## **Project Work Plan (Maximum 10 points)**

NOTE: This document does not contain the complete application. Please be sure to reference the full RFA (available at [www.slocounty.ca.gov/PublicHealthARPA](http://www.slocounty.ca.gov/PublicHealthARPA)) for full application details.

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| --- | --- | --- | --- | --- | --- |
| **Project Title:** | | | | | |
| **Project Objectives:** In bullet-point form, please outline the project’s quantitative and qualitative objectives: | | | | | |
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| **Major Tasks to Achieve Project Objective:** | **Timeline:** Mark each year the task will be performed. | | | | |
|  | **2022** | **2023** | **2024** | **2025** | **2026** |
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| **Evaluation:** What results and impacts do you anticipate will occur through the implementation of your project and how will you measure them? (Please include quantity, quality and/or outcome metrics.) | | | | | |

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## **Project Budget (Maximum 10 points)**

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| **Revenues** | | | |
| *Please list the anticipated Revenue Sources for the project, including the requested Public Health ARPA funding. Other possible Revenue Sources include other grants, donations from individuals, business support, events, fees for service, etc.* | | | |
| **Source of Income** | **Amount Budgeted** | **Amount Already Secured** | **Description/Explanation** |
|  | $ | $ |  |
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|  |  |  |  |
| **TOTAL** | **$** | **$** |  |
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| **List In-kind (Non-cash) Contributions Requested/Secured** | | |  |
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| --- | --- | --- | --- |
| **Expenditures** | | | |
| *Provide budget information for all Expenditure Categories. You may add additional lines as needed. Please provide, by category, both the amount budgeted for the entire project as well as the amount requested from Public Health (PH) ARPA funds. In the Description/Explanation section, provide specific details about the expenditures.* | | | |
| **Budget Category** | **Amount Budgeted for Entire Project** | **Amount Requested from PH APRA** | **Description/Explanation** |
| Project Personnel | $ | $ | Detail positions and project duties, % of time spent on project, annual salary, fringe and benefits |
| Supplies/Materials | $ | $ |  |
| Technology/Equipment | $ | $ |  |
| Marketing/Outreach | $ | $ |  |
| Travel | $ | $ |  |
| Training/Registration | $ | $ |  |
| Rent | $ | $ |  |
| Subcontracts | $ | $ | Detail subcontracting entities and their Scope of Work |
| Other: | $ | $ |  |
| Other: | $ | $ |  |
| Other: | $ | $ |  |
| Other: | $ | $ |  |
| Indirect(up to 10% of total expenditures) | $ | $ |  |
| **TOTAL** | **$** | **$** |  |

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| **Explanatory Notes** *(Use the Description/Explanation column above to provide any explanations for a particular Expenditure Category or Revenue Source. Use this space, if needed, to provide any explanation related to the overall financial health of the program seeking funding.)* |
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# Appendix A: Risk Assessment Questionnaire

1. List the full names of any partners, owners, officers or other persons occupying a position of authority or responsibility in your organization, as well as their DUNS number.

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| --- | --- |
| **DUNS Number** | **Organization** |
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NOTE: A DUNS number is not required but must be listed if the entity has one.

1. Have the individual(s) in item #1 been subject to bankruptcy, insolvency or receivership proceedings in the last five (5) years? Yes r No r If yes, please enclose details.
2. Has your business/company/organization filed for bankruptcy within the last five (5) years?   
   Yes r No r If so, please enclose details.
3. Has your business/company/organization/individual(s) in item #1 ever had a contract for the general type of services/product sought by the County terminated for non-compliance or inadequate performance? Yes r No r If yes, please enclose details.
4. Has your business/company/organization/individual(s) in item #1 ever defaulted on a contract for the general type of services/product being sought by the County? Yes r No r If yes, please enclose details.
5. Has there been, in the last five (5) years, or is there now pending or threatened, any litigation, arbitration, governmental proceeding or regulatory proceeding involving claims in excess of $100,000 with respect to the performance of any services or the provision of any product by your business/company/organization/individual(s) in item #1? Yes r No r If yes, please enclose details.
6. Has your business/company/organization/individual(s) in item #1 ever defaulted in fulfilling all of its obligations relating to the payment of county taxes, fees, or other obligations? Yes r No r   
   If yes, please enclose details.
7. In the last five (5) years, has your business/company/organization/individual(s) in item #1, been or currently involved in any action, audit or investigation brought by any federal government agency or authority or by any state or local governmental agency? Yes r No r If yes, please enclose details.
8. In the last five (5) years, has your business/company/organization/individual(s) in item #1 been debarred or suspended for any reason by any federal, state or local government or refrained from bidding on a project due to an agreement with such governmental agency? Yes r No r If yes, please attach a full explanation.
9. In the past five (5) years, has your business/company/organization/individual(s) in item #1 had its surety called upon to complete any contract, whether government or private sector? Yes r No r If yes, please enclose details.
10. In the past five (5) years, has your business/company/organization/individual(s) in item #1 had a revocation, suspension or disbarment of any business or professional permit and/or license?   
    Yes r No r If yes, please enclose details.
11. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty? Yes r No r If “yes,” identify on a separate signed page the person or persons convicted, the court (the county if a state court, the district or location of the federal court), the year and the criminal conduct.

**Signature**

THE UNDERSIGNED HEREBY CERTIFIES THAT THE RESPONSES PROVIDED ARE CORRECT AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND FOR THOSE RESPONSES GIVEN WHICH ARE BASED ON INFORMATION AND BELIEF, THOSE RESPONSES ARE TRUE AND CORRECT BASED ON MY PRESENT BELIEF AND INFORMATION.

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the year \_\_\_\_\_\_\_\_\_

Name of organization:

Signature:

Printed Name and title: