


## PERFORMANCE PROGRESS REPORT SF-PPR

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1. Federal Agency and Organization Element to Which Report is Submitted <b>Northern Border Regional Commission</b>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency <b>NBRC21GEDA06</b>	
		3a. DUNS Number <b>028804847</b>	
		3b. EIN <b>WWA4VM94N2Z1</b>	
4. Recipient Organization (Name and complete address including zip code) <b>Town of Westford 1713 Route 128 Westford, VT 05494</b>		5. Recipient Identifying Number or Account Number	
6. Project/Grant Period Start Date: (Month, Day, Year) <b>October 1, 2021</b>		7. Reporting Period End Date (Month, Day, Year) <b>03/31/2024</b>	8. Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
End Date: (Month, Day, Year) <b>September 30, 2026</b>		9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input checked="" type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
10. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i> Following bond defeat 11/07/2023, the Selectboard paused engineering work on the Maple Shade project and appointed a citizen work committee to look at alternative wastewater systems. Reviewing the Maple Shade project or modification thereof is on the list of alternatives after other sites are evaluated.  The Selectboard has approved local funding to provide professional engineering services to assist the new Wastewater Alternatives Committee is meeting weekly, had developed a matrix tool to assist in evaluating wastewater alternatives.  The Selectboard has not canceled its existing Maple Shade engineering contract while the new committee completes its work. The committee reports to the Selectboard occurs at each regular Selectboard meeting.  The State of Vermont has issued the Town a deadline to show progress on Maple Shade by April 19, 2024, and if none, State ARPA funds will be rescinded.			
11. Other Attachments <i>(attach other documents as needed or as instructed by the awarding Federal Agency)</i>			
<b>12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</b>			
12a. Typed or Printed Name and Title of Authorized Certifying Official <b>Holly Delisle, Westford Town Administrator</b> 		12c. Telephone (area code, number and extension) <b>802.598.4833</b>	
		12d. Email Address <b>hdelisle@westfordvt.us</b>	
12b. Signature of Authorized Certifying Official		12e. Date Report Submitted (Month, Day, Year) <b>04/03/2024</b>	
13. Agency use only			