**ARPA Program/Project File Checklist**

This document is to be filled out by the ARPA Coordinator with appropriate back-up and signatures as needed from management and executive team members.   
Record must be retained through December 31, 2031.

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***Basic Information and Description***

Program/Project Name:

Program/Project Short Description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Eligibility Review (Attach correspondence from Attorney as needed)***

Justification and Legal Review for ARPA Eligibility:

Justification and Legal Review for State Authority:

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***Financial Information (attach Council Action Form, Resolution, Policy, and Budget Amendments)***

Total Amount Appropriated:

FROP Code(s):

Treasury Expenditure Category Level:

Treasury Expenditure Category:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Equity Considerations (attach Equity Worksheet)***

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***Program Management Information***

Responsible Department:

Program Manager Name:

Program Manager Email and Phone Number:

Program Admin. (select one): IN-HOUSE CONTRACTOR/VENDOR CONTRACTOR/SUB-RECIPIENT

Proposed Timelines (including key monitoring dates in monitoring letter):

Geographic location of where benefits will be received (QCT): YES NO

If no, provide further justification:

Program Sub-Recipient and/or Contractor List:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Tax ID # | SR/Contractor? | DUNS #/UEI | Date checked SAM.gov |
|  |  |  |  |  |
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***Detailed Process Description, Narrative, Sub-Recipient Monitoring Plan, Risk Assessment Matrix (attach documents as needed)***