

**CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS (SLFRF)
BENEFICIARY AGREEMENT**

American Rescue Plan Act of 2021 (ARPA)

Town of Hamden, CT

This AGREEMENT is effective as of the date of signature by and between the Town of Hamden, CT (herein referred to as the "Town") and Munster LLC, 1232 Whitney Avenue, Hamden, CT (herein referred to as the "Beneficiary").

Legal Name of Beneficiary:	Munster LLC (Playwright)
Organization Type	Small Business
Unique Entity Identifier (UEI):	CQQMNCG2LB33
Federal Employer/Tax ID (EIN) :	14-1909983
Mailing Address:	1232 Whitney Avenue, Hamden, CT 06517
SLFRF (CFDA):	21.027
Dollar Award:	\$12,500
Project Completed:	June 30, 2025

WHEREAS, on March 11, 2021, the American Rescue Plan Act ("ARPA") was signed into law and established the coronavirus State and Local Fiscal Recovery Funds ("SLFRF") program; and

WHEREAS the SLFRF program is to provide support to state, territorial, local, and tribal governments in responding to the economic and public health impacts of COVID-19 and in their efforts to contain impacts on their communities, residents, and businesses; and

WHEREAS the Beneficiary applied in May 2024 to the Town for ARPA/SLFRF relief funds pursuant to the Hamden ARPA Small Business Grant Program for support due to the adverse financial impacts of the COVID-19 pandemic to its organization, and, based upon said application, meets the U.S. Department of Treasury's ("USDT") definition of a SLFRF "beneficiary"; and

WHEREAS the Town wishes to provide the Beneficiary with funding to mitigate adverse impacts to its organization because of the COVID-19 pandemic; with project activities and expenses not to occur prior to March 3, 2021, and not after June 30,2025; and,

WHEREAS the Beneficiary is willing to execute this Agreement obligating itself to comply with its terms and conditions in exchange for receipt of the funds described herein; and

NOW, THEREFORE, it is agreed between the parties hereto as follows:

1. Statement of Work and Grant Award Funding

The Town shall provide coronavirus relief assistance funding to the Beneficiary for the purpose of response, mitigation or recovery from the adverse health and economic impacts to the organization as a result of the COVID-19 pandemic. The Beneficiary shall use the funds as more fully described in the attached Detailed Budget (**Exhibit**

Town of Hamden

Initials: UB EN

A). The Beneficiary shall be responsible for administering the ARPA/SLFRF funds in a manner satisfactory to the Town and consistent with all applicable requirements as a condition of receiving these funds.

2. Term of Agreement

Unless terminated or extended, this Agreement covers the expenditure period of March 3, 2021, to June 30, 2025.

3. Certification of Beneficiary

The Beneficiary, and the undersigned executing this Agreement on its behalf, certifies under penalty of perjury by virtue of signing this Agreement that the representations made in the Beneficiary's application for this funding are truthful, complete, and accurately reflect the Beneficiary's needs and uses for ARPA/SLFRF funding. The Beneficiary acknowledges that the Town reasonably relied upon the Beneficiary's representations in its application in determining eligibility for funding. The Beneficiary further certifies that it is not in violation of any state of Connecticut tax laws, is not in arrears for any payments due to the state of Connecticut, is not in arrears for any payments due to the Town of Hamden and is not in arrears of any payments due to the U.S. Government.

4. Method of Payment and Documentation of Eligible Expenses

Following execution of this Agreement, a one-time reimbursement of funds to the beneficiary shall be made by the Town of Hamden within sixty (60) days of a completed and town approved Draw Down Request Form (**Exhibit B**), the Expense Ledger Form (**Exhibit C**), and copies of all supporting documentation for expenses for the approved project. Supporting documentation shall include, but not be limited to, images of canceled checks/bank statements, lease agreements, invoices and receipts for rent, utilities, supplies, equipment, credit card statements with proof of payment of credit cards. The Beneficiary shall retain all documentation up to December 31, 2031.

5. Reporting and Recording Keeping Requirements

In addition to the requirements in Section 4, above, within thirty (30) days of the project conclusion, the Beneficiary agrees to provide the Town with a written final grant closeout report reflecting the use of funds. This report form will be provided by the Town to the Beneficiary after the award reimbursement is disbursed. The Beneficiary agrees to provide to the Town, and, if applicable, to the U.S. Department of Treasury (USDT), within thirty (30) days of request, any additional information, documents, certifications, or reports requested by the Town which the Town or USDT deems reasonably necessary to ensure compliance with federal funding. Any reports requested by the Town must be submitted by the Beneficiary in such format as prescribed by the Town. The Town shall retain the right to change reporting requirements from time to time as it deems necessary. It is the responsibility of the Beneficiary to retain and/or provide at the request of the Town adequate documentation to ensure funds are used in compliance with this Agreement and all applicable laws and regulations.

6. Duplication of Benefits; Subrogation

The Town of Hamden and the U.S. Department of Treasury (USDT) requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with American Rescue Plan coronavirus state and local fiscal recovery funds. (U.S. Department of the Treasury Coronavirus State and Local Fiscal Recovery Funds Final Rule, 31 CFR Part 35 RIN 1505-AC77, §35.6). Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost. The beneficiary must complete and sign the Duplication of Benefits Certification for Federal ARPA Funds Form attached hereto (**Exhibit D**).

In consideration of the Beneficiary's receipt of funds from the Town, the Beneficiary hereby assigns and/or subrogates to the Town all of its rights to reimbursement and all payments received from any grant, subsidized loan, or insurance policies of any type or coverage or under any reimbursement or relief program related to or administered by ARPA or SLFRF or other program to the extent of proceeds paid to the Beneficiary under this Agreement and that are determined in the sole discretion of the Town to be a duplication of benefits ("DOB").

Town of Hamden

Initials: UG ER

Upon receiving any DOB proceeds, the Beneficiary agrees to immediately notify the Town. If some or all the proceeds are determined to be a DOB, the portion that is a DOB shall be repaid to the Town within thirty (30) days of that determination.

7. Events of Default and Pursuit of Remedies

The occurrence of any one or more of the following events shall constitute an Event of Default hereunder:

- a. Any breach or non-compliance by the Beneficiary with the conditions, provisions, obligations, duties, agreements, covenants, representations, and warranties made and set forth in this Agreement and in applicable SLFRF Rules and Regulations, USDT requirements, local, state, and federal laws, 2 CFR Part 200, and USDT and/or Town of Hamden policy memos, regulations, communications, or guidelines as the same may be amended from time to time, as determined by the Town in its sole discretion; or
- b. Any representation or warranty made herein or in the Beneficiary's application, addenda, exhibits, amendments, reports, supporting documentation, and/or other instruments provided or executed in connection with this Agreement is false or misleading in any respect, whether through commission or omission.

Upon the occurrence of an Event of Default, the Town may, at its option, send the Beneficiary a notice of default stating that the Beneficiary has thirty (30) days to cure said default. In the event the Beneficiary fails to cure said default within thirty (30) days, the Town may, upon ten (10) days' notice, terminate or suspend this Agreement and may demand partial or full repayment of the funding amount provided or paid to the Beneficiary hereunder, to be repaid to the Town by the Beneficiary within thirty (30) days, without further presentment, demand, protest, notice, or process of any kind, all of which are expressly waived by the Beneficiary. The Beneficiary agrees to pay all costs and expenses, including reasonable attorney's fees, incurred by the Town in collection of the monies due hereunder or in the exercise or defense of its rights and powers under this Agreement. In addition, the Town may pursue any other remedies, legal or equitable, available to it in the event of the Beneficiary's default, fraud, or misrepresentation, whether through commission or omission.

8. Religious Activities

The Beneficiary agrees that funds provided under this Agreement will not be utilized for inherently religious activities prohibited by 24 CFR 570.200G, such as worship, religious instruction, or proselytization.

9. Indemnification

The Beneficiary shall defend, indemnify, and hold harmless the Town, its officials, employees, agents, and assigns, from and against all claims, losses, expenses, costs, and/or damages of any kind (including, without limitation, out-of-pocket expenses, reasonable attorneys' fees and costs, and other related expenses) associated with activities funded under this Agreement or arising out of or related to the performance of this Agreement. The Beneficiary further agrees to defend, indemnify, and hold harmless the Town, its officials, employees, agents, and assigns, from and against any third party claiming that a third-party beneficiary relationship has been established between the Town and such third party, it being the intention of the parties hereto that no such relationship be created or established.

10. Waiver

The Town's failure to act with respect to a breach by the Beneficiary does not waive its right to act with respect to subsequent or similar breaches. The failure of the Town to exercise or enforce any right or provision shall not constitute a waiver of such right or provision.

11. Severability

If any provision of this Agreement is held invalid, the remainder of the Agreement shall not be affected thereby, and all other parts of this Agreement shall nevertheless be in full force and effect.

12. Non-Assignment; Successors and Assigns; Nature of Relationship

Neither party may assign its rights or obligations under this Agreement without the prior written consent of the other party. This Agreement shall inure to the benefit of and shall be binding upon the parties, their successors, and permitted assigns. Nothing in this agreement shall create a partnership, joint venture, trust, employment, or other fiduciary relationship between the Town and the Beneficiary.

13. Amendment

The terms of the Agreement may be changed by executing a writing signed by both parties; provided, however, that the Town may, in its sole discretion, amend this Agreement to conform with federal, state, or local governmental laws, guidelines, policies, and available funding amounts. If such amendment results in a change in funding, statement of work, or timeline for expenditure, such modifications shall be incorporated by a written amendment signed by both the Town and the Beneficiary.

14. Entire Agreement

This Agreement constitutes the entire agreement between the Town and the Beneficiary for the use of funds received under this Agreement and it supersedes all prior or contemporaneous communications and proposals, whether electronic, oral, or written between the Town and the Beneficiary with respect to this Agreement.

15. Governing Law

This Agreement shall be governed by the laws of the State of Connecticut, without regard to conflicts of law principles.

16. Notices

Any notice or other communication having a material effect on this Agreement shall be served by U.S. mail at the addresses set forth below.

To the Town of Hamden:

Economic and Community Development
2750 Dixwell Avenue
Hamden, CT 06518

ATTN: Carol Hazen

To the Beneficiary:

Munster LLC
1232 Whitney Avenue
Hamden, CT 06517

17. Section Headings and Subheadings

The section headings and subheadings contained in this Agreement are included for convenience only and shall not limit or otherwise affect the terms of this Agreement.

18. Counterparts

This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall be deemed to be one and the same instrument.

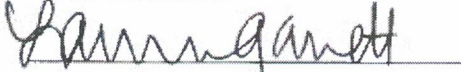
19. Exhibits

The following exhibits are incorporated herein, provided, however, that said exhibits shall not be deemed to modify the express provisions provided herein.

- Exhibit A –Detailed Budget
- Exhibit B - Draw Down Request Form
- Exhibit C - Expense Ledger Form
- Exhibit D – Duplication of Benefits Certification for Federal ARPA Funds Form

IN WITNESS WHEREOF the Town of Hamden and Beneficiary agree to the conditions contained herein and all exhibits hereto and have executed this Agreement as of the date first written above:

Town of Hamden

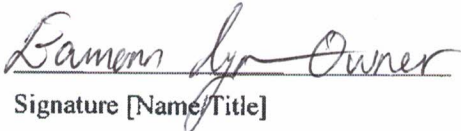


Signature [Name/Title]

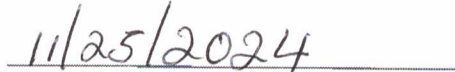


Date

Beneficiary



Signature [Name/Title]



Date

EXHIBIT A
ARPA SMALL BUSINESS GRANT DETAILED BUDGET
 Expenditure period: March 3, 2021 – June 30, 2025

Expenditure Category	Amount
Equipment (over \$5,000 per item)	
Description:	
Supplies (under \$5,000 per item)	
Description:	
Rent	\$12,500
Description:	
Utilities	
Description:	
TOTAL	\$12,500

ARPA funds may not be used for repayment of debt (including fines, penalties, damages, settlements), advertising/public relations/marketing costs, alcoholic beverages, severance pay, conference (meeting, retreat, seminar, symposium, workshop), contributions and donations, defense in criminal and civil proceedings, entertainment costs, goods or services for personal use, resale, or inventory, interest/financing costs, lobbying, memberships, subscriptions, professional activities.

Please consult with a tax accountant to determine tax implications if any.

EXHIBIT B
Draw Down Request Form

Beneficiary/Business Name: <p style="text-align: center; font-size: 1.2em;">Munster LLC (Playwright)</p>
Contact Person: <p style="text-align: center; font-size: 1.2em;">Eamonn RYAN</p>
Contact Telephone Number: <p style="text-align: center; font-size: 1.2em;">203 287-2401</p>
Contact Email Address: <p style="text-align: center; font-size: 1.2em;">Playwrighthamden@gmail.com</p>
Grantor Entity: Town of Hamden, CT
Grant Project Description (Rent, Utilities, Supplies, Equipment) – Provide Description of use of Funds: <p style="text-align: center; font-size: 1.5em;">RENT</p>
Total Funds Awarded: \$
Reimbursement Request Amount: \$ 12,500
Period of Expenses for Draw Down/Reimbursement Request (MM/DD/YY thru MM/DD/YY): <p style="text-align: center; font-size: 1.2em;">March 31, 2021 - JUNE 30 2025.</p>

INSTRUCTIONS: Please complete all fields in the box above, sign and date. Requests are submitted on a Reimbursement Basis. Beneficiary must have paid the expenses prior to requesting reimbursement Attach Draw Down Expense Ledger and all supporting documentation, including (but not limited to): procurement documentation for vendors (please obtain procurement guidelines from Town), contracts for services, lease/rental agreements, copies of paid invoices, copies of cancelled checks to vendors, credit card statements & receipts, proof of payment of credit cards, payroll/benefit ledgers, timesheets, and other various documentation as requested by the Town.

Please consult with a tax accountant to determine tax implications if any.

**EXHIBIT C
TOWN OF HAMDEN EXPENSE LEDGE FORM**

Expenditure Description	Vendor/ Contractor/ Other	Total Cost	Approved Expense Category	Date of Payment	Type of Payment	Documents attached (Lease agreement, vendor procurement documentation, vendor contract, invoices, proof payment of invoices canceled check or bank statement)	Page # on PDF Attachment
RENT	ESPOSITO	13,000	RENT	Aug-NOV 24	CHECK	CHECK COPY	10-22
	TOTAL	\$					
	Submitted by	MUNSTER					
	Date:	11/27/24					
	Draw #						
	Business/Org Name						

*Attach Ledger to Drawdown Form

EXHIBIT D

Duplication of Benefits Certification for Federal ARPA Funds

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The Town of Hamden and the U.S. Department of Treasury (USDT) requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with American Rescue Plan coronavirus state and local fiscal recovery funds. (U.S. Department of the Treasury Coronavirus State and Local Fiscal Recovery Funds Final Rule, 31 CFR Part 35 RIN 1505-AC77, §35.6). Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the American Rescue Plan requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by the U.S. Department of the Treasury Coronavirus State and Local Fiscal Recovery Funds Final Rule, 31 CFR Part 35 RIN 1505-AC77, §35.6.

I, Eamonn Ryan

(Business owner(s), sub grantee (Public Social Service Entity), subrecipient, direct beneficiary, or other entity).

Hereby certify that:

A. The Coronavirus State and Local Fiscal Recovery Funds, awarded to the Town of Hamden, through the American Rescue Plan Act (ARPA) does not duplicate/replace any other funds, and/or any funds from the following sources:

B.

1. The Paycheck Protection Program
2. Unemployment compensation benefits
3. Insurance claims/proceeds
4. Federal Emergency Management Agency (FEMA) funds
5. Small Business Administration funds
6. Other Federal, State or local funding
7. Other nonprofit, private sector, or charitable funding.

C. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the coronavirus state and local fiscal recovery funds must be repaid if it is determined that such assistance is determined to be duplicative.

Eamonn Ryan 11/25/2024

Signature and date of:

Business owner(s), sub grantee (Public Social Service Entity), subrecipient, direct beneficiary, or other entity)

Town of Hamden

Initials: LR ER



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Front of check

MUNSTER, LLC Playwright Irish Pub & Restaurant 1232 WHITNEY AVE HAMDEN, CT 06517		<table border="1"> <tr><th>DESCRIPTION</th><th>AMOUNT</th></tr> <tr><td>RENT</td><td>1000</td></tr> </table>	DESCRIPTION	AMOUNT	RENT	1000	<table border="1"> <tr><th>CHECK NO.</th><th>AMOUNT</th></tr> <tr><td>16258</td><td>\$1,000</td></tr> </table>	CHECK NO.	AMOUNT	16258	\$1,000
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RENT	1000										
CHECK NO.	AMOUNT										
16258	\$1,000										
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DATE <u>11/25/24</u>	DESCRIPTION <u>RENT</u>	CHECK NO. <u>16258</u>									
TO THE ORDER OF <u>184 Lawrence St New Haven Ct 06511</u>		<i>E. J. Jandino</i>									
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Back of check

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 08:18:45
 JANDINO
 TMID 184563302429921

PAY TO THE ORDER OF
 WILLIAM T. ESPOSITO
 184 LAWRENCE ST
 NEW HAVEN CT 06511

CHECK NO. 16258
 AMOUNT \$1,000

SIGNATURE OF ISSUING PARTY
 E. J. JANDINO

THIS CHECK IS VALID FOR DEPOSIT ONLY. IT IS NOT VALID FOR CASH. THE ISSUING PARTY IS NOT RESPONSIBLE FOR THE VALIDITY OF THIS CHECK.



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MUNSTER, LLC Playwright Irish Pub & Restaurant 1232 WHITNEY AVE HAMDEN, CT 06517		<table border="1"> <tr><th>DATE</th><th>AMOUNT</th></tr> <tr><td>RENT</td><td>16191</td></tr> </table>	DATE	AMOUNT	RENT	16191	CHECK NO. 51-309/111 16191
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DATE 11/13/24	TO THE ORDER OF William T. Esposito 134 Lawrence Street New Haven, Ct 06511	DESCRIPTION RENT	CHECK NO. 16191				
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Back of check

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MUNSTER, LLC Playwright Irish Pub & Restaurant 122 WHITNEY AVE HAMDEN, CT 06517		<table border="1"> <tr><td>EXPIRATION</td><td>MONTH</td></tr> <tr><td>RENT</td><td>1000</td></tr> </table>	EXPIRATION	MONTH	RENT	1000	51-909/111 16140
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RENT	1000						
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10/31/24 TO THE ORDER OF William T. Esposito 134 Laurena Street New Haven CT 06511	PAY TO THE ORDER OF RENT	CHECK NO. 16140	CHECK AMOUNT \$ 1,000.00				

Esposito

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 NEW HAVEN, CT 06511-4141
 CHECK NO. 16140
 DATE 11/05/2024
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MUNSTER, LLC Playwright Club Pub & Restaurant 1232 WHITNEY AVE HAMDEN, CT 06517		<table border="1"> <tr><th>DESCRIPTION</th><th>AMOUNT</th></tr> <tr><td>RENT</td><td>1600</td></tr> </table>	DESCRIPTION	AMOUNT	RENT	1600	51-308/111 16000
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RENT	1600						
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DATE <u>10/15/24</u>	TO THE ORDER OF <u>William T Kespino</u>	DESCRIPTION <u>RENT</u>	CHECK NO. <u>16000</u>				
<u>134 Lawrence St</u> <u>New Haven, CT 06511</u>		<i>Kaman</i>					
TD Bank America's Most Convenient Bank®							
⑆011110756⑆⑆⑆ ⑆10152024⑆⑆⑆ ⑆091747⑆⑆⑆ ⑆BBIN⑆⑆⑆ ⑆TMID 237822892433484⑆⑆⑆							

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FEDERAL RESERVE NOTE UNITED STATES OF AMERICA TEN DOLLARS	>>011110756<<< 10/15/2024 09:17:47 BBIN@ TMID 237822892433484	PAY TO THE ORDER OF NEW HAVEN, CT 06511 ESTATE OF WILLIAM T KESPINO FOR DEPOSIT ONLY INDENTURE
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MUNSTER, LLC Playwright Irish Pub & Restaurant 1232 WHITNEY AVE HAMDEN, CT 06517		<table border="1"> <tr><th>EXPLANATION</th><th>AMOUNT</th></tr> <tr><td>RENT</td><td>1000.-</td></tr> </table>	EXPLANATION	AMOUNT	RENT	1000.-	51309/111 15962
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RENT	1000.-						
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DATE 10/9/2024	DESCRIPTION RENT	CHECK NO. 15962					
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Eamon J.

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MUNSTER, LLC Playwright Irish Pub & Restaurant 1232 WHITNEY AVE HAMDEN, CT 06517		<table border="1"> <tr><th>LOCATION</th><th>AMOUNT</th></tr> <tr><td>RENT</td><td>1000</td></tr> </table>	LOCATION	AMOUNT	RENT	1000	51309/111 15931
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DATE 9/24/24		DESCRIPTION RENT					
TD Bank America's Most Convenient Bank®		Signature: <i>Esposito</i>					

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DATE <u>9/19/24</u>	DESCRIPTION <u>RENT</u>	CHECK NO. <u>15892</u>					
<u>134 Lawrence St</u> <u>New Haven Ct 06511</u>		<i>Carman</i>					

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Back of check

PAY TO THE ORDER OF
 MUNSTER, LLC
 1232 WHITNEY AVE
 HAMDEN, CT 06517

9/26/2024
 08:23:55
 SREID
 TMID 271742702430231

NO POSTAL SERVICE
 MAIL PERMIT NO. 1000
 HAMDEN, CT 06517



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MUNSTER, LLC Playwright Inn Pub & Restaurant 1232 WHITNEY AVE HAMDEN, CT 06517		<table border="1"> <thead> <tr> <th>EXP. DATE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>RENT</td> <td>1,000</td> </tr> </tbody> </table>	EXP. DATE	AMOUNT	RENT	1,000	51-309/111 15825
EXP. DATE	AMOUNT						
RENT	1,000						
PAY TO THE ORDER OF One thousand dollar + 00/100		CHECK AMOUNT \$ 1,000.00					
DATE 9/19/24	TO THE ORDER OF William T. Esposito 134 Lawrence Street New Haven CT 06511	DESCRIPTION RENT	CHECK NO. 15825				

TD Bank
 America's Most Convenient Bank®
 Edmund J. [Signature]

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Back of check

PAY TO THE ORDER OF
 1
 PGWIAZDOWSKI

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 PGWIAZDOWSKI
 TMID 237832632432304

CHECK USER: NEW YORK
 CHECK NUMBER: 15825
 CHECK DATE: 9/19/2024
 CHECK TIME: 08:58:30
 CHECK AMOUNT: 1000.00
 CHECK TYPE: RENT

