



# SLFRF APPLICATION

*[name of project]*

Requested: [amount requested]

## ARPA SCOPE OF WORK WORKSHEET

### 1. Overview

Federal Award Grant Name	Coronavirus State and Local Fiscal Recovery Funds (SLFRF)
Federal Assistance Listing Number	21.027
Subrecipient Name	
Subrecipient UEI	
Subaward Start Date	
Subaward End Date	
1. Amount of Federal Funds Obligated in this SOW	
2. Total Amount of ALL Federal Funds Obligated to Subrecipient from Davis County (including this SOW)	
Federal Award Agency	US Department of Treasury
Pass-through Entity	Davis County, Utah
Awarding Official	<b>Name:</b> Curtis Koch <b>Title:</b> Davis County Clerk Auditor
After Approval by Davis County Commissioners	<b>Address:</b> Davis County Admin Building 61 South Main Street Farmington, Utah 84025 <b>Phone:</b> (801) 451-3491 <b>Email:</b> Ckoch@co.davis.ut.us
Primary Contact	<b>Name:</b> <b>Title:</b> <b>Contact Address:</b> <b>Phone:</b> <b>Email:</b>

## 2. Expenditure Categories

<b>Eligible Category</b>	
<b>Expenditure Category Number</b>	
<b>Expenditure Category Name</b>	
<b>Primarily Disadvantaged Households</b>	
<b>Evidence-based practices</b>	

**COVID Impact Statement**



### 3. Staffing

*Provide list of staff and time commitments to be allocated to each activity in the statement of work.*

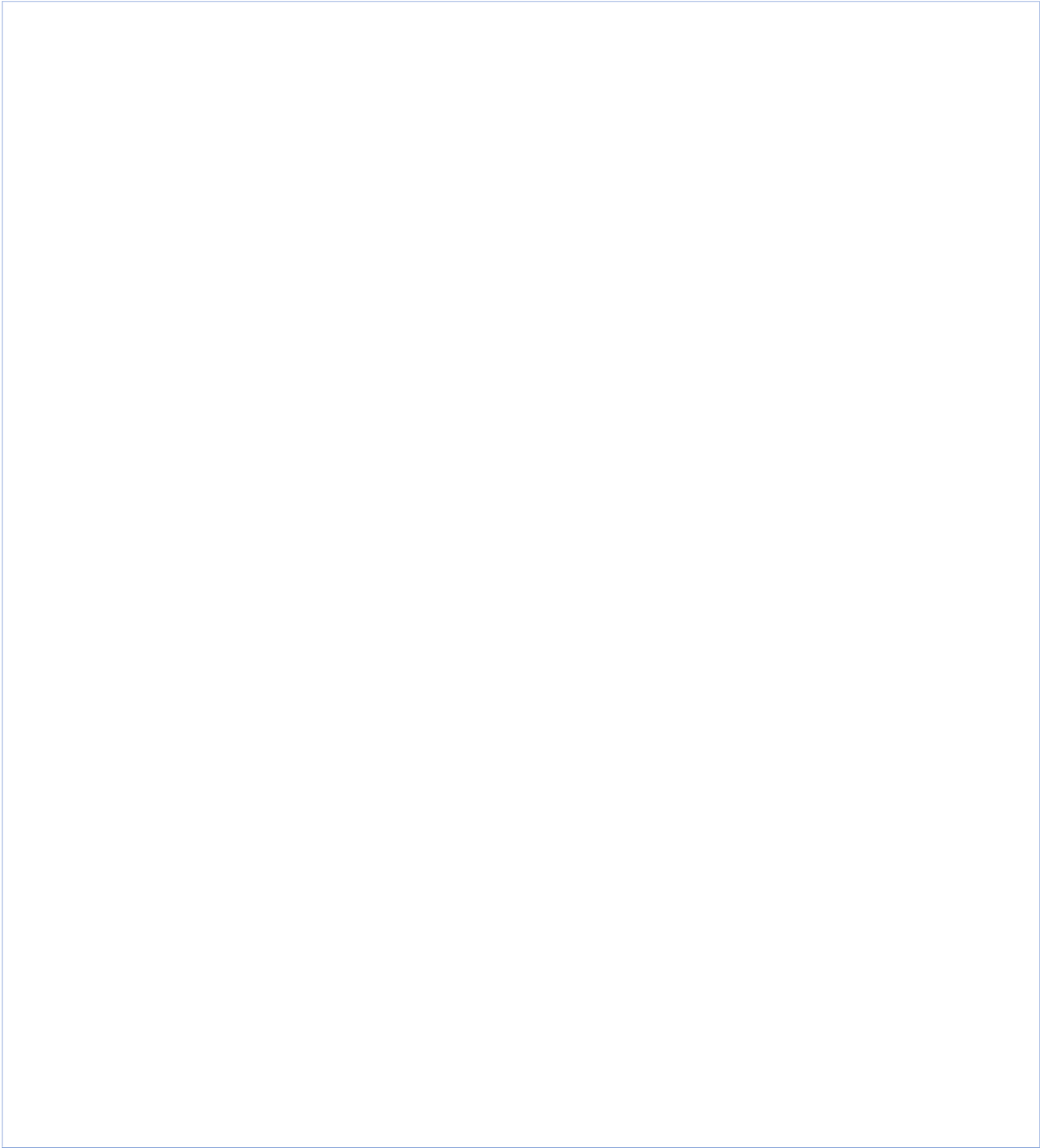
<b>Key Staff Name</b>	<b>Title/Activity</b>	<b>Time Commitment</b>

*Any changes in the key personnel assigned or their general responsibilities under this project are subject to the prior approval of Davis County.*

#### 4. Performance Monitoring

Davis County will monitor the performance of the Subrecipient against goals and performance standards as stated above. Substandard performance as determined by Davis County will constitute noncompliance with this Agreement. If action to correct such substandard performance is not taken by the Subrecipient within a reasonable period of time after being notified by Davis County, contract suspension or termination procedures will be initiated.

##### Statement of Work

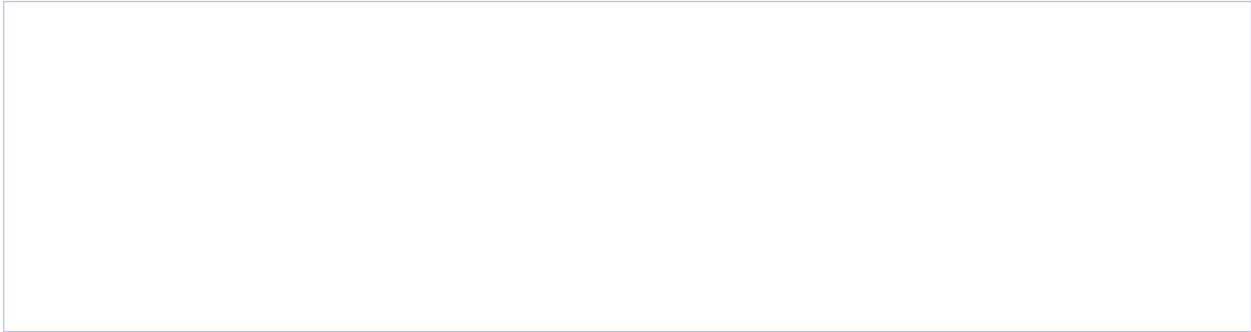




**Description of population to receive assistance**

**Description of process to ensure disadvantaged households are provided access to project**

<b>Physical location where assistance will be provided</b>	
<b>Geographic Service Area(s)</b>	
<b>Project Outline</b>	
<b>Project Outcome</b>	



### 5. Schedule/Timeline

Timeline reflect the time from the start to end of subaward date.

Budget calculations should match figures in budget table.

	3Q2023	4Q 2023	1Q 2024	2Q 2024
Activities				
Budget Expenditures (SOW funding source only)				

	3Q 2024	4Q 2024	CY 2025	CY 2026
Activities				
Budget Expenditures (SOW funding source only)				

List all obligated funding sources individually and funding amounts for this project.

Funding Sources	Amount	Notes
ARPA		

## 6. Budget Non-Construction

	ARPA	Other Federal Grants	State Funding	Local Funding, Grants, Donations	Other
Personnel					
Fringe Benefits					
Travel					
Supplies					
Contractual					
Construction					
Other (specify)					
Indirect Charges					
Program Income					

## 7. Budget Construction

	ARPA	Other Federal Grants	State Funding	Local Funding, Grants, Donations	Other
Administration and legal expenses					
Land, structures, rights-of-way, appraisals, etc.					
Relocation expenses and payments					
Architectural and engineering fees					
Project inspection fees					
Site work					
Demolition and removal					
Construction					
Equipment					
Miscellaneous					
Contingencies					
Project (program) income					