**Project Description Form**

***Scope of Work (SOW)***

*(Please email this completed form to ALTSD in MS Word format)*

1. **Name of Grantee/ Fiscal Agent:**
2. **Project Title:**
3. **Grant Agreement Number:**
4. **Background Narrative**:
5. **Work Plan**:
6. **Budget Detail**:

|  |  |  |
| --- | --- | --- |
| **Project Cost Activities** *(These are only examples. Insert activities specific to the proposed project.)* | **Other Funds** | **State Funds** |
| Architect/Engineer |  |  |
| Construction |  |  |
| Renovation  |  |  |
| Improvements for Code Compliance  |  |  |
| Equipment **\*NOTE: Capital Outlay Reform, effective July 1, 2014, mandates equipment purchased with capital appropriations must be valued at $5,000 or more.** |  |  |
| Meals Equipment**\*NOTE: Capital Outlay Reform, effective July 1, 2014, mandates equipment purchased with capital appropriations must be valued at $5,000 or more.** |  |  |
| Vehicle Purchase |  |  |
| Other Costs (specify) |  |  |
| AIPP (if applicable) |  |  |
| **Totals** |  |  |

1. **Performance Measures**:
2. **Results Expected**:

**Time Frame/ Milestones**: Upon full execution of the Grant Agreement the following tasks will commence to meet the time frame/milestones.

*(These are only examples. Insert milestones specific to the proposed project.)*

|  |  |
| --- | --- |
|  |  |
| RFP/Quotes Secured | Month 1 |
| Bid Closing | Month 2 |
| Bid Award to Contractor/Vendor | Month 3 |
| ***Choose the appropriate project-type from below:*** | ***Type the number of months appropriate to the project-type:*** |
| Meals Equipment – Purchase and Install | Months 4-5 |
| Equipment - Purchase and Install | Months 4-5 |
| Construction | Months 4-16 |
| Renovation | Months 4-8 |
| Code Compliance projects | Months 4-10 |
| Vehicles – Purchase and Equip | Month 6 |
| Project Completion & Review | Month 7 |
| Submit Exhibit 1 – Monthly / Final Report Form & Request for Payment according to contractual requirements as set forth in Articles VIII & IX of the Grant Agreement | Months 1-16 |

1. **Responsible Staff** *(include Project Manager and Fiscal Contact):*

Name:

Title:

Address:

Email:

Phone:

Name:

Title:

Address:

Email:

Phone:

**NOTICE:** The Grant Application, if approved for funding by the Aging and Long Term Services Department (ALTSD) and any attachments to the Grant Application are incorporated by reference into the scope of work. In the event of a conflict between any of the documents that are part of the Agreement, the ALTSD Cabinet Secretary, at the sole discretion of ALTSD, shall resolve that conflict.