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

# Eligibility Determination and Allowable Cost Review

## 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: | **3 Public Health-Negative Economic Impact: Public Sector Capacity** |
| Treasury Expenditure Category: | **3.2 Public Sector Workforce: Rehiring Public Sector Staff** |

## ELIGIBILITY REVIEW:

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| **Responding to COVID and Its Negative Economic Impacts Category** |
| Please provide description of project and attach any necessary documentation. |

## JUSTIFICATION AND LEGAL REVIEW FOR STATE AUTHORITY:

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## PROGRAM ADMINISTRATION INFORMATION:

Proposed Project Budget, delineated by Cost Item for Allowable Cost Review. Review conducted in accordance with Allowable Cost Policy.

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| --- | --- | --- | --- | --- | --- |
| **U.G. Provisions** | **Cost Items** | **Estimated Amount** | **Necessary/ Reasonable** | **% Allocable** | **Additional Documentation** |
| **2 CFR 200.430** | **Salaries** |  | Choose an item. |  | Pay schedule  Payroll records  Time sheets for nonexempt staff  Effort Certification and/or Personnel Activity Report Forms |
| **2 CFR 200.431** | **Benefits** |  | Choose an item. |  | Benefits policy |
|  |  |  | Choose an item. |  |  |
|  | Total Direct Costs |  | Choose an item. |  |  |
|  | Indirect Costs\* |  | Choose an item. |  |  |
| **Total Project Budget** | |  |  | | |

*\*Indirect cost allocation is optional. A local government may charge as direct expenses to the ARP/CSLFRF grant the proportional share of administrative expenses. If a local government charges indirect costs, they are calculated as 10% of Modified Total Direct Costs. MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC EXCLUDES equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support*

# SPECIAL REQUIREMENTS OR LIMITATIONS:

Document any special requirements or limitations that apply to this Expenditure Category and/or project.

# PROJECT & EXPENDITURE REPORTING DATA ELEMENTS BY EXPENDITURE CATEGORY (EC):

Identify project reporting elements for applicable Expenditure Category (Consult pages 19-34 in the [Compliance and Reporting Guide](https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf)) and ensure that this information is documented as required.

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| --- | --- | --- |
| **EC** | **Required Reporting Data Elements** | **Documented Information?** |
| 3.2 | Track FTEs by quarterly reporting period for Project & Expenditure Report |  |
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# PROHIBITIONS VERIFICATION:

Conduct preliminary review to determine that project does not violate any of the prohibited terms of the ARP/CSLFRF. By checking boxes below, reviewer confirms that project does not constitute a prohibited expenditure.

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

No prohibited Conflict of Interest (document review below)

Project does not violate applicable state and federal laws and local ordinances

No pension fund deposit

No borrowings or debt service

No financial reserves

# EXTERNAL CONTRACTS REVIEW:

If project/expenditure involves external agreement, document the following:

Check SAM.gov to make sure party is not suspended or debarred.

Follow conflict of interest policy procedures to make sure no prohibited conflicts and/or to properly address any conflicts.

Follow state law requirements for selecting contracting party (if applicable) and executing contract.

# ADDITIONAL PROJECT NOTES / DIRECTIVES:

# ELIGIBLE USE & ALLOWABLE COST REVIEW COMPLETED BY:

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Signature Date