

State of Colorado Department of [Insert Department Name]

Subrecipient Program Eligibility Checklist for SLFRF Expenditure Category #2.36: Aid to Other Impacted Industries

Applicant & Proposed Funding Use Eligibility Determination Checklist¹

This eligibility checklist is intended to assist the Department to verify and document the eligibility of proposed programs and other initiatives by the Department and/or its subrecipients relative to the requirements of U.S. Treasury State & Local Coronavirus Fiscal Recovery Funding (SLFRF) Expenditure Category (EC) 2.36 ("Aid to Other Impacted Industries") and other applicable federal rules.

I. Basic Project Information

SLFRF Funded Project Name (if applicable)	Click or tap here to enter text.
Department (SLFRF Grantor)	Colorado Department of [Insert Department Name]
Subrecipient Program Administrator (if applicable)	Click or tap here to enter text.
Applicant Name	Click or tap here to enter text.
Application Reviewer	Click or tap here to enter text.
Award Amount Requested	Click or tap here to enter text.
Awarded Amount	Click or tap here to enter text.
Anticipated Subrecipient Program Start (if applicable)	Click or tap here to enter text.
Anticipated Subrecipient Program End (if applicable)	Click or tap here to enter text.

II. Eligible Benefitting Industry and Need Determination

SLFRF funds can be used for "aid to tourism, travel, and hospitality, and other impacted industries" that responds to the negative economic impacts of the COVID-19 public health emergency, including "Tribal development districts, which are commercial centers for Tribal hospitality, gaming, tourism, and entertainment and can include Tribal enterprises, as part of the tourism, travel, and hospitality industries that have been severely hit by the pandemic."²

This section should be used to document whether the business seeking funding is designated as being in an impacted industry and that the proposed service program meets applicable SLFRF rules as to eligible businesses. This section should also be used to document whether the proposed program meets any separate Department standards for program beneficiary eligibility, if applicable. Any supporting information that is required as evidence of meeting these thresholds (e.g., proof of business operating dates, proof of business industry, proof of impact of

¹ This checklist is intended to aid SLFRF grantees in documenting programmatic funding use compliance with U.S. Treasury Coronavirus State and Local Fiscal Recovery Fund Rules (87 Fed. Reg. 4338) (hereinafter referred to as "SLFRF Funding Rules") and other applicable federal regulations. Completion of the checklist should not be construed as a substitute for all measures necessary to assure that applicable federal rules for program design, execution, reporting, and related funding use and cost management are adequately documented and reported upon according to U.S. Treasury rules and the overarching Code of Federal Regulations.

² SLFRF Funding Rules at 4380-81.

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the COVID-19 pandemic) would also be described in this section, in addition to being attached as separate documentation.

Is the Applicant associated with one of the other industries that the Department has determined to have sustained a comparable negative impact from the COVID-19 public health emergency as the tourism, travel, and hospitality sectors?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Describe and attach supporting documentation:
Is the Applicant within the geographical area that the Department has defined as the area of impact for the eligible impacted industry?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Describe and attach supporting documentation:
Was the business operating prior to the pandemic?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Describe and attach supporting documentation:
Was the business affected by required closures and other efforts to contain the pandemic?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Describe and attach supporting documentation:

III. Intended Assistance Eligibility Determination (Business need should align with at least one activity in any of the below program categories)³

In using SLFRF to "aid tourism, travel, and hospitality, and other impacted industries in a manner that responds to the negative economic impacts of the COVID-19 public health emergency ("as opposed to longer-term economic or industrial trends unrelated to the pandemic")," grantees should select a response that is designed to address the identified economic harm resulting from or exacerbated by the public health emergency. Once an industry is designated as impacted, aid should be generally broadly available to businesses in the industry that qualify. These responses may take the form of direct spending by recipients to promote an industry or support for businesses within an "impacted" industry that experienced a negative economic impact (e.g., through a grant program).

To address the identified harms, responses (e.g., aid through a grant program) should be generally broadly available to all businesses within the impacted industry to avoid the risk of self-dealing,

³ Aid to implement COVID-19 mitigation and infection prevention measures, such as vaccination or testing programs, is broadly eligible for many types of entities, including travel, tourism, hospitality, and other impacted industries and should be documented using a similarly styled eligibility checklist for SLFRF Expenditure Category 1.10.

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preferential treatment, and conflicts of interest. Treasury encourages recipients to design aid programs such that funds are first used for operational expenses that are generally recognized as ordinary and necessary for the recipient's operation, such as payroll, before being used on other types of costs.

Responses must also be related and reasonably proportional to the extent and type of harm experienced; uses that bear no relation or are grossly disproportionate to the type or extent of harm experienced would not be eligible uses.⁴ The following are general categories of eligible activities for which SLFRF can be used to aid impacted industries.

<p>If the form of assistance that the Applicant is requesting is intended to mitigate financial hardship due to declines in revenue or profits by supporting payroll costs and compensation of returning employees for lost pay and benefits during the COVID-19 pandemic, select from the following applicable activities below:</p> <ul style="list-style-type: none"><input type="checkbox"/> Operational expenses<input type="checkbox"/> Payroll expenses<input type="checkbox"/> Employee Lost Pay<input type="checkbox"/> Incentive for returning employees<input type="checkbox"/> Other employee benefits
<p>If the form of assistance that the Applicant is requesting is intended for technical assistance, counseling, and other services to assist with business planning needs; select from the following applicable activities below:</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical assistance to support the business<input type="checkbox"/> Counseling to support the business<input type="checkbox"/> Other services to support business planning
<p>If the form of assistance that the Applicant is requesting is support of operations and maintenance of existing equipment and facilities, such as rent, leases, and utilities; select from the following applicable activities below:</p> <ul style="list-style-type: none"><input type="checkbox"/> Support of operations<input type="checkbox"/> Maintenance of existing equipment and facilities<input type="checkbox"/> Rent or lease support<input type="checkbox"/> Utility cost support
<p>Is the assistance provided in any of the above categories "reasonably proportional" and related to the negative economic impacts that the Program is intending to address?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No
<p>Describe the basis for determination. This should include records to support the assessment of how businesses receiving assistance were affected by the negative economic impacts of the public health emergency and how the aid provided responds to these impacts commensurate with the nature and degree of those negative impacts.</p>
<p>(Applicable only to loans) If the loan matures or is to be forgiven on or before December 31, 2026:</p> <ul style="list-style-type: none"><input type="checkbox"/> Does the Applicant attest to accounting for the use of funds on a cash flow basis?

⁴ SLFRF Funding Rules at 4382-83.

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<input type="checkbox"/> Yes <input type="checkbox"/> No <p>Please provide attestation or other relevant information</p> <p><input type="checkbox"/> Does the Applicant attest to using SLFRF to only fund the principal of the loan and track repayment of principal and interest (i.e., “program income,” as defined under 2 CFR 200)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <p>Please provide attestation or other relevant information</p></p>	
<p>(Applicable only to loans) If the loan has a maturity longer than December 31, 2026:</p> <p><input type="checkbox"/> At origination, does the Applicant attest to measuring the projected cost of the loan and using SLFRF funds for the projected cost of the loan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <p>Please provide attestation or other relevant information</p></p>	
<p>(As applicable) Is the assistance to be provided direct assistance to private-sector businesses within the tourism, travel, hospitality, and other eligible impacted industries? If yes, the particular assistance must be publicly reported, including stating its connection to negative economic impacts of the COVID-19 public health emergency.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <p>Please provide a description of the assistance that will be publicly reported</p></p>	
<p>(Applicable only to loans) If the loan has a maturity longer than December 31, 2026:</p> <p><input type="checkbox"/> At origination, does the Applicant attest to measuring the projected cost of the loan and using SLFRF funds for the projected cost of the loan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <p>Please provide attestation or other relevant information</p></p>	

IV. Capital Expenditures Documentation

SLFRF can be used to acquire capital assets or make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets as part of reinvestment in businesses negatively impacted by the COVID-19 pandemic. In the event the project involves investment in capital expenditures for businesses in an approved industry, the Applicant’s need request would need to generate the following information for U.S. Treasury reporting.

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1. Does this request include capital expenditures?	Choose an item.
2. If yes, select what type of capital expenditure is involved?	
Choose an item.	
a. If other capital expenditure type, please specify:	
3. Are the capital expenditures (including pre-development costs) expected to be over \$1 million ? If yes, please answer the questions below as an attached response to this profile.	Choose an item.
a. Description of the harm or need to be addressed. Please provide a description of the specific negative economic harm or need to be addressed and why the harm was exacerbated or caused by the public health emergency. The response should include quantitative information on the extent and the type of harm, such as the number of individuals or entities affected.	
b. Explanation of why a capital expenditure is appropriate. Please include an explanation of why existing equipment and facilities, or policy changes or additional funding to pertinent programs or services, would be inadequate.	
c. Comparison of proposed capital project against at least two alternative capital expenditures and demonstration of why the proposed capital expenditure is superior. Applicants should consider the effectiveness of the capital expenditure in addressing the harm identified and the expected total cost (including pre-development costs) against at least two alternative capital expenditures.	
4. Do you foresee any issues providing supporting documentation to help with cost tracking? (i.e., FMS reports, financial statements, invoices)? If yes, please describe any limitations to providing this information.	Choose an item.
5. For projects with total expected capital expenditures of over \$10 million , Treasury requires quarterly reporting for labor. If applicable, please, describe the process in place to allow you to monitor and track the following information. (If no process is in place, please describe any limitations in gathering this information.) Please address the following required information sets as an attached response to this profile.	
a. Projected/actual construction start date (month/year)	
b. Projected/actual initiation of operations date (month/year)	
c. Location	
d. Certification that, for the relevant project, all laborers and mechanics employed by contractors and subcontractors in the performance of such project are paid wages at rates not less than those prevailing, as determined by the U.S. Secretary of Labor in accordance with the "Davis-Bacon Act," ⁵ for the corresponding classes of laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the State in which the work is to be performed, or by the appropriate State entity pursuant to a corollary State prevailing-wage-in-construction law (commonly known as "baby Davis-Bacon Acts").	

⁵ 40 USC 31, subchapter IV

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<p>e. If the above certification is not provided, a grantee must provide a project employment and local impact report detailing:</p> <ul style="list-style-type: none">i. The number of employees of contractors and sub-contractors working on the projectii. The number of employees on the project hired directly and hired through a third partyiii. The wages and benefits of workers on the project by classification; andiv. Whether those wages are at rates less than those prevailing.v. Grantees must maintain sufficient records to substantiate this information upon request. <p>f. Certification that a project includes a project labor agreement, meaning a pre-hire collective bargaining agreement consistent with section 8(f) of the National Labor Relations Act (29 U.S.C. 158(f)). If the recipient does not provide such certification, the recipient must provide a project workforce continuity plan, detailing:</p> <ul style="list-style-type: none">i. 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, including a description of any required professional certifications and/or in-house training;ii. How the recipient will minimize risks of labor disputes and disruptions that would jeopardize timeliness and cost-effectiveness of the project;iii. How the recipient will provide a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries, and fatalities, including descriptions of safety training, certification, and/or licensure requirements for all relevant workers (e.g., OSHA 10, OSHA 30);iv. 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; andv. Whether the project has completed a project labor agreement.	
<p>g. For capital projects totaling over \$10 million, does the project prioritize local hires?</p>	Choose an item.
<p>h. For capital projects totaling over \$10 million, does the project have a Community Benefit Agreement, with a description of such agreement?</p>	Choose an item.

V. Subrecipient/Contractor/Beneficiary Fund Use Tracking Determination

SLFRF Grantees must monitor and document that SLFRF use among their subrecipients, beneficiaries, and contractors is consistent with applicable grant rules, the Code of Federal Regulations, and other applicable federal, state, and local regulations. Subrecipients of SLFRF Grantees have the same obligation to monitor and document funding use compliance of their own subrecipients, beneficiaries, and contractors. This section should be used to confirm that appropriate documentation and controls are in place based on the designation status of parties involved with the Program.

<p>1. Is the Provider considered a subrecipient?</p>	Choose an item.
<p>a. If yes, is the amount of SLFRF to be received greater than \$50,000?</p>	Choose an item.
<p>b. If yes, please attach a description of the process to be utilized in evaluating the subrecipient's compliance risks (e.g., prior experience in managing federal funds, previous audits, personnel; along with processes to be used monitor funding use by the subrecipient).</p>	

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c. If the Applicant or Recipient is a subrecipient, regardless of the amount provided, please attach their description of how they will oversee and monitor the use of SLFRF provided to them by the Department.	
2. Is the Provider considered a beneficiary ?	Choose an item.
a. If yes, are individual payment(s) anticipated to be more than \$50,000?	Choose an item.
b. If yes, please attach a description of the process through which such beneficiaries are assessed for eligibility, funding use in line with program rules, the avoidance of duplicating benefits, and monitoring for fraudulent activity.	
c. Based on any terms applied to the cash assistance (if applicable), please describe how Department is to monitor and enforce.	

V. Other Federal Regulation Applicability Determination

Depending on the nature of the aid, confirm whether other federal regulations may apply outside of SLFRF program requirements. The following is a checklist to use in confirming the applicability of some of the most common additional regulations that could apply.	
a. Does the aid provided adhere to Uniform Cost Principles under the Code of Federal Regulations (2 C.F.R. 200) ?	Choose an item.
b. Does the aid provided adhere to any applicable federal, state, and local procurement, contracting, and conflicts-of-interest laws and regulations (including validation that contractors are in good standing)?	Choose an item.

VI. Duplication of Benefit Determination

Has the Applicant received any of the below types of financial assistance <u>for the same purpose as what the Applicant is seeking through this program</u> ?	
a. Other federal, state, or local public funding (including subsidized loans)	Choose an item.
b. Insurance proceeds of any type (Including amount for which applicant was entitled to receive but did not collect)	Choose an item.
c. Philanthropic, Foundation, or other charitable grants, gifts, or other awards for the same purpose as what the Applicant seeks through this program.	Choose an item.
What is the total amount of funding that the Applicant has received from any of the below sources of funding <u>for the same purpose as the program</u> ?	
a. Other federal, state, or local public funding (including subsidized loans)	\$
b. Insurance proceeds of any type (Including amount for which applicant was entitled to receive but did not collect)	\$
c. Philanthropic, Foundation, or other charitable grants, gifts, or other awards for the same as purpose as what the Applicant seeks through this program.	\$
Total Amount in Duplicating Benefit (for same purpose as Program Award):	\$

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Adjusted Award Total:	
Initial Award Amount (without DOB calculation):	\$
Adjusted Award Amount (Initial Award Amount minus Total Amount in Duplicating Benefit):	\$