

CORONAVIRUS RELIEF FUND (CRF) APPLICATION
Assistance Program to Public Hospitals

APPLICANT INFORMATION

Hospital Name:

Tax Identification Number (TIN):

CMS Certification Number (CCN):

Fiscal Year End (Month):

FY2019 Gross Patient Revenue:

FY2019 Total Patient Days:

Street Address:

City:

Municipality:

Zip Code:

Contact Person Name:

Contact Person Title:

Telephone Number:

Email Address:

Total Request Amount:

FUNDING INFORMATION

Has the Applicant **Received**, or does it **Anticipating Receiving**, any Funding Related to COVID-19?

Yes No

If YES, list the source, amount, and (intended) use:

	Amount (\$)	Source	Use	Received (R)	Anticipated (A)
1				R	A
2				R	A
3				R	A
4				R	A
5				R	A
6				R	A
7				R	A
8				R	A

*If more funding sources exist please use the table in Appendix A. The Applicant is required provide notice to the Grantor if this source of funds list changes during the eligible period.

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Intended Use of CRF Funds:

Provide a list and brief description of how Applicant intends to use CRF Funds on eligible and necessary expenditures related to the COVID-19 emergency. This information is for Application evaluation purposes and may be modified by the Applicant to meet needs not identified at the time of Application, as long as the changes are consistent with the terms of the Agreement. If the expense has not yet been incurred, please note it as "Anticipated" in the "Expense Date" column. If you have more expense line items than there is space below, please use the extended expense table in Appendix B. For further guidance please refer to the Guidance published by the U.S. Treasury at <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>, the Frequently Asked Questions published by the U.S. Treasury at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf>, and the Expense Description Guideline in Appendix C.

	Expense Date	Expense Description	Amount
1			
2			
3			
4			
5			

AUTHORIZED SIGNER INFORMATION

Authorized Signer Name:

Authorized Signer Title:

Telephone Number:

Email Address:

CERTIFICATIONS

Applicant hereby acknowledges and agrees that (please initial next to each statement):

- _____ The CRF Funds requested are necessary due to the COVID-19 public health emergency.
- _____ If CRF Funds cannot be used for qualifying expenses by December 30, 2020, they will be returned.
- _____ Applicant shall submit any and all required documentation, and agree to any and all audits of the CRF Funds, as requested by Grantor.
- _____ Any information provided in this application and other correspondence can become public information, and Applicant waives any right to confidentiality, unless expressly requested and approved.
- _____ Applicant acknowledges a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution and also may subject me and the Applicant to civil penalties and/or administrative remedies for false claims or otherwise.
- _____ I certify under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

SIGNATURE AND DATE

Signature:

Date:

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Appendix B: Extended Expense Table

	Expense Date	Expense Description	Amount
6			
7			
8			
9			
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Appendix C: Expense Description Guideline

Under the Program for Emergency Assistance to Public Hospitals

Dear Officers:

We request that, when describing expenses in the application, please provide the necessary detail about each expense item listed as an Intended Use of Grant Funds so the Program for Emergency Assistance to Public Hospitals Panel may properly evaluate and document whether the specific expenses meet eligible and necessary expenditures criteria related to the COVID-19 emergency as required by federal guidelines.

The Guidance provided by the U.S. Treasury Department states the following non-exhaustive list of examples where expenses can be allocated for purposes of **Eligible Expenses** under the Program:

1. COVID-19 directly related expenses such as acquisition of ventilators, masks and/or additional [**unbudgeted**] and or specialized PPE in response to COVID-19;
2. Expenses of establishing temporary medical facilities, repurposing medical facilities and other measures to increase COVID-19 treatment capacity, including related construction and/or implementation costs.
3. Costs of providing COVID-19 testing to staff, visitors and patients, including serological testing.
4. Emergency medical response expenses, including emergency medical transportation, specifically implemented/ re-purposed and/or acquired to respond to COVID-19.
5. Additional Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for hospital personnel, in connection with the COVID-19 public health emergency.
6. Expenses for implementing new disinfection protocols of hospital areas, in response to the COVID-19 public health emergency. These expenses include additional personnel hired, re-training of personnel, materials acquired, etc.
7. Expenses for technical assistance such as training, and/or repurposing responsibilities of hospital personnel on mitigation of COVID-19-related threats to public health and safety.
8. Expenses for quarantining individuals.
9. Payroll expenses for additional and/or repurposed personnel whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. By its nature, the majority of hospital personnel is dedicated to mitigating and/or responding to all types of diseases and ailments. Nevertheless, the grant will only allow for expenses to personnel whose responsibilities are substantially dedicated to mitigating or responding **to the COVID-19 public health emergency**.
10. Additional utilities expenses incurred to respond to the COVID-19 crisis. For example, utilities related to operate a new dedicated area for the treatment and/or response to COVID-19 or maintaining already established areas operation in excess of their ordinary use for purposes of responding to the COVID-19 crisis.

The following is a non-exclusive list of **unallowed** expenses that will not be covered by the Grant:

1. Damages covered by insurance.
2. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

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3. Expenses that have been or will be reimbursed under any federal program, and/or Puerto Rico relief program such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
4. Reimbursement to donors for donated items or services.
5. Workforce bonuses other than hazard pay or overtime directly related to the COVID-19 response.
6. Severance pay.
7. Legal settlements.

In its application, the Hospital may, but DOES NOT need to, itemize each expense under a specific category. The Hospital is expected to provide in its application:

1. For each major category, the Hospital should provide a good-faith estimate of the expenses that are necessary to respond to COVID-19,
2. state in the description that such expense is necessary to respond to COVID-19; and
3. state the specific date and/or time period when the expense was incurred or will be incurred.

At the time of application, the Hospital does not need to submit evidence of the expenses. Nevertheless, the Hospital must maintain evidence and recordkeeping of the necessary expenses stated above for purposes of future audits required by the CARES Act in addition to any reporting requirements under the Program.

Non-exclusive Samples of Eligible Expenses descriptions:

Cleaning / Disinfectant

1.- Unbudgeted Cleaning / Disinfectant Supplies (disinfectants cleaners, soap, dust mops, disposable bags, etc.) for a total 342 units at an estimated cost of \$XX.XX per unit = \$XXXX.00 to respond to sanitation requirements under COVID-19 protocol.

2.- Specialized sanitation for the Emergency Department provided during the month of March to respond to sanitation requirements under COVID-19 protocols.

Equipment and Personnel Protection Supplies

1.- Unbudgeted Personnel Protection Supplies (Disposable Protective Coverall, Face Masks, Hand Sanitizer, Isolation Gown, Lab Coats) for an approximate total of XXXX units at an estimated cost of \$X.XX per unit = \$XXXXX.XX

2.- Actual Additional equipment purchases (thermometers, glucose meter, Stethoscope, telehealth Equipment) related to COVID-19 for period covered from mm/dd/yy to mm/dd/yy.

3.- April 2020: Acquisition of XX ventilators at an average per unit price of \$XXXXX.XX

Transportation

1.- March 2020: Retrofitting of ambulance transportation to avoid cross-contamination.

2.- June 2020- December 2020: Additional disinfection services of ambulance(s) after the declaration of emergency due to COVID-19.

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Construction and Re-designing

- 1.-March, 2020: Redesign of the admissions area to provide for social distancing including but not limited to signage, acrylics for separation purposes, installation of hand sanitizer receptacles, and other precautions to avoid contagion among personnel, incoming visitors and patients.
- 2.- Redesign of previously unused hospital owned sites or offices to accommodate personnel to comply with social distance protocols.
- 3.- Temporary facility established at parking lot of the hospital to provide for testing and/or triaging of patients that might possibly be infected with COVID-19.
- 4.- Retrofit and/or conversion of [specific] rooms to negative pressure in order to properly respond to contagion threat of COVID-19 at an estimated cost of \$XXXXX per room;

Personnel Expenses

- 1.- Actual contract labor-nursing to cover for sick-absences for period 03/15/2020 - 05/31/2020.
- 2.- Hazard Pay [or overtime] to provide additional unbudgeted compensation to employees who were in direct contact or could be in direct or proximal contact with patients been treated for COVID-19. Examples of these employees are emergency room nurses, physician assistants, physicians, admissions personnel, sanitation personnel, etc.
- 3.- Additional unbudgeted clinical and professional Services fees which are necessary to mitigate and respond to COVID-19. The amount includes Emergency medical and clinical expense and contracted services for Emergency Room- Adults and Pediatrics, Respiratory Therapy, Housekeeping and Security necessary to respond to the COVID-19 situation.
- 4.- **Repurpose:** March -May 2020: Costs of personnel and services that were budgeted for in the most recently approved budget but which, due entirely to the COVID-19 public health emergency, have been diverted to substantially different functions. These repurposes employees include_____.

Additional Guidance is available by the US Treasury Department at the following link:
<https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf>

We look forward to successfully completing the review process and supporting the Hospital.

Thank you,

CRF Program for Emergency Assistance to Public Hospitals