

**American Rescue Plan Act (ARPA)  
State and Local Fiscal Recovery Funds (SLFRF) Request**

**Contact Information**

Agency Name:

Agency Point of Contact (POC) Name:

POC Email:

POC Phone number:

**ARPA SLFRF Funding Request Detail**

Amount Requested:

**PLEASE SELECT ARPA APPROVED EXPENDITURE CATEGORY (EC) THAT MATCHES WITH YOUR PROGRAM / INITIATIVE**

**PLEASE SELECT APPROPRIATE CORRESPONDING MID-CATEGORY FROM THE LIST: (EC1, 2, 3, 5)**

*Please make sure the mid-category corresponds with the ARPA SLFRF approved Expenditure Category. For example, if you select EC 2, the mid-category must start with 2 e.g. EC 2 Assistance to Households (2.1 -2.28)*

**PLEASE SELECT A SUB-CATEGORY FROM THE DROPDOWN THAT CORRESPONDS WITH APRA SLFRF APPROVED CATEGORY:**

*Please make sure the sub-category corresponds with the ARPA SLFRF approved Expenditure Category. For example, if you select EC 2, the sub-category must start with 2 e.g. 2.1 Household Assistance: Food Programs.*

*\*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section on MFA ARPA SLFRF SharePoint site - <https://slcounty.sharepoint.com/sites/MFA/ARPA>)*

*^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section on MFA ARPA SLFRF SharePoint site - <https://slcounty.sharepoint.com/sites/MFA/ARPA>)*

**Project Demographic Distribution (EC 1.1-2.37)**

*Recognizing the disproportionate public health and negative economic impacts of the pandemic on many households, communities, and other entities, recipients must report whether certain types of projects are targeted to impacted and disproportionately impacted communities. Recipients will be asked to respond to the following:*

*What Impacted and/or Disproportionately Impacted population does this project primarily serve? Please select the population primarily served.*

*If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served.*

<b>EC Category</b>	<b>Impacted Communities</b>	<b>Disproportionately Impacted</b>
<i>Public Health (EC 1.1 - 1.14)</i>	<i>General Public</i>	<i>Underserved Communities</i>
<i>Assistance to Households (EC 2.1 - 2.28)</i>	<ul style="list-style-type: none"> <li>• Low- or-moderate income households or populations</li> <li>• Households that experienced unemployment</li> <li>• Households that experienced increased food or housing insecurity</li> <li>• Households that qualify for certain federal programs</li> </ul>	<ul style="list-style-type: none"> <li>• Low-income households and populations</li> <li>• Households and populations residing in Qualified Census Tracts</li> <li>• Households that qualify for certain federal programs</li> <li>• Households receiving services provided by Tribal governments</li> </ul>

<p>Assistance to Households (EC 2.1 - 2.28)</p>	<ul style="list-style-type: none"> <li>• For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time</li> <li>• Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (please specify)</li> </ul>	<ul style="list-style-type: none"> <li>• For services to address educational disparities, Title I eligible schools</li> <li>• Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (please specify)</li> </ul>
<p>Assistance to Small Businesses (EC 2.29 - 2.33)</p>	<ul style="list-style-type: none"> <li>• Small businesses that experienced a negative economic impact of the pandemic</li> <li>• Classes of small businesses designated as negatively economically impacted by the pandemic (please specify)</li> </ul>	<ul style="list-style-type: none"> <li>• Small businesses operating in Qualified Census Tracts</li> <li>• Small businesses operated by Tribal governments or on Tribal lands</li> <li>• Small businesses operating in the U.S. territories</li> <li>• Other small businesses disproportionately impacted by the pandemic (please specify)</li> </ul>
<p>Assistance to Non-Profits (EC 2.34)</p>	<ul style="list-style-type: none"> <li>• Non-Profits that experienced a negative economic impact of the pandemic (please specify)</li> <li>• Classes of non-profits designated as negatively economically impacted by the pandemic (please specify)</li> </ul>	<ul style="list-style-type: none"> <li>• Non-profits operating in Qualified Census Tracts</li> <li>• Non-profits operated by Tribal governments or on Tribal lands</li> <li>• Non-profits operating in the U.S. territories</li> <li>• Other non-profits disproportionately impacted by the pandemic (please specify)</li> </ul>
<p>Aid to Impacted Industries (EC 2.35 - 2.36)</p>	<ul style="list-style-type: none"> <li>• Travel, tourism, or hospitality sectors (including Tribal development districts)</li> <li>• Industry outside the travel, tourism, or hospitality sectors that experienced a negative economic impact of the pandemic (please specify)</li> </ul>	<p>N/A</p>

**Please Specify:**

**Does the program's primary physical location within the Qualified Census Tract (QCT)? (Required for Sub-Categories denoted with ^)**

A Qualified Census Tract (QCT) is any census tract (or equivalent geographic area defined by the Census Bureau) in which at least 50% of households have an income less than 60% of the Area Median Gross Income (AMGI). HUD has defined 60% of AMGI as 120% of HUD's Very Low Income Limits (VLILs), which are based on 50% of area median family income, adjusted for high cost and low income areas.

Please use this url link to determine if your project's location is within a QCT.  
<https://www.huduser.gov/portal/qct/1countytable.html?stcnty=49035&DDAYEAR=2021>

**YES                      NO                      Full Tract Number:**

**WHAT IS THE PRIMARY PLACE OF PERFORMANCE?** The address where the predominant performance of the funding award will be accomplished/spent. Please provide completing mailing address (street, city, state, Zip)

**IS THIS AN EXISTING PROGRAM OR ONE TIME INITIATIVE?**

*Existing Program*

*New Initiative*

**SUMMARY THE PROGRAM / INITIATIVE**

*Provide a high-level overview of the intended uses of funding including, but not limited to: the agency's plan for use of funds to promote a response to the pandemic and economic recovery and any noteworthy challenges or opportunities identified during the funding period.*

**DETAILED USE OF FUNDS**

*Describe in further detail your agency's intended uses of the funds, such as how your approach would help support a strong and equitable recovery from the COVID-19 pandemic and economic downturn. Describe any strategies you plan to employ to maximize programmatic impact and effective, efficient, and equitable outcomes. Please also explain how the funds would support the communities, populations, or individuals in Salt Lake County.*

## Subawards and Subrecipients Information (EC1, 2, 3, 4, 5, 6, 7)

Subrecipients under the SLFRF program are entities that receive a sub-award from a recipient to carry out the purposes (program or project) of the SLFRF award on behalf of the recipient.

Recipients are accountable to Treasury for oversight of their subrecipients, including ensuring their subrecipients comply with the SLFRF statute, SLFRF Award Terms and Conditions, Treasury's Interim Final Rule, and reporting requirements, as applicable.

### DO YOU PLAN TO AWARD ANY SUBRECIPIENTS CONTRACTS?

YES

NO

### IF YES, WHAT IS YOUR ESTIMATED SUBAWARD AMOUNT?

\$50,000 OR MORE

LESS THAN \$50,000

### IF YOU SELECTED \$50,000 OR MORE, PLEASE READ THE BELOW REPORTING REQUIREMENTS FOR EACH CONTRACT.

In general, recipients will be asked to provide the following information for each Contract,

Grant, Loan, Transfer, or Direct Payment greater than or equal to \$50,000:

Subrecipient identifying and demographic information (e.g., DUNS number and location)

Award number (e.g., Award number, Contract number, Loan number)

Award date, type, amount, and description

Award payment method (reimbursable or lump sum payment(s))

For loans, expiration date (date when loan expected to be paid in full)

Primary place of performance

Related project name(s)

Related project identification number(s) (created by the recipient)

Period of performance start date

Period of performance end date

Quarterly obligation amount

Quarterly expenditure amount

Project(s)

Additional programmatic performance indicators for select Expenditure Categories (see Programmatic Data below)

**I HAVE READ AND UNDERSTAND REPORTING REQUIREMENTS FOR SUBAWARDS THAT ARE \$50,000 OR MORE**

### IF YOU SELECTED LESS THAN \$50,000, PLEASE READ THE BELOW REPORTING REQUIREMENTS.

Aggregate reporting is required for contracts, grants, transfers made to other government entities, loans, direct payments, and payments to individuals that are below \$50,000

**I HAVE READ AND UNDERSTAND REPORTING REQUIREMENTS FOR SUBAWARDS THAT ARE LESS THAN \$50,000**

## Promoting Equitable Outcomes (EC1.1-2.37 with ^ "Serving Disadvantage Communities)

### DOES THIS PROGRAM SPECIFICALLY SUPPORTS "UNDERSERVED COMMUNITY" ?

SLFRF encourages uses of funds that promote strong, equitable growth, including racial equity.

**EQUITY:** "The term "equity" means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

The term "**UNDERSERVED COMMUNITIES**" refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of "equity."

**DESCRIBE EFFORTS TO PROMOTE EQUITABLE OUTCOMES, INCLUDING HOW PROGRAMS WILL BE DESIGNED WITH EQUITY IN MIND.**

*Please include in your description how your agency will consider and measure equity at the various stages of the program, including:*

**GOALS:** *Are there particular historically underserved, marginalized, or adversely affected groups that you intend to serve within your jurisdiction?*

**AWARENESS:** *How equal and practical is the ability for residents or businesses to become aware of the services funded by the SLFRF?*

**ACCESS AND DISTRIBUTION:** *Are there differences in levels of access to benefits and services across groups? Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria?*

**OUTCOMES:** *Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the policy objective?*

**Please explain how your program's overall equity strategy translates into addressing negative economic impacts: (EC 2.1-2.37)**

*Addressing negative economic impact means assistance to households, small businesses, and non-profits to address impacts of the pandemic, which have been most severe among low-income populations. This includes assistance with food, housing, and other needs; employment programs for people with barriers to employment who faced negative economic impacts from the pandemic (such as residents of low-income neighborhoods, minorities, disconnected youth, the unemployed, formerly incarcerated people, veterans, and people with disabilities); and other strategies that provide disadvantaged groups with access to education, jobs, and opportunity.*

## Community Engagement (EC1.1 - 2.37)

### PLEASE DESCRIBE YOUR COMMUNITY FEEDBACK APPROACH

*Please describe how your agency's planned use of funds incorporates written, oral, and other forms of input that capture diverse feedback from constituents, community based organizations, and the communities themselves. Where relevant, this description must include how funds will build the capacity of community organizations to serve people with significant barriers to services, including people of color, people with low incomes, limited English proficient populations, and other traditionally underserved groups.*

### Program's Performance Measures (EC 1, 2, 3, 4, 5, 6, 7)

*Performance measures should include a board qualitative outcome statement, a quantitative program objective(s) measure and 1-3 quantitative indicator measures. For example,*

*OUTCOME are benefits for the people served by the program during or after participation. Outcomes include changes in knowledge, skills, attitudes, or behavior. For example, an early learning program outcome can be to ensure students are socially, emotionally and cognitively school-ready.*

*PROGRAM OBJECTIVE measures, such as the percent of students reading on grade level, provide information about whether a project is achieving its overall objectives.*

*INDICATOR measures, such as number of students enrolled in an early learning program, provide valuable information about the early implementation stages of a project.*

### WHAT IS YOUR PROPOSED PROGRAM / INITIATIVE'S INTENDED OUTCOME?

*Please clearly describe the intend outcome of your proposed program / initiative. OUTCOME are benefits for the people served by the program during or after participation. Outcomes include changes in knowledge, skills, attitudes, or behavior. For example, an early learning program outcome can be to ensure students are socially, emotionally and cognitively school-ready.*

### WHAT IS YOUR PROPOSED PROGRAM / INITIATIVE'S INTENDED OBJECTIVE(S)?

*Please clearly describe the intended objective(s) of your proposed program / initiative. PROGRAM OBJECTIVE(S) measures, such as the percent of students reading on grade level, provide information about whether a project is achieving its overall objectives.*

### PLEASE LIST 1-3 INDICATORS THAT WILL BE USED TO MEASURE THE SUCCESS OF THE PROPOSED PROGRAM / INITIATIVE?

*INDICATOR measures provide valuable information about the early implementation stages of a project such as number of students enrolled in an early learning program.*

## Required Performance Indicators and Programmatic Data (Required for Certain Sub-Categories)

While agencies have discretion on the full suite of performance indicators to include, a number of mandatory performance indicators and programmatic data must be included. These are necessary to allow Treasury to conduct oversight as well as understand and aggregate program outcomes across recipients. This section provides an overview of the mandatory performance indicators and programmatic data

**a. Household Assistance (EC 2.2 & 2.5) and Housing Support (EC 3.10-3.12):**

**b. Negative Economic Impacts (EC 2.7):**

**c. Education Assistance (EC 3.1-3.5):**

**d. Healthy Childhood Environments (EC 3.6-3.9):**

### Capital Expenditure (EC 1.1 - 3.5)

**DOES THIS PROJECT INCLUDE A CAPITAL EXPENDITURE?\***

**YES**

**NO**

**IF YES, PLEASE SELECT APPROPRIATE CAPITAL EXPENDITURE CATEGORIES FROM THE LIST (Select all that apply)**

COVID-19 testing sites and laboratories, and acquisition of related equipment

COVID-19 vaccination sites

Medical facilities generally dedicated to COVID-19 treatment and mitigation (e.g., emergency rooms, intensive care units, telemedicine capabilities for COVID-19 related treatment)

Temporary medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs

Acquisition of equipment for COVID-19 prevention and treatment, including ventilators, ambulances, and other medical or emergency services equipment

Emergency operations centers and acquisition of emergency response equipment (e.g., emergency response radio systems)

Installation and improvement of ventilation systems in congregate settings, health facilities, or other public facilities

Public health data systems, including technology infrastructure

Adaptations to congregate living facilities as well as public facilities and schools (excluding construction of new facilities for the purpose of mitigating spread of COVID-19 in the facility)

Mitigation measures in small businesses, nonprofits, and impacted industries (e.g., developing outdoor spaces)

Behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers)

Technology and equipment to allow law enforcement to efficiently and effectively respond to the rise in gun violence resulting from the pandemic

Affordable housing, supportive housing, or recovery housing development

Food banks and other facilities primarily dedicated to addressing food insecurity

Transitional shelters (e.g., temporary residences for people experiencing homelessness)

Devices and equipment that assist households in accessing the internet (e.g., tablets, computers, or routers)

Childcare, daycare, and early learning facilities
Job and workforce training centers
Improvements to existing facilities to remediate lead contaminants (e.g., removal of lead paint)
Medical equipment and facilities designed to address disparities in public health outcomes (includes primary care clinics, hospitals, or integrations of health services into other settings)
Parks, green spaces, recreational facilities, sidewalks, pedestrian safety features like crosswalks, streetlights, neighborhood cleanup, and other projects to revitalize public spaces
Rehabilitations, renovation, remediation, cleanup, or conversions of vacant or abandoned properties
Schools and other educational facilities or equipment to address educational disparities
Technology and tools to effectively develop, execute, and evaluate government programs
Technology infrastructure to adapt government operations to the pandemic (e.g., video-conferencing software, improvements to case management systems or data sharing resources), reduce government backlogs, or meet increased maintenance needs
Other (please specify)

<b>TOTAL EXPECTED CAPITAL EXPENDITURE, INCLUDING PRE-DEVELOPMENT COSTS, IF APPLICABLE:</b>	
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**Household Assistance (EC 2.1-2.28)**

<b>ESTIMATED NUMBER OF HOUSEHOLDS TO BE SEVERED [EC 2.1-2.8].</b> <i>(Please provide an estimate. Actual data will be collected on a quarterly basis)</i>	
<b>ESTIMATED NUMBER OF CHILDREN TO BE SERVED BY HEALTHY CHILDHOOD ENVIRONMENT E.G. CHILD CARE, EARLY LEARNING, PRE-SCHOOL, HOME VISITING AND SERVICES TO FOSTER YOUTH ) [EC 2.11 - 2.14]</b> <i>(Please provide an estimate. Actual data will be collected on a quarterly basis)</i>	
<b>TARGET NUMBER OF AFFORDABLE HOUSING UNITS TO BE PRESERVED OR DEVELOPED. [EC 2.15]</b> <i>(Please provide an estimate. Actual data will be collected on a quarterly basis)</i>	
<b>TARGET NUMBER OF HOUSEHOLDS THAT WILL BE RECEIVING RENT, MORTGAGE, AND UTILITY AID. [EC 2.2]</b> <i>(Please provide an estimate. Actual data will be collected on a quarterly basis)</i>	
<b>TARGET NUMBER OF WORKERS THAT WILL RECEIVE ASSISTANCE (E.G. JOB TRAINING, SUBSIDIZED EMPLOYMENT, EMPLOYMENT SUPPORTS OR INCENTIVES). [EC 2.10]</b> <i>(Please provide an estimate. Actual data will be collected on a quarterly basis)</i>	

**Education Assistance (EC 2.14, 2.24-.2.27)**

<b>ESTIMATED NUMBER OF STUDENTS PARTICIPATING IN EVIDENCE-BASED TUTORING PROGRAMS. [EC 2.14, 2.24-2.27]</b> <i>(Please provide an estimate. Actual data will be collected on a quarterly basis)</i>	
<b>WHAT IS NCES* SCHOOL ID OR NCES DISTRICT ID? [EC 2.14, 2.24-2.27]</b> <i>(Please provide an estimate. Actual data will be collected on a quarterly basis)</i>	
<b>WHAT IS THE SCHOOL AND/OR DISTRICT NAME? [EC 2.14, 2.24-2.27]</b>	

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**Small Business Economic Assistance (EC 1.8, 2.29-2.33)**

**ESTIMATED NUMBER OF BUSINESSES TO RECEIVE ECONOMIC ASSISTANCE [EC 1.8, 2.29-2.33]**  
*(Please provide an estimate. Actual data will be collected on a quarterly basis)*

**Assistance to Non-Profits (EC 1.9, 2.34)**

**ESTIMATED NUMBER OF NON-PROFITS TO RECEIVE ASSISTANCE. [EC 1.9, 2.34]**  
*(Please provide an estimate. Actual data will be collected on a quarterly basis)*

**Aid to Impacted Industries (EC 1.10, 2.35-2.36)**

**WHAT IS YOUR PLAN TO AID TO TRAVEL, TOURISM, AND HOSPITALITY OR OTHER IMPACTED INDUSTRIES? [EC 1.10, 2.35 - 2.36]**

**Public Health-Negative Economic Impact: Public Sector Capacity (EC 3)**

**NUMBER OF FTES RESPONDING TO COVID-19 SUPPORTED UNDER THIS AUTHORITY? [EC 3.1]**  
*(Please provide an estimate. Actual data will be collected on a quarterly basis)*

**ESTIMATED NUMBER OF FTES REHIRED BY GOVERNMENTS UNDER THIS AUTHORITY. [EC 3.2]**  
*(Please provide an estimate. Actual data will be collected on a quarterly basis)*

**Premium Pay for Essential Workers (EC 4)**

**ARE YOU PROVIDING PREMIUM PAY GRANT TO A NON-COUNTY ORGANIZATION?**

**YES**

**NO**

**IF YES, WHAT IS THE OF THE NON-COUNTY ENTITY?**

**IS YOUR AGENCY OR THE NON-COUNTY ORGANIZATION DESIGNATED AS CRITICAL TO THE HEALTH AND WELL-BEING OF RESIDENTS BY THE MAYOR?**

**YES**

**NO**

**NUMBER OF EMPLOYEES WHO WILL RECEIVE THE PREMIUM PAY?**

**PLEASE PROVIDE JUSTIFICATION OF HOW THE PREMIUM PAY OR GRANT IS RESPONSIVE TO WORKERS PERFORMING ESSENTIAL WORK DURING THE PUBLIC HEALTH EMERGENCY.**

*For groups of workers or, to the extent applicable, individual workers, for whom premium pay would increase total pay above 150 percent of their residing State's average annual wage, or their residing county's18 average annual wage, whichever is higher, on an annual basis.*

**DESCRIPTION OF THE ESSENTIAL WORKERS' DUTIES, HEALTH OR FINANCIAL RISKS FACED DUE TO COVID-19**

**PLEASE EXPLAIN WHY THE COUNTY AGENCY OR THE NON-COUNTY ORGANIZATION DETERMINED THAT THE PREMIUM PAY WAS RESPONSIVE TO WORKERS PERFORMING ESSENTIAL WORK DURING THE PANDEMIC?**

**Water and Sewer Projects (EC 5.1-5.18)**

DO YOU HAVE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT NUMBER? [EC 5.1-5.18] YES NO

DO YOU HAVE PUBLIC WATER SYSTEM (PWS) ID NUMBER? [EC 5.1-5.18] YES NO

WHAT IS THE MEDIAN HOUSEHOLD INCOME OF SERVICE AREA? [EC 5.1-5.18]

WHAT IS THE LOWEST QUINTILE INCOME OF THE SERVICE AREA? [EC 5.1-5.18]

**Broadband Projects (EC 5.19-5.21)**

DOES THE BROADBAND PROJECT RELIABLY MEET OR EXCEED 100 Mbps DOWNLOAD/UPLOAD SPEEDS? [EC 5.19-5.21] YES NO

IF NOT, WHY NOT [EC 5.19-5.21]

UPON COMPLETION, THE BROADBAND SHALL MEET OR EXCEED 100 Mbps DOWNLOAD SPEED AND BETWEEN AT LEAST 20 Mbps AND 100 Mbps UPLOAD SPEED, AND BE SALEABLE TO MINIMUM OF 100 Mbps DOWNLOAD SPEED AND 100 Mbps UPLOAD SPEED: [EC 5.19-5.21] YES NO

**Use of Evidence (EC1.1-2.37 denoted with \*)**

**WHAT IS YOUR PROJECT APPROACH:**

*Evidence-Based Intervention*

*Program Evaluation*

**BRIEFLY DESCRIBE HOW THE SLFRF FUNDS ARE BEING USED FOR EVIDENCE-BASED INTERVENTIONS OR IF PROJECTS ARE BEING EVALUATED THROUGH RIGOROUS PROGRAM EVALUATIONS THAT ARE DESIGNED TO BUILD EVIDENCE.**

**Evidence-based** refers to interventions with strong or moderate levels of evidence.

The recipient should identify whether SLFRF funds are being used for evidence-based interventions and/or if projects are being evaluated through rigorous program evaluations that are designed to build evidence. Recipients must briefly describe the goals of the project, and the evidence base for the interventions funded by the project. Recipients must specifically identify the dollar amount of the total project spending that is allocated towards evidence-based interventions for each project

Recipients are encouraged to use relevant evidence Clearinghouses, among other sources, to assess the level of evidence for their interventions and identify evidence-based models that could be applied in their jurisdiction; such evidence clearinghouses include the U.S. Department of Education's What Works Clearinghouse, the U.S. Department of Labor's CLEAR, and the Childcare & Early Education Research Connections and the Home Visiting Evidence of Effectiveness clearinghouses from Administration for Children and Families, as well as other clearinghouses relevant to particular projects conducted by the recipient. Recipients are exempt from reporting on evidence-based interventions in cases where a program evaluation is being conducted.

**Program Evaluation** means "an assessment using systematic data collection and analysis of one or more programs, policies, and organizations intended to assess their effectiveness and efficiency" - <https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-12.pdf>

Please visit ARPA SharePoint site for more details:

<https://slcounty.sharepoint.com/sites/MFA/ARPA/SitePages/Use-of-Evidence.aspx>

**Infrastructure (EC 5)**

**IS THIS INFRASTRUCTURE PROJECT OVER \$10 MILLION?**

**YES**

**NO**

**FOR INFRASTRUCTURE PROJECTS OVER \$10 MILLION**

**Davis-Bacon Act Compliance**

**MAY NEED TO PROVIDE CERTIFICATION THAT WAGES ARE IN ACCORDANCE WITH DAVIS-BACON ACT ALONG WITH THE FOLLOWING INFORMATION:**

- The number of employees of contractors and sub-contractors working on the project*
- The number of employees on the project hired directly and hired through a third party*
- The wages and benefits of workers on the project by classification*
- Whether those wages are at rates less than those prevailing*

**I HAVE READ AND UNDERSTAND THAT DAVIS-BACON COMPLIANCE REPORTING IS REQUIRED FOR THE PROJECT OVER \$10 MILLION**

## Workforce Continuity Plan Certification in Lieu of Collective Bargaining Agreement

MAY NEED TO PROVIDE A CERTIFICATION THAT A PROJECT INCLUDES A PROJECT LABOR AGREEMENT, MEANING A PRE-HIRE COLLECTIVE BARGAINING AGREEMENT. OR

THE RECIPIENT MUST PROVIDE A PROJECT WORKFORCE CONTINUITY PLAN, DETAILING:

*How the recipient will ensure the project has ready access to a sufficient supply of appropriately skilled and unskilled labor to ensure high-quality construction throughout the life of the project.*

*How the recipient will minimize risks of labor disputes and disruptions that would jeopardize timeliness and cost-effectiveness of the project*

*How the recipient will provide a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries, and fatalities*

*Whether workers on the project will receive wages and benefits that will secure an appropriately skilled workforce in the context of the local or regional labor market.*

*Whether the project has completed a project labor agreement*

*Whether the project prioritizes local hires*

*Whether the project has a Community Benefit Agreement, with a description of any such agreement*

**I HAVE READ AND UNDERSTAND THAT A WORKFORCE CONTINUITY PLAN IS REQUIRED IN LIEU OF COLLECTIVE BARGAINING AGREEMENT FOR PROJECTS OVER \$10 MILLION**

### Labor Practices and Climate Impact (EC 5)

**PLEASE DESCRIBE WORKFORCE PRACTICES ON ANY INFRASTRUCTURE PROJECTS BEING PURSUED (EC 5)**

*Please describe proposed labor standards to promote effective and efficient delivery of high-quality infrastructure projects while also supporting the economic recovery through strong employment opportunities for workers? For example, describe whether any of the following practices are being utilized: project labor agreements, community benefits agreements, prevailing wage requirements, and local hiring*

**HOW PROJECT CONTRIBUTES TO ADDRESSING CLIMATE CHANGE (FOR INFRASTRUCTURE PROJECTS UNDER EC 5)**

### Infrastructure Project / Program Time-Frame (EC 5)

**PROJECTED CONSTRUCTION START DATE [EC 5]**

**PROJECTED INITIATION OF OPERATIONS DATE [EC 5]**

### Expected program / initiative completion Date (EC1, 2, 3, 4, 5, 6, 7)

*As a recipient of an SLFRF award, you may use SLFRF funds to cover eligible costs that your organization incurred during the period that begins on March 3, 2021 and ends on December 31, 2024, as long as the award funds for the obligations incurred by December 31, 2024 are expended by December 31, 2026.*

**EXPECTED COMPLETION DATE**

Fiscal Details (EC 1, 2, 3, 4, 5, 6, 7)

HAS THIS PROGRAM / INITIATIVE BEEN REVIEWED FOR FEMA ELIGIBILITY?

YES

NO

IS THIS PROGRAM / INITIATIVE PART OF YOUR CURRENT (2021) BUDGET?

YES

NO

IF YOU SELECTED YES, PLEASE LIST ALL CONTRACTS ASSOCIATED WITH THIS PROGRAM:

*Please list all contracts currently in use with the program*

DOES THIS PROGRAM / INITIATIVE HAVE ANY OTHER GRANT FUNDING?

YES

NO

IF YOU SELECTED YES, PLEASE LIST OTHER GRANT FUNDING DETAILS.

*Please provide grantor name, grant amount and grant expiration date*

IF YOU SELECTED YES, WHAT CHART FIELDS ARE CURRENTLY USED IN MYFIN TO IDENTIFY SPENDING RELATED TO THIS PROGRAM?

*Please use "Fund-Department ID-Account-Fund Source-Project-Activity" schema.*

PLEASE PROVIDE AN APPROPRIATE DEPARTMENT ID WHERE THE BUDGET WILL BE ALLOCATED UPON THE COUNCIL APPROVAL

IF MULTIPLE AGENCIES ARE SUBMITTING THIS APPLICATION, PLEASE PROVIDE AGENCY NAME AND \$ ALLOCATION IN THE SPACE BELOW., OTHERWISE ENTER N/A

ARE YOU REQUESTING ANY FULL-TIME EMPLOYEES TO SUPPORT THIS PROGRAM / INITIATIVE?

YES

NO

IF YOU SELECTED YES, PLEASE ENTER THE NUMBER OF FTE(S) REQUESTED

AGENCY FISCAL MANAGER

WOULD YOU LIKE TO SUBMIT ANY SUPPORTING DOCUMENTS WITH THIS REQUEST?

YES

NO