STEP TWO

Please select decision, award amount (if approved) and additional comments (to be included in rejection letter)

Additional Conditions

-

Decision

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Award Amount

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Certification

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

Digital Signature

Marshall DeMeritt 08/12/2022

Click here for more information (https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds)

Contact Information

Organization Name

Shepherdstown Fire Department

Address

8052 Martinsburg Pike

Website (if applicable)

Phone Number

305-876-2311

Email Address

mddemeritt@gmail.com

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

Bunk Room Overhaul and Safety Upgrades

2. Purpose and key anticipated outcomes

Remove the current bunk rooms that are directly off the apparatus bay, and susceptible to diesel fumes. Renovate the second floor to be bunk rooms, with a barrier wall and indepdent ventilation

3. Individuals or communities served

JCESA career staffing; Shepherdstown Volunteers.

4. How the COVID-19 pandemic has necessitated this request

Additional occupants of the firehouse, and expansion of career staffing.

5. Amount of funding requested

300.000

6. Amount of any bids or cost estimates received to date, if applicable

0

7a. Amount of matching funds raised or committed by your organization

300,000

7b. Source of matching funds raised or committed by your organization

8. How ARP funds, if awarded, will be used

Construction costs

9. How long it will take you to complete the project if awarded funding

6-9 months.

Proposal Details

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

Safety concerns in sleeping quarters.

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

Safer accommodations for JCESA staffing

3. Please provide your project timeline

6-9 months

4. Please provide your project's total proposed budget.

300000

Na
6. Please describe your plan for sustainability of the project or initiative after the grant award has been exhausted. Standing building.
Organization Information
1. Please provide your organization's mission statement.
Provide our best possible service on our customers worst day
2. Describe the history of your organization, tell us about your current programs and activities Oldest fire department in the state of WV, serving Jefferson County with fire and EMS coverage.
3. Please describe three significant accomplishments of your organization. 230+ years of service.
4. Please list your Owner(s), Board of Directors, senior staff members, or other key members of your organization:
Marshall DeMeritt, EMS Chief; Ross Morgan, Fire Chief; Craig Simpson, President; Dennis Barron, Treasurer
5. Please list the staff involved with this project and describe their roles and responsibilities: In addition to above, Jim Schmitt, General Contractor
6. Please upload/attach the following financial documents, if applicable:
Cash flow statement for applicant's most recent fiscal year
Uploaded by on
Two years of audited financial statements
Uploaded by on
Current operating budget
Uploaded by on
If the applicant has not been audited, please include an unaudited balance sheet and income statement as prepared by the applicant
Uploaded by on
7. List any federal, state, local or private grant awards or funding received in the last three years and the current status of those funds. If your organization has previously received funds from Jefferson County, please list the amount, nature of the project(s) and current status of the funding and project(s).
COVID relief for EMS supplies
8. If you have made an application for funding for this project from other sources (city, state, private or non-profit organizations) please list the same here.
No
Impact of the COVID-19 Pandemic
1. Please explain the impact of the COVID-19 pandemic and how it relates to your request.
Need additional response personnel; COVID EMS response.

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

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

Safer accommodations for EMS staffing.								
3. Are yo	ou requesting lost revenue d	lue to COV	/ID-19					
No								
Suppler	mentary Information							
l. Please	enter contact information	(name, en	nail, and p	hone) for at least one third	-party reference.			
Holly Fr	ye, hfrye@shepherd.edu, ((mailto:hf	rye@shep	herd.edu,)				
be essen	e include any supplementar atial to the County's review. baded by on	y informat	tion or doc	umentation (such as letter	s of support, newspaper ar	ticles, etc) which y	ou feel will	
Attach n No attac	nents chments							
History								
Date		Activity						
Aug 12,	2022 at 9:56 am	Marshall [DeMeritt st	arted a draft of Record ARPA	-45			
Aug 12,	2022 at 10:08 am	Marshall [DeMeritt su	ubmitted Record ARPA-45				
Aug 12, 2022 at 10:08 am approval s			oval step Application Reviewwas assigned to Michelle Gordon on Record ARPA-45					
Aug 12,	2022 at 10:08 am	changed t	the deadlin	e to Aug 13, 2022 on approva	I step Application Review on F	Record ARPA-45		
Timelin	e							
Label			Status	Activated	Completed	Assignee	Due Date	
	Request Letter of Acknowled	dgement	Issued	Aug 12, 2022 at 10:08 am	Aug 12, 2022 at 10:08 am	-	-	

Aug 12, 2022 at 10:08 am

Michelle Gordon

08/12/2022

Active

Inactive

Inactive

Application Review

Commission Meeting

Meeting Finished Yes/No