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| Coronavirus Relief Fund Reimbursement Request Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County, City or Town Contact Information (“Participant”) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| DUNS #:: | | | |  | | | |  | | | |  | | | | | Request Number: | | | | | Federal Congressional District: | | | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | State: | | IN | | | | | | | ZIP Code: | | | | | | |  | | | | | | | | | |
| Contact Person: | | | | | |  | | | | | | | | Contact Phone Number: | | | | | | |  | | | | | | | | | | | | |
| Authorized Representative  (Chief Executive of Participant) Sub): | | | | | |  | | | | | | | | Authorized Representative Phone Number: | | | | | | | | | |  | | | | | | | | | |
| If requesting reimbursement to the Participant by wire transfer please provide the following information:  Monthly payment or rent: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name: | | |  | | | | | | | | | | Bank Routing Number: | | | | | |  | | | | | | | | | | | | | | |
| Account Name: | | |  | | | | | | | | | | Account Number: | | | | | |  | | | | | | | | | | | | | | |
| Eligible Coronavirus Relief Fund Expenditure Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of funding request in compliance with CARES Act: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Using the attached “Designated Expense Items That May Be Reimbursed by CARES ACT Funding” sheet, please list to the right which of numbers 1 through 6 corresponds to the “Designated Expense Items” that you are seeking to pay or reimburse under this request.  If this request is for a number 6 “Designated Expense Item” that you represent is eligible, please note that such a request will be subject to additional process and timelines. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Designated Item Nos: | | | | | \_\_\_\_\_\_\_ |
| Is this claim a necessary expenditure incurred due to the public health emergency with respect to COVID-19? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO |
| Were expenditures for which you are requesting reimbursement not accounted for in the budget most recently approved for your political subdivision on or before March 27, 2020? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO |
| Are the dates of the expenditures for which you are requesting reimbursement during the period that begins March 1, 2020 and ends on December 30, 2020? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO |
| If yes is marked, this request is representing that all listed expenditures have already been paid by the Participant and it is only seeking a reimbursement under this request.  If no is marked, then also designate below the unpaid amount(s) and the party or parties to whom payment(s) will be directly made under this request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO |
| Has any part of this expense been reimbursed by insurance, legal settlement, or any other emergency COVID-19 supplemental funding (whether state, federal or private in nature)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO |
| Eligible Coronavirus Relief Fund Amount Requested: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total Amount allocated to Participant by State** | | | | | | | | |  | | | | | | | | | | | | | | | | | | **$** | |  | | | | |
| **Total Amount of Previous Requests:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | **$** | |  | | | | |
| **Balance Available After this Request:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | **$** | |  | | | | |
| Amount to be paid directly to a party other than the Participant pursuant to this Request | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | | | | |
| **Amount to be paid to the Participant as Reimbursement pursuant to this Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | |  | | | |
| Payee Name: | | | | |  | | | | | | | | | | DUNS #: | | |  | | | | | | | | | | | | | | | |
| Mailing address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | State: | |  | | | | | | | ZIP Code: | | | | | | | |  | | | | | | | | |
| Wiring Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name: | | | |  | | | | | | | | | | | Bank Routing Number: | | | | | |  | | | | | | | | | | | | |
| Account Name: | | | |  | | | | | | | | | | | Account Number: | | | | | |  | | | | | | | | | | | | |
| Total Amount of this Request: | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | | | | |
| The undersigned hereby certifies under penalties of perjury that this request for reimbursement from the Coronavirus Relief Fund is true and accurate and qualifies with all conditions of section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Relief and Economic Security “CARES” ACT and the Coronavirus Relief Fund Acceptance Certification I previously signed and submitted to the Indiana Finance Authority. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized Representative Signature: | | | | | |  | | | | | | | | | | | | | | | | | Date: | | |  | | | | | | | |
| **For Internal Use Only:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved By: | | | |  | | | Date: | | | |  | | | | |  | | | | **$** | | | | | | | | | | |  | **$** | |

**Please return this Reimbursement Request and all supporting documentation to the Indiana Finance Authority**

**Via E-mail: COVID-19@ifa.in.gov**

**Via Regular Mail: Indiana Finance Authority, One North Capitol, STE 900, Indianapolis, IN 46204**

**Attention: Coronavirus Relief Fund Program Administrator**

Designated Expense Items That May Be Reimbursed by CARES ACT Funding

1. Medical expenses such as:
2. COVID-19 related expenses of public hospitals, clinics, and similar facilities.
3. Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
4. Costs of providing COVID-19 testing, including serological testing.
5. Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
6. Expenses for establishing and operating public telemedicine capabilities for COVID-19 related treatment.
7. Public health expenses such as:
   1. Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
   2. Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
   3. Expenses for disinfection of public areas and other facilities, *e.g.,* nursing homes, in response to COVID-19 public health emergency.
   4. Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19 related threats to public health and safety.
   5. Expenses for public safety measures undertaken in response to COVID-19.
   6. Expenses for quarantining individuals.
8. Unforeseen payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Overtime hours associated with these types of expenses will be prioritized for reimbursement.
   1. Verification needed of overtime hours worked and associated cost (e.g. payroll system report).
   2. Verification needed of other related expenses, if any.
   3. Detailed description of duties performed and how they are related to COVID-19.
   4. Public health and public safety payroll expenses may not be presumed eligible. Reimbursement of such expenses is limited to employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
9. Expenses of actions to facilitate compliance with COVID-19 related public health measures, such as:
   1. Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
   2. Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
   3. Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
   4. Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions are not eligible for reimbursement.
   5. COVID-19 related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
   6. Expenses for care for homeless populations provided to mitigate COVID -19 effects and enable compliance with COVID-19 public health precautions.
10. Expenses associated with the provision of economic support to non-governmental entities or persons in connection with the COVID-19 public health emergency are not reimbursable except such expenses that are associated with the provision of economic support to small businesses in connection with the COVID-19 public health emergency and shall be limited to only the costs of personal protective equipment.
11. Any other COVID-19 related expenses reasonably necessary to the function of government that satisfy the CARES ACT Fund’s eligibility criteria.
    1. Specific details and invoice documentation will be required.
    2. Costs (payroll or any other expense) that were accounted for in the budget most recently approved as of march 27, 2020 and are used for a substantially different use from what was originally anticipated in such a line item, allotment, or allocation are not eligible for reimbursement.