

State of West Virginia Monthly Coronavirus Relief Reimbursement Application

I. APPLICANT

Vendor / Customer ID (Please include leading zeros)

Legal Name of Applicant, Agency, or Entity

Entity Type

If Other Entity, please specify

Street or Box Number

City

County

State

Zip Code

II. CONTACT PERSON

Name

Agency / Organization

Telephone Number

Email Address

Street or Box Number

City

County

State

Zip Code

III. Funding History

Overall federal funds applied for in 2020. Type 0 if none.

Overall federal funds awarded in 2020. Type 0 if none.

Overall federal funds received in 2020. Type 0 if none.

Please describe overall federal funds you have applied for, awarded or received.

Overall CARES Act funds applied for in 2020. Type 0 if none.

Overall CARES Act funds awarded in 2020. Type 0 if none.

Overall CARES Act funds received in 2020. Type 0 if none.

Have you received any partial CARES Act funding?

- Yes
 No

Which Agencies or Organizations did you receive the CARES Act funding from?

Please describe overall CARES Act funds you have applied for, awarded or received.

Does the sponsoring organization receive federal funds, and if so is the organization subject to single audit?

Yes

No

If Yes, did the sponsoring organization have any major program findings in its most recent audit?

Yes

No

If Yes, Please explain



Are you eligible to receive federal funds?

Yes

No

Is any portion of the requested reimbursement eligible for other federal or state funds?

Yes

No

I don't know

If yes, has or will reimbursement been applied for?

Yes

No

Not Applicable

Please proceed to the reimbursement forms by clicking on the next item in the left menu.

Please complete this form regarding the categories of reimbursement

You may use this worksheet to help you figure out your reimbursement. (Tab 1: Reimbursement)

File Name

Description

[CARESACT-ApplicationList.xlsx](#)

Cares Act expense and reimbursement worksheet

PAYROLL

1. Payroll costs for public safety, public health, healthier care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

1. Amount

1. Description

1. Justification

1. Attach all supporting documents relative to this expense. 19. Attach all supporting documents relative to this expense.

File Name

Description

2. Overtime costs for public safety, public health, healthier care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

2. Amount

2. Description

2. Justification

2. Attach all supporting documents relative to this expense.

File Name

Description

3. Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.

3. Amount

3. Description

3. Justification

3. Attach all supporting documents relative to this expense.

4. Expenditures related to a State and local government payroll support program

4. Amount

4. Description

4. Justification

4. Attach all supporting documents relative to this expense.

EMERGENCY MEDICAL CARE

5. Emergency medical response expenses, including emergency medical transportation, related to COVID-19

5. Amount

5. Description

5. Justification

5. Attach all supporting documents relative to this expense.

6. Non-defer-able medical treatment of infected persons in a shelter or temporary medical facility

6. Amount

6. Description

6. Justification

6. Attach all supporting documents relative to this expense.

7. Related medical facility services and supplies

7. Amount

7. Description

7. Justification

7. Attach all supporting documents relative to this expense.

8. Temporary medical facilities and/or enhanced medical/hospital capacity

8. Amount

8. Description

8. Justification

8. Attach all supporting documents relative to this expense.

9. Use of specialized medical equipment

9. Amount

9. Description

9. Justification

9. Attach all supporting documents relative to this expense.

10. Medical Waste Disposal

10. Amount

10. Description

10. Justification

10. Attach all supporting documents relative to this expense.

11. Emergency Medical Transport

11. Amount

11. Description

11. Justification

11. Attach all supporting documents relative to this expense.

12. COVID-19-related expenses of public hospitals, clinics, and similar facilities.

12. Amount

12. Description

12. Justification

12. Attach all supporting documents relative to this expense.

13. Costs of providing COVID-19 testing, including serological testing

13. Amount

13. Description

13. Justification

13. Attach all supporting documents relative to this expense.

14. Expenses for establishing and operating public telemedicine capabilities for COVID-19 related treatment

14. Amount

14. Description

14. Justification

14. Attach all supporting documents relative to this expense.

15. Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions

15. Amount

15. Description

15. Justification

15. Attach all supporting documents relative to this expense.

MEDICAL SHELTERING

16. FEMA approved non-congregant medical sheltering addressing public health needs

16. Amount

16. Description

16. Justification

16. Attach all supporting documents relative to this expense.

17. 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.

17. Amount

17. Description

17. Justification

17. Attach all supporting documents relative to this expense.

File Name

Description

18. Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions

18. Amount

18. Description

18. Justification

18. Attach all supporting documents relative to this expense.

COVID-19 COMPLIANCE MEASURES

19. Amount

19. Description

19. Justification

19. Attach all supporting documents relative to this expense.

File Name

Description

20. Expenses for communication and enforcement by State and local governments of public health orders related to COVID-19

20. Amount

20. Description

20. Justification

20. Attach all supporting documents relative to this expense.

21. Disinfection of eligible public facilities

21. Amount

21. Description

21. Justification

21. Attach all supporting documents relative to this expense.

File Name

Description

OTHER ELIGIBLE COSTS

22. Emergency Operations Center

22. Amount

22. Description

22. Justification

22. Attach all supporting documents relative to this expense.

File Name

Description

23. Training specific to COVID-19

23. Amount

23. Description

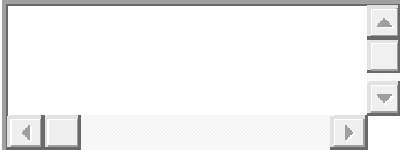
23. Justification

23. Attach all supporting documents relative to this expense.

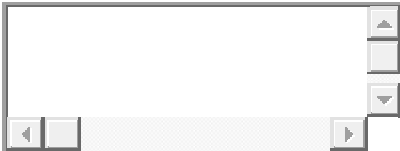
24. Technical assistance on emergency management and control of immediate threats to public health and safety

24. Amount

24. Description



24. Justification



24. Attach all supporting documents relative to this expense.

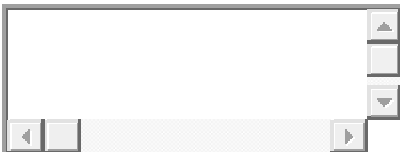
25. Household pet sheltering and containment actions

25. Amount

25. Description



25. Justification



25. Attach all supporting documents relative to this expense.

26. Purchase and distribution of food, water, ice, medicine, PPE and other consumable supplies

26. Amount

26. Description

26. Justification

26. Attach all supporting documents relative to this expense.

27. Movement of supplies and persons

27. Amount

27. Description

27. Justification

27. Attach all supporting documents relative to this expense.

28. Security and law enforcement

28. Amount

28. Description

28. Justification

28. Attach all supporting documents relative to this expense.

29. Communication of general health and safety information to the public

29. Amount

29. Description

29. Justification

29. Attach all supporting documents relative to this expense.

30. Search and rescue to locate and recover persons needing assistance

30. Amount

30. Description

30. Justification

30. Attach all supporting documents relative to this expense.

31. Expenses for quarantining individuals

31. Amount

31. Description

31. Justification

31. Attach all supporting documents relative to this expense.

32. Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions

32. Amount

32. Description

32. Justification

32. Attach all supporting documents relative to this expense.

33. Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions

33. Amount

33. Description

33. Justification

33. Attach all supporting documents relative to this expense.

34. 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

34. Amount

34. Description

34. Justification

34. Attach all supporting documents relative to this expense.

35. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria

35. Amount

35. Description

35. Justification



35. Attach all supporting documents relative to this expense.

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IV. REIMBURSEMENT DETAILS

Reimbursement Month

Reimbursement Year

Current Period Coronavirus Relief Fund Reimbursement Amount Requested: Type 0 if none.

Total Coronavirus Relief Fund Reimbursement Amount received to date from the State of West Virginia: Type 0 if none.

V. Supporting Documentation

Attach any additional supporting documents.

File Name

Description

VI. CERTIFICATION AND ATTESTATION OF AUTHORIZED REPRESENTATIVES

By annotating below, I acknowledge and certify the following:

1. I acknowledge that the intended purpose of the federal funds is used to reimburse costs and funds provided pursuant to this certification and cannot be used as a revenue replacement for lower than expected tax or revenue collections.

2. I certify that funds received pursuant to this certification cannot be used for expenditures which an entity has received funding from any other emergency COVID-19 supplemental funding or any other source (whether state, federal or private in nature) for that same expense.
3. I acknowledge that the entity receiving funds has an affirmative responsibility to any duplication of benefits. I understand that the State of West Virginia has an obligation and the authority to deobligate or offset any duplicated benefits.
4. I acknowledge that the State of West Virginia will rely on this application as a material representation in making disbursement of funds to the applying entity. I certify that the application and supporting documentation are true and accurate.
5. I acknowledge the local entity is liable for any costs disallowed pursuant to financial or compliance audits of funds received.
6. I acknowledge that all records and expenditures are subject to audit by the United States Department of Treasury Inspector General, the State of West Virginia, or designee. Additionally, other reports may be requested and if requested shall be provided to the State of West Virginia to ensure the receipt, disbursement, and use of federal funds is in alignment with federal law.
7. I acknowledge that Funds provided from the State of West Virginia pursuant to this certification must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure. Any funds expended by entities in any manner that does not adhere to official federal or state guidance shall be returned to the State of West Virginia.
8. I certify that the applying entity's proposed uses of the funds provided as reimbursement under Executive Order No. 2020-07 will be used only to cover those costs that:
 - a. are necessary expenditures incurred due to the public health emergency and the governors disaster declaration on March 16, 2020 with respect to the Coronavirus Disease 2019 (COVID-19).
 - b. were not accounted for in the budget most recently passed as of March 27, 2020.
 - c. were incurred during the period that began on March 1, 2020 and ends on December 30, 2020.
9. I acknowledge that entities must keep records sufficient to demonstrate that the expenditure of funds received is in accordance section 601 (d) of the Social Security Act.
10. By submitting this application, the entity is confirming the applicant does not discriminate against any individual with respect to the terms and conditions of employment based on that individual's race, sex, age, religion, color, national origin, disability, genetic information, marital status, veteran status, sexual orientation, gender identity or expression, housing status, or any other non-merit factor protected under state, local, or federal laws.
11. I have the authority on behalf of the applicant entity to request reimbursement from the State of West Virginia pursuant to Executive Order No. 2020-07 and pursuant to section 601 of the Social Security Act, as added by Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No 116-136, div A, Title V (March 27, 2020).

12. I certify that I have accurately provided information on all funding received. I will notify the state if there are any changes to the funding received.

Attestation to the above statements

I Agree

Please type your full name here

Position / Title

Date

