**Project Description Form**

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

*(Please email per instructions to ALTSD in 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 |  |  |
| Vehicle Purchase |  |  |
| Other Costs (specify) |  |  |
| **Totals** |  |  |

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

|  |  |
| --- | --- |
| **Time Frame/ Milestones**: *(These are only examples. Insert milestones specific to the proposed project.)* | *(Project the month & year for each milestone)* |
| RFP/Quotes Secured |  |
| Bid Closing |  |
| Bid Award to Contractor/Vendor |  |
| Purchase/Install Equipment |  |
| Project Completion & Review |  |
| Submit Request for Payment Form and Supporting Documents to ALTSD/Capital Projects Bureau |  |

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 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.