

AGREEMENT

[PROGRAM NAME] – KING COUNTY

Pursuant to 2 CFR 200.332(a)(1) Federal Award Identification

(i) Agency Name (must match the name associated with its unique entity identifier) <div style="background-color: yellow; height: 1.2em; width: 100%;"></div>		(ii) Unique Entity Identifier (i.e., DUNS) <div style="background-color: yellow; height: 1.2em; width: 100%;"></div>	King County Number for This Agreement <div style="background-color: yellow; height: 1.2em; width: 100%;"></div>
(iii) Federal Award Identification Number (FAIN) SLFRP0152	(iv) Federal Award Date May 18, 2021	(v) Federal Period of Performance Start and End Date March 3, 2021 – December 31, 2024	(vi) Federal Budget Period Start and End Date October 1, 2020 - September 30, 2021
(vii) Amount of Federal Funds Obligated to the agency by this action: \$ <div style="background-color: yellow; width: 100px; height: 1.2em; display: inline-block;"></div>	(viii) Total Amount of Federal Funds Obligated to the agency \$ <div style="background-color: yellow; width: 100px; height: 1.2em; display: inline-block;"></div>		(ix) Total Amount of the Federal Award Committed to the agency \$ <div style="background-color: yellow; width: 100px; height: 1.2em; display: inline-block;"></div>
(x) Federal Award Project Description: CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS– KING COUNTY			
(xi) Federal Awarding Agency: DEPARTMENT OF THE TREASURY	Pass-Through Entity: KING COUNTY	Awarding Official Name and Contact Information: Dwight Dively King County Budget Director [email]	
(xii) Assistance Listing CFDA Number and Name (the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement) 21.027 - CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS			(xiii) Identification of Whether the Award is R&D NO
(xiv) Indirect Cost Rate for the Federal Award N/A	Award Payment Method (lump sum payment or reimbursement) REIMBURSEMENT		Is the Agency a Subrecipient for the Purposes of This Agreement? YES - Subrecipient NO - Contractor

PASS-THRU ENTITY NAME	King County	RECIPIENT	
Name:		Name:	
Title:		Title:	
Signature:		Signature:	
Date:		Date:	