# American Rescue Plan Act of 2021 Coronavirus State and Local Fiscal Recover Fund

# Project Request and Eligibility Determination

This document is to be completed by the person or persons requesting American Rescue Plan Act of 2021 Coronavirus State and Local Government Fiscal Recovery Fund monies. The request will proceed through the [LOCAL GOVERNMENT NAME HERE]’s review process. The requestor will receive notice if the project is approved, with instructions on how to proceed.

## BASIC INFORMATION AND DESCRIPTION

|  |  |
| --- | --- |
| Program/Project Name: |  |
| Responsible Department: |  |
| Program/Project Manager Name: |  |
| Total Amount Requested: |  |
| Internal Account Code(s): (assigned by Finance) |  |
| Treasury Expenditure Category Level: | **6 Revenue Replacement** |
| Treasury Expenditure Category: | **6.1 Provision of Governmnet Services** |

## ELIGIBILITY REVIEW

|  |
| --- |
| 1. **Provision of Government Services: Employee Salaries and Benefits**
 |
| Indicate the departments, number of employees, and time period you will be using ARP/CSLFRF funds to cover. |

## JUSTIFICATION AND LEGAL REVIEW FOR STATE AUTHORITY:

|  |
| --- |
| *See* [**G.S. 160A-162**](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_160A/GS_160A-162.pdf) (municipalities); [**G.S. 153A-92**](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_153A/GS_153A-92.pdf) (counties). |

## PROPOSED EXPENDITURE ITEMS AND ALLOWABLE COST REVIEW:

Proposed Project Budget, delineated by Cost Item for Allowable Cost Review

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **U.G. Provisions** | **Cost Items** | **Estimated Amount** | **Necessary/Reasonable** | **% Allocable** | **Required Documentation** |
|  | Compensation |  | Choose an item. |  | **Payroll records** |
|  | Fringe Benefits |  | Choose an item. |  | **Payroll records** |
|  | Travel |  | Choose an item. |  |  |
|  | Equipment & Other Capital |  | Choose an item. |  |  |
|  | Materials & Supplies |  | Choose an item. |  |  |
|  | Contractual Services & Subawards |  | Choose an item. |  |  |
|  | Consultants / Professional Services |  | Choose an item. |  |  |
|  | Occupancy (Rent & Utilities) |  | Choose an item. |  |  |
|  | Telecommunications |  | Choose an item. |  |  |
|  | Training & Education |  | Choose an item. |  |  |
|  | Direct Administrative Costs |  | Choose an item. |  |  |
|  | Add’l Cost Item |  | Choose an item. |  |  |
|  | Total Direct Costs |  | Choose an item. |  |  |
| [200.414](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRd93f2a98b1f6455/section-200.414) | Indirect Costs |  | Choose an item. |  |  |
| **Total Project Budget** |  |  |

***\* All required documentation will be maintained in the project file.***

AWARD TERMS AND COMPLIANCE:

Prohibitions Verification:
By checking these boxes, the [NAME REVIEWING PERSONNEL HERE] attests that the statements are true.

[ ]  Project does not contravene the statutory purpose of ARP, including program, service, or capital expenditure that includes a term or condition that undermines efforts to stop the spread of COVID-19

[ ]  No Conflict of Interest, according to Conflict of Interest policy

[ ]  Complies with all state and federal laws and local ordinance (attorney review completed)

[ ]  No pension fund deposit

[ ]  No borrowings or debt service

[ ]  No financial reserves

Uniform Guidance Compliance Requirements:
By checking these boxes, the [NAME REVIEWING PERSONNEL HERE] attests that the statements are true.

[ ]  Financial Management Compliance (adopted grant project ordinance; accounting system that tracks obligations and expenditures by project and provides comparison to budgeted amounts; appropriate journal entries completed and documented)

[ ]  Internal Controls (adopt and routinely monitor internal controls related to all financial processes for receiving, managing, obligating, and expending the federal award funds)

[ ]  Civil Rights Compliance (policy adopted and implemented)

[ ]  Eligible Project Documentation (policy adopted and this worksheet completed and approved according to the policy)

[ ]  Allowable Cost / Cost Principles Compliance (policy adopted and this worksheet completed and approved according to the policy)

[ ]  UG Procurement Compliance (only if appliable; policy adopted and implemented)

[ ]  UG Property Management Compliance (only if applicable; policy adopted and implemented)

[ ]  Program Income Compliance (only if applicable; policy adopted and implemented)

[ ]  Subaward Compliance (only if applicable; policy adopted and implemented)

Reviewed By: [LOCAL GOVERNMENT EMPLOYEE/OFFICIAL NAME AND TITLE HERE]

Signature:

Date:

**Please retain for the project file through at least December 31, 2031.**