

*\*Changes to the previous FAQ will be marked in blue until the next FAQ is published.*

## Overview

On March 13, 2020, President Trump declared the ongoing Coronavirus Disease 2019 (COVID-19) pandemic of sufficient severity and magnitude to warrant an emergency declaration for all states, tribes, territories, and the District of Columbia pursuant to section 501 (b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the “Stafford Act”). State, territorial, tribal, and local government entities and certain private nonprofits are eligible to apply for Public Assistance (PA).

In accordance with section 502 of the Stafford Act, emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials’ may be reimbursed under Category B of the agency’s PA program. FEMA will not duplicate assistance provided by the Department of Health and Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), or other federal agencies. Reimbursable activities include emergency protective measures such as the activation of State Emergency Operations Centers, National Guard costs, law enforcement and other measures necessary to protect public health and safety.

The FAQ is currently organized into the following sections:

- [Frequently Asked Questions](#)
  - [General Public Assistance](#)
  - [Grant Management and Administration](#)
  - [Applicant Eligibility](#)
  - [Emergency Procurement](#)
  - [Mutual Aid](#)
  - [Mission Assignments](#)
  - [Labor \(Force Account + Contract\)](#)
  - [Emergency/Critical Services](#)
  - [Food, Water and Supplies Distribution](#)
  - [Equipment, Supplies and Related Services](#)
  - [Child Care Services](#)
  - [Medical Care](#)
  - [Temporary Facilities](#)
  - [Non-Congregate Sheltering](#)
  - [Special Considerations](#)
- [ANNEX A: HQ Memos, Fact Sheets and FAQs](#)
- [ANNEX B: Other Federal Agencies Memos, Fact Sheets and FAQs](#)

Please continue to submit any questions not addressed in this document with the subject line of “COVID-19 FAQ” to [fema-r8-policy@fema.dhs.gov](mailto:fema-r8-policy@fema.dhs.gov). Updated FAQs will be distributed on Wednesdays or more frequently if needed.

## Frequently Asked Questions

### General Public Assistance

**Q: Do the States, tribal and territorial governments need to request separate declarations to receive FEMA assistance under this nationwide declaration?**

**A:** No, States, tribal and territorial governments do not need to request separate declarations to receive FEMA Public Assistance. FEMA has issued emergency declaration for each of the six states within Region VIII:

- Colorado COVID-19 (EM-3436 / DR-4498)
- Montana COVID-19 (EM-3476 / DR-4508)
- North Dakota COVID-19 (EM-3477 / DR-4509)
- South Dakota COVID-19 (EM-3475 / DR-4527)
- Utah COVID-19 (EM-3478 / DR-4525)
- Wyoming COVID-19 (EM-3479 / DR-4535)

Tribes will elect to be either a direct recipient, “opt-in”, or be a subrecipient through the State. If a Tribe elects to opt-in as a direct recipient, the Tribe must notify Regional Administrator Lee dePalo. FEMA assistance will require execution of a FEMA-State/Tribal Agreement along with the Application for Federal Assistance (SF-424). The following Tribes have currently received an emergency declaration as a direct recipient:

- Fort Peck Tribes COVID-19 (EM-3512)
- Oglala Sioux Tribe COVID-19 (EM-3513)
- Three Affiliated Tribes of the Fort Berthold Reservation COVID-19 (EM-3516)
- [Sisseton-Wahpeton Oyate Covid-19 \(EM-3526\)](#)

**Q: What is the cost share for the Public Assistance grant program?**

**A:** FEMA Public Assistance will be provided at a 75 percent Federal cost share.

**Q: Can the \$150B appropriation to SLTTs through the Coronavirus Relief Fund in the CARES Act appropriations be used towards the 25% non-Federal match?**

**A:** In an email update from the White House to State Governors on May 19, 2020, the White House announced that President Trump clarified for States that they may use Coronavirus Relief Fund (CRF) dollars, provided under the CARES Act, to pay for FEMA’s cost share requirements under the Stafford Act. FEMA has reached out to the Department of Treasury (USDT) to seek additional information and the expected timing for USDT to publish related guidance updates, to include how this will impact EMPG-S. USDT indicated that they will update their posted guidance to include this information and that they were expecting an additional memo from the White House regarding this

bullet in the briefing. USDT was not able to provide a target date for posting the updated guidance. FEMA PA is also working on general guidance regarding DOB for various COVID resources. The FAQ will be updated once confirmation is received.

**Q: Can the CARES Act Coronavirus Relief Fund (CRF) use of funds deadline be extended beyond December 30, 2020?**

**A:** FEMA HQ is working with the Department of Treasury (USDT) to respond to this question. However, the USDT CRF FAQ states: “If a government has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the Department of the Treasury.” It seems as though it would require legislative action to extend this deadline since the deadline is written into the CARES Act.

**Q: Has there been any discussions concerning this \$5 million cap for Emergency Declarations?**

**A:** Yes, the \$5 million cap for emergency declarations can be exceeded. It requires congressional notification, which is being handled at FEMA Headquarters. This action will not impact State or local ability to respond.

**Q: If a State requests a Major Disaster Declaration to open IA programs, is there any option to subsequently include Category B Emergency Protective Measures within that declaration without completing PDAs?**

**A:** Yes, if a State is issued a Major Disaster Declaration to open IA programs, Category B can be included in the declaration as well. For instance, FEMA recently issued Major Disaster Declarations for New York, Washington and California, activating both IA and PA programs.

In the [California declaration request](#), the Governor’s letter states that “Preliminary damage assessments are impossible to perform at this time due to the dynamic nature of this pandemic, but cases continue to increase each day, and ongoing life-saving response activities are overwhelming both State and local resources”. Additional information can be found in the Governor’s letter link above.

**Q: What is the incident period for the Emergency Declarations?**

**A:** The incident period start date is January 20, 2020 and will continue for the duration of the Public Health Emergency as declared by the Secretary of Health and Human Services.

**Q: Who is the FEMA Point of Contact for PA operations?**

**A:** Please continue to use the [fema-r8-policy@fema.dhs.gov](mailto:fema-r8-policy@fema.dhs.gov) email address to submit questions related to COVID-19 PA operations. You may also contact Zack Lamb, PA Operations Section Chief and/or Leigh Phillips, Infrastructure Branch Director at (303) 887-4265 and (720) 398-7531. For questions regarding Non-Congregate Sheltering, please contact Kevin Helland at (720) 626-3260.

**Q: Is there a crosswalk of the appropriations from the CARES Act, so Applicants have a better understanding of where to direct certain costs?**

**A:** Please refer to the email (Subject Line: “CARES Act Crosswalk”) sent by Zack Lamb ([zachary.lamb@fema.dhs.gov](mailto:zachary.lamb@fema.dhs.gov)) on April 22, 2020 for a copy of the Recovery Support Function Leadership Group (RSFLG) draft crosswalk. This draft crosswalk is intended to help SLTTs with the coordination of assistance and should not be distributed to the public or posted on public-facing websites.

**Note:** Filtering the “Assistance Type” columns by “Grants” and further filtering the subsequent columns may improve your search results.

**[Grant Management and Administration](#)**

**Q: Can the Request for Public Assistance (RPA) timeline be extended?**

**A:** Yes, the deadline to submit the Request for Public Assistance (RPA) for the COVID-19 the RPA deadline is nationally extended and will remain open for the duration of the Public Health Emergency, as declared by the Secretary of Health and Human Services, unless an earlier deadline is deemed appropriate by the FEMA Assistant Administrator, Recovery Directorate.

**Q: What is the deadline for identifying damages in this event?**

**A:** FEMA issued the [COVID-19 Damage Identification Deadline Memo](#) on May 14, 2020 extending the deadline to identify damages. The deadline to identify and report damage is extended for the national emergency declaration and all subsequent major disaster declarations for the COVID-19 pandemic, and will remain open for the duration of the Public Health Emergency, as declared by the Secretary of the U.S. Department of Health and Human Services, unless an earlier deadline is deemed appropriate by the Assistant Administrator of the Recovery Directorate. As such, Applicants must identify and report damage by either: 60-days from the end of the Public Health Emergency or 60-days from the approval of their Request for Public Assistance, whichever is later. At that time, the Regional Administrator, pursuant to 44 CFR 206.202(f)(2), may extend the time limitations as outlined in 44 CFR 206.202(d)(1)(ii).

**Q: Will a user guide or reference guides on the new simplified application processes be made available to Applicants?**

**A:** The new simplified application reference guides were distributed via email by Zack Lamb ([zachary.lamb@fema.dhs.gov](mailto:zachary.lamb@fema.dhs.gov)) on April 13, 2020.

**Q: What is the documentation required for the new simplified application procedures? What documentation is Region VIII requiring?**

**A:** Please refer to the new simplified application reference guides which were distributed via email by Zack Lamb ([zachary.lamb@fema.dhs.gov](mailto:zachary.lamb@fema.dhs.gov)) on April 13, 2020. Applicants will need to provide the following information for their application:

- A description of the activities including when, where, and by whom the activities were completed or will be completed.
- A summary of how much the activities cost, including costs associated with contract, labor, equipment, supply, material, and other cost types.
- Documentation supporting the activities completed and costs claimed.
- Certification of compliance with federal, state, tribal, territorial, and local laws and regulations.

Additionally, in order to prevent duplication of benefits, FEMA is requiring a written statement from the Applicant for each project funded by FEMA stating that other Federal funds will not be accepted for that particular project.

**Q: HHS recently announced CDC would be awarding almost \$35M in grants to Region VIII States (\$605M nationwide). How will overlapping costs be deconflicted? And, how will duplication of benefits (DOB) be identified?**

**A:** This question was submitted to HQ on March 16, 2020. At this time, the [CDC COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding Interim Guidance \(March 15, 2020\)](#) states that this funding is intended for state, local, territorial, and tribal health departments to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities (Reference: Section I. Summary). The \$35M for Region VIII is allocated as follows:

**[CDC Funding Information \(March 11, 2020\):](#)**

- Colorado – \$9,831,323.30
- Montana – \$4,567,500.00
- North Dakota – \$4,567,500.00
- South Dakota – \$4,567,500.00
- Utah – \$6,441,412.50
- Wyoming – \$4,567,500.00

**Note:** FEMA is requiring a written statement from the Applicant for each project funded by FEMA stating that other Federal funds will not be accepted for that particular project. FEMA Region VIII recommends Recipients flag health departments applying for PA funding and work with State Health Departments to ensure the health department has exhausted the CDC funding and there is no duplication of benefits.

**Q: Would the State and Local Edward Byrne Memorial Justice Assistance Grant (JAG) Program – Coronavirus Emergency Supplemental Funding (CESF) Program solicitation take priority over PA dollars for law enforcement?**

**A:** Since FEMA will not duplicate assistance provided by other federal agencies, the CESF program would take priority over PA dollars. It would also be more beneficial to your criminal justice agencies since there is no match requirement. Please refer to the [BJA CESF Solicitation](#) or Annex B of this document for a copy of the grant solicitation. Applications are due by **11:59 p.m. eastern time on May 29, 2020.**

**CESF State Allocations (March 30, 2020):**

- Colorado – \$5,023,213.00
- Montana – \$1,302,796.00
- North Dakota – \$831,523.00
- South Dakota – \$1,505,618.00
- Utah – \$2,649,050.00
- Wyoming – \$493,446.00

**Q: The PAPPG states that the Community Development Block Grant (CDBG) program administered by HUD may be used for the non-Federal share on PA projects if certain requirements are met. What are the certain requirements?**

**A:** Per 24 CFR § 570.201(g), CDBG funds may be used to pay for the non-Federal matching requirement for other Federal programs provided the activity is carried out in accordance with all CDBG program requirements, and provided that the other Federal program recognizes CDBG as non-Federal funds. However, Applicants receiving CDBG funds need approval from the agency administering the CDBG program to use these funds for the PA non-Federal cost share. Additionally, CDBG funding must meet a national objective: Benefit to LMI persons; Elimination of Slums and Blight; or, Urgent Need. As stated in [HUD CDBG Guidance for States](#), most CDBG funds come with a requirement that 70% of the funding meet the “Benefit to LMI” national objective. Please refer to CDBG COVID-19 Quick Guide located in Annex B of this document for information on potential eligible CDBG activities related to the COVID-19 response and [HUD’s CPD Allocations website](#) for an overview of HUD’s CARES Act allocations.

**Q: Will there be Category Z Project Worksheets (PWs)?**

**A:** Yes, FEMA will obligate Category Z PWs in line with the [Public Assistance Management Costs \(Interim\) FEMA Recovery Policy FP 104-11-2](#) applicable to Emergency Declarations under Stafford Act's Section 502.

**Q: How will FEMA reimburse on this grant?**

**A:** FEMA will reimburse Applicants through project versions via normal reimbursement procedures (FEMA > Recipient > Subrecipient).

**Q: Is there a way to proactively address small project overruns, knowing that some of these “small projects” being submitted and versioned will turn into large projects over time?**

**A:** Project obligations will be phased to avoid potential small project overruns. Initially, projects can be obligated based on projections up to 90-days. Once the 90-day initial projection expires, the project will be versioned to capture actual costs to-date and continuing costs for an addition 90-day increment. Versions will continue as such for the duration of the Public Health Emergency. Small projects that are versioned to a large project will not be subject to small project netting.

**[Applicant Eligibility](#)**

**Q: Who are eligible HHS applicants?**

**A:** This question was submitted to HQ on March 16, 2020. The FAQ will be updated once a response is received. According to the [CDC COVID-19 Funding website](#), CDC funding is intended for state, local, territorial, and tribal health departments. Health departments may then disburse funding to other local jurisdictions.

**Q: Who are eligible FEMA applicants?**

**A:** Eligible FEMA applicants are as follows:

- State and Territorial Governments
- Indian Tribal Governments
- Local Governments
- Certain Private Nonprofits (PNPs) *\*Subject to PNP eligibility requirements*

There is no indication at this time that FEMA HQ plans to change the applicant eligibility requirements listed in the PAPPG on Pages 9-14 (PDF Pages 20-25).



**Q: Based on the eligibility pyramid, could counties act as the Applicant on behalf of municipalities, special districts and private non-profits?**

**A:** Typically, State statute does not allow for counties to be legally responsible for other entities such as schools, medical facilities, etc. However, there are instances where counties have been granted legal responsibility over townships. If the State believes statute currently exists to grant legal authority to the counties, the State should submit the applicable statute for FEMA legal review.

**Q: Are hospitals considered eligible applicants?**

**A:** Certain private nonprofit (PNP) hospitals are eligible to apply for PA, including those that own and/or operate medical care facilities. Private for-profit entities, including for profit hospitals, are not eligible for assistance from FEMA under PA. SLTT government entities may contract with for profit hospitals to carry out eligible emergency protective measures. FEMA will reimburse the eligible Applicant for the cost of eligible work, and the Applicant will then pay the private entity for the provision of services. For additional information, please refer to the [COVID-19 PA Fact Sheet: Emergency Medical Care](#).

**Q: Are fire districts eligible applicants?**

**A:** Special districts established under State law, such as fire districts, are eligible applicants. Generally, when special districts are established under State law, the districts are considered governmental agencies under the State with legal authorities defined by statute. Special districts have the corporate power and tax power but rarely the police power. Since special districts have the statutory authority to deliver certain public services within its jurisdiction, the District would need to submit its own RPA. The County could submit costs on behalf of the District if the County has been granted legal responsibility over districts, or when the District is doing work outside of their jurisdiction on behalf of the County. If the latter is true, the County and the District would need to enter into some sort of cooperative agreement.

**Q: Is FEMA planning to modify the eligibility requirements for private nonprofits (PNPs)?**

**A:** There is no indication at this time that FEMA HQ plans to change the PNP policy or eligible PNPs listed in the PAPPG. Please see the PNP Fact Sheet in Annex A of this document for more information on PNP eligibility.



## Emergency Procurement

### **Q: What are the criteria and timeline for exigent procurement?**

**A:** The Nationwide Emergency Declaration and declaration of a Public Emergency for COVID-19 establish that exigent and emergency circumstances currently exist. For the duration of the Public Health Emergency, local governments, tribal governments, nonprofits, and other non-state entities may proceed with new and existing noncompetitively procured contracts to respond to or address COVID-19. However, 2 C.F.R. § 200.317 requires State entities to follow: (1) the same policies and procedures they use for procurements using non-Federal funds; (2) 2 C.F.R. § 200.322 (procurement of recovered materials); and (3) 2 C.F.R. § 200.326 (required contract provisions). These requirements apply regardless of whether exigency or emergency circumstances exist. More information can be found at:

- [Procurement Under EE Circumstances Memo signed](#)
- [Procurement During EE Circumstances fact sheet 3 18 20](#)
- [FEMA PA Reasonable Cost Job Aid](#)
- [Pricing Guide for Recipients and Subrecipients Under the Uniform Rules](#)

### **Q: The current Simplified Acquisition Threshold (SAT) is \$250,000. Is there a way for 2 CFR §300 procurement regulations to be waived or suspended for any purchase or acquisition that falls under the SAT during this event?**

**A:** It has been determined that emergency and exigent circumstances exist based on the President's Nationwide Emergency Declaration and the Secretary of the Health and Human Services' (HHS) declaration of a Public Health Emergency for COVID-19. Therefore, non-state entities are permitted to non-competitively procure contracts pursuant to 2 CFR § 200.320(f)(2) for the duration of the COVID-19 Public Health Emergency as determined by HHS.

## Mutual Aid

### **Q: If different counties and tribes are trying to form an EOC together, how would the Applicants track their costs under the legal responsibility requirement? Can the costs be split as a percentage to each Applicant?**

**A:** If several entities are pooling resources to form one EOC, the entities should enter into a cooperative agreement (or MOU) designating one "Lead Entity" (County) and outlining how funding will be disbursed to include cost-share considerations. FEMA will reimburse the Lead Entity for the total eligible EOC costs and the Lead Entity will subsequently reimburse the other cooperating entities according to the written agreement. The cooperating entities and associated cost must meet the normal applicant and cost eligibility requirements outlined in the PAPPG.

Per the PAPPG, Page 33 (PDF Page 44), Post-Incident Agreements:

“When the Requesting and Providing Entities do not have a written agreement, OR where such an agreement exists but is silent on reimbursement, the entities may verbally agree on the resources to be provided and on the terms, conditions, and costs of such assistance.

The agreement should be consistent with past practices for mutual aid between the entities. For example, if the Requesting Entity does not normally reimburse a Providing Entity for its costs, it should not agree to do so specifically for the declared incident.

Prior to funding, the Requesting Entity must document the verbal agreement in writing, have it executed by an official of each entity with the authority to request and provide assistance, and submit it to FEMA (preferably within 30 days of the Applicant’s Briefing).”

**Q: If an eligible applicant operates a critical facility, such as a water treatment plant, providing essential community services and that applicant must bring in additional operators through mutual agreements when the applicant’s operators test positive for COVID-19, is the mutual aid eligible for reimbursement even though the services are not directly related to the COVID-19 medical response?**

**A:** Region VIII received the following response from HQ: “The work of operating a water or wastewater treatment facility is not directly related to emergency protective measures taken to save lives and protect public health and safety in response to the declared Public Health Emergency, and therefore, bringing in staff to backfill existing employees that become ill would not be eligible for reimbursement as a Public Assistance Category B Emergency Protective Measure.”

**Q: If a State agency requests a City to conduct mass COVID-19 testing at alternate care sites and the State agency agrees to pay for all regular time and overtime, would the regular time be eligible for reimbursement under PA?**

**A:** This is a form of mutual aid where the State agency (Requesting Entity) has requested resources from the City (Providing Entity). If the Requesting Entity requested the resources provided, these costs are treated similarly to contract work and FEMA will reimburse the Requesting Entity as it is the one legally responsible for the work. As such, the Providing Entity’s straight-time and overtime labor, including fringe benefits, are eligible.

However, per PAPPG Page 34 (PDF Page 45) “When the Requesting Entity is a State, Territorial, Tribal, or local government and the Providing Entity is another division within the same State, Territorial, Tribal, or local government, straight-time for budgeted employees of the Providing Entity is not eligible.” Additionally, “If the Providing Entity backfills deployed personnel, overtime for backfill personnel is eligible even if they are

not performing eligible work. However, straight-time for backfill personnel is not eligible.” The Requesting Entity must provide a description of the services requested and received, along with documentation of associated costs (labor, equipment, supplies, or materials) to support a request for PA funding.

### **Mission Assignments**

#### **Q: Is there a cost share related to Direct Federal Assistance (DFA) Mission Assignments? If so, is the cost share eligible under PA?**

**A:** Mission Assignments have the same cost-share provisions applicable to the declaration (25% non-Federal share). The recipient of DFA will “provide reimbursement to FEMA for the nonFederal share of the cost of such work in accordance with the provisions of the FEMA-State Agreement.”

### **Labor (Force Account + Contract)**

#### **Q: Is straight-time eligible for the COVID-19 response operations?**

**A:** Only overtime labor is eligible for budgeted employees under Category B. For unbudgeted employees performing activities under Cat B, both straight-time and overtime labor are eligible. For additional information on the differences between a budgeted and unbudgeted employee and other eligible labor costs, please refer to Figure 11 in the PAPPG on Page 24 (PDF Page 35).

#### **Q: Could you provide examples of unbudgeted employees?**

**A:** Examples of unbudgeted employees would include:

- Essential employee called back from administrative leave;
- Permanent employee funded from external source;
- Temporary employee hired to perform eligible work; and,
- Seasonal employee working outside normal season of employment.

According to PAPPG Page 24 (PDF Page 35), “Straight-time of a permanent employee funded from an external source (such as a grant from a Federal agency or statutorily dedicated funds) is eligible if the employee is reassigned to perform eligible Emergency Work that the external source does not fund. FEMA must confirm that no duplication of funding exists prior to approval.” Region VIII is working with HQ to provide examples of “external sources” in the context of this policy.

**Q: Is straight-time eligible for staff who are reassigned to provide health and safety support to alleviate shortages due to susceptible and sick workers.**

**A:** According to the PAPPG on Page 24 (PDF Page 35), straight-time for an employee performing emergency work is generally not eligible. It may be eligible if the employee is funded from an external source. A reassigned employee implies a budgeted employee (as opposed to temporary or contract labor). A budgeted employee is employed by the Applicant and his/her salary is paid out of the Applicant's normal operating budget. Straight time is not eligible for emergency work for budgeted employees even if they are performing work outside of their normal duties. Straight-time may be eligible if the reassigned employee is funded by an external source and the eligible emergency work is not covered by the same or another external source (FEMA cannot duplicate funding).

PAPPG Page 24 (PDF Page 35) includes a section related to reassigned employees stating: "The Applicant may assign an employee to perform work that is not part of the employee's regular job ... FEMA provides PA funding based on the reassigned employee's normal pay rate, not the pay level appropriate to the work..." This section of the PAPPG addresses the rate FEMA will pay for such work; it does not override the regulation which states FEMA does not fund the straight or regular time salaries of employees performing eligible emergency protective measures.

**Q: If an eligible Applicant plans to modify its labor policy to allow exempt staff to be paid overtime or to include hazard pay, would the costs then be eligible?**

**A:** Per PAPPG Page 23 (PDF Page 34), "FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy, provided the policy:

- Does not include a contingency clause that payment is subject to Federal funding;
- Is applied uniformly regardless of a Presidential declaration; and
- Has set non-discretionary criteria for when the Applicant activates various pay types."

As such, the costs associated with the overtime for exempt employees who were not eligible for overtime prior to the start of the COVID-19 event incident period (January 20, 2020) would not be eligible for reimbursement.

**Q: An eligible Applicant is providing performance bonuses to exempt staff not eligible for OT who have been working the COVID-19 response. Performance bonuses are written into their pre-disaster employee policy and are provided to staff that have been tasked with additional responsibilities. Would these be eligible costs under the PA Program?**

**A:** Performance bonuses are eligible types of expenses as premium pay; however, the eligibility depends on how the pre-disaster labor policy is written. Per PAPPG Page 23 (PDF Page 34), FEMA must review the Applicant's pre-disaster written labor policy to ensure it: "Does not include a contingency clause that payment is subject to Federal funding; Is applied uniformly regardless of a Presidential declaration; and Has set non-discretionary criteria for when the Applicant activates various pay types." Below are examples of issues that could prevent the bonuses from being eligible:

- **No Contingency Clause Example:** *Policy states that premium pay is not authorized for exempt employees unless the Director approves it as a result of a federally declared disaster.* This violates the first criteria.
- **Applied Uniformly Example:** *Policy states that the Director may approve premium pay for exempt employees during declared emergencies.* The use of the term "may" in the policy indicates that the potential exists for the policy to be implemented differently in federal and non-federally declared events. The Applicant would need to support that premium pay is always granted during declared emergencies at all levels. Additionally, the premium pay rate must be uniformly applied across all exempt employees in this scenario.
- **Non-Discretionary Criteria Example:** *Policy states bonuses may be awarded at the discretion of the Director based on extraordinary circumstances. However, the policy does not indicate what constitutes an extraordinary circumstance or what will mandatorily trigger such bonus.* The bonuses would not be eligible as the policy does not provide the conditions or the guidance upon which awarding the bonuses is based. Instead, the policy should outline the specific events that would allow for the bonuses to be approved, and the Applicant should support that by showing it has been applied uniformly as stated above.

If all the above are met, the Applicant must demonstrate the costs being claimed are in relation to the performance of eligible emergency protective measures. The Applicant may have to pro-rate the costs associated with the bonuses to account for only the costs related to COVID-19 if the time is split across eligible and ineligible activities.

**Q: Are the costs associated with a County hiring temporary staff to screen individuals coming into the courthouse to ensure those individuals are not showing signs of COVID-19 eligible Category B expenses?**

**A:** Yes, the costs associated with hiring temporary employees to screen entry into government buildings are eligible Category B expenses. Temporary employees hired as a result of the event would be considered “unbudgeted employees” meaning that both straight-time and overtime would be eligible for reimbursement. However, if the employee had not been hired specifically for the COVID-19 response operations or to backfill another employee performing eligible emergency protective measures, the costs would not be eligible under Category B.

**Q: If a community is using Volunteer Fire Department personnel to backfill a person(s) out from COVID-19, and they are paying the VFD person, are the VFD salary and benefits eligible while backfilling?**

**A:** Overtime for the backfill employee is eligible if the employee the backfill employee is replacing is performing eligible emergency work. Straight time would also be eligible if the backfill employee is a contracted or temporary employee. In this case, it hinges on whether the VFD person functioning as the backfill employee is otherwise employed by the Applicant or is only employed while the employee he/she is replacing is unavailable due to the performance of eligible disaster-related emergency work. For additional information, please refer to the PAPPG Pages 24-25 (PDF. Pages 35-36).

**Q: Are the costs associated with placing employees on administrative leave considered to be eligible costs?**

**A:** No, administrative leave is not eligible under the PA program. PAPPG Page 25 (PDF Page 36) states “Administrative leave or similar labor costs incurred for employees sent home or told not to report due to emergency conditions are not eligible.” However, the Coronavirus Aid, Relief, and Economic Security (CARES) Act may provide funding under the “Coronavirus Relief Fund” for those type of costs.

**Q: Are the costs associated with staffing screening checkpoints for the occupants of vehicles entering a defined area considered to be eligible emergency protective measures?**

**A:** Yes, the costs associated with staffing checkpoints for screening occupants of vehicles entering a defined area, such as barricades, fencing, law enforcement overtime and equipment rates, are considered eligible Category B expenses if those activities are conducted at the direction of public health officials and the costs are reasonable.

**Q: In regards to FEMA’s Donated Resources policy, PAPPG Page 35 (PDF Page 46) includes the following statement: “FEMA considers unpaid individuals who volunteer their labor to an Applicant to be third party even if they are officially members or employees of the Applicant organization (e.g. volunteer fire fighters at a PNP volunteer fire department).” If an Applicant’s exempt employees “volunteer” their time (hours in excess of 8 hours/day and 40 hours/week), can those “volunteer” hours be used as donated labor to offset the Applicant’s non-Federal share?**

**A:** Region VIII received the following response from HQ: “No, a paid employee who performs unpaid work is not eligible as a donated resource. The same section in PAPPG V3.1 (see Chapter 2: V.L. Donated Resources) specifically states that paid employees of the Applicant are not considered “third party,” and would, therefore, not be eligible as a donated resource. The provision mentioned in the question comes later in the section and is specific to all-volunteer staff, meaning the individual volunteering time is an unpaid member of the Applicant’s organization. It is an exception to the aforementioned requirement that the volunteer labor does not count as a donated resource if the individual is otherwise a paid employee”.

**Q: Is hazardous duty pay eligible if it is required as a part of the terms and conditions of a service contract?**

**A:** If the State is under a contractual obligation to pay for hazardous duty pay according to the contract terms and conditions, these costs may be eligible for reimbursement. FEMA reimburses these types of costs based on the terms of the agreement subject to cost reasonableness and proper documentation of the costs.

### Emergency/Critical Services

**Q: Hospital Association X is working in the SEOC as the coordinating organization for all the hospitals in the State for COVID-19 response operations. Could the Association receive reimbursement for their regular and overtime?**

**A:** FEMA uses an “Eligibility Pyramid” when evaluating what costs may be eligible for PA funding (Applicant > Facility > Work > Costs). Following the “Eligibility Pyramid”, the Hospital Association would need to provide IRS tax-exemption documentation or State certification showing that it is an eligible PNP Applicant (*Eligible Applicant*). It would then need to demonstrate that it owns or operates a facility providing eligible critical or non-critical, essential services (*Eligible Facility*) since PNPs do not generally have the legal responsibility to provide emergency protective measures (EPMs) to the community. The eligibility of the services provided at the PNP’s facility is generally supported with the PNP’s articles of incorporation, by-laws or charter.



If the PNP is determined to be an Eligible Applicant owning or operating an Eligible Facility providing critical or non-critical, essential services, FEMA will then review the work for eligibility. The coordination of emergency response operations are eligible emergency protective measures (*Eligible Work*) and the costs associated with the EPMs are eligible, excluding regular time which is generally ineligible (*Eligible Costs*). However, these costs can only be funded when the eligible Applicant has the legal responsibility for providing these services.

In this case, Hospital Association X (HA X) is not legally responsible for the emergency response coordination; therefore, the work would not be considered eligible for HA X. Instead, the costs would be considered increased operating costs which PNPs are not eligible for unless the PNP performs the emergency service at the request of the legally responsible government entity (SLTT) through a written agreement; at which point, FEMA could then reimburse the State for those costs since the State is the eligible Applicant legally responsible for the coordination. The written agreement would need to outline the services to be provided and the costs to be reimbursed, which could include regular time since it's similar to a contractual agreement and not subject to PA force account labor policies, so FEMA has some sort of basis for reimbursing the State for those costs. Alternatively, if HA X decides to volunteer their time to the State, the State could use HA X's labor as donated resources to offset the State's non-Federal share.

To summarize, the work itself is eligible and the costs associated with the work are eligible, excluding regular time in most cases. However, FEMA would not be able to reimburse HA X directly for these costs since the legal responsibility for emergency response coordination lies with the State. It could only be reimbursed indirectly through an agreement with State.

**Q: Could a jurisdiction pay/waive the utility bills for residents directly and indirectly affected by COVID-19 under Category B?**

**A:** Payment of residents' utility bills is not the legal responsibility of the SLTT and therefore would not be eligible for reimbursement under Public Assistance, Category B Emergency Protective Measures. Additionally, it is not an emergency protective measure that is required as a direct result of a Public Health Emergency in communities.

**Q: Many Sanitation Districts are servicing their sewer lines more frequently than normal maintenance schedule due to the influx of wastewater, toiletries, wipes, etc. into their systems. Would the cost related to the additional servicing of sewer lines be eligible?**

**A:** Increased operating costs are generally ineligible for public entities except in limited circumstances such as those relating specifically to an eligible emergency action to save lives or protect public health and safety. Increased operating costs for PNPs are

also generally ineligible unless the PNP is performing an emergency service at the request of the responsible government entity. The cost of servicing and maintaining the sewer lines is not directly related to the incident; therefore, the associated costs would not be eligible for reimbursement under the PA program.

**Q: Would the use of police to enforce stay-at-home orders related to COVID-19 be considered an eligible emergency protective measure?**

**A:** Yes, law enforcement work related to enforcing stay-at-home orders at the direction or guidance of public health officials would be considered eligible emergency protective measures taken to respond to the COVID-19 emergency.

**Q: How are costs associated with the National Guard State Active Duty (SAD) reimbursed under PA?**

**A:** The work being performed must be directly related to COVID-19 eligible activities, such as supporting medical operations, for the costs to be reimbursed under PA.

Per PAPPG Page 34 (PDF Page 45), “The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits.” However, anything funded by Department of Defense (DoD) under Title 32 and Title 10 activations are ineligible under the PA as they are funded through DoD.

**Q: Would National Guard support to cyber security missions under Mission Assignment for COVID-19 response be eligible as emergency protective measures necessary to save lives and protect public health and safety?**

**A:** No, these are not eligible costs under the Mission Assignment (MA). The President’s emergency declaration (and subsequent major declarations) for the ongoing COVID-19 pandemic provided that eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials’ may be reimbursed. Work to execute a cyber security program is not an eligible emergency protective measure taken in direct response to the COVID-19 emergency. Because the underlying action is not an eligible emergency protective measure, backfilling employees with National Guard resources is also not an eligible activity.

**Q: PAPPG Page 58 (PDF Page 69) states the “storage and interment of unidentified human remains” and “mass mortuary services” are eligible emergency protective measures. Does the assumption that the remains are identifiable/identified affect the Applicant’s ability to receive reimbursement?**

**A:** It does not affect the Applicant’s ability to receive reimbursement. Under the Stafford Act declarations for COVID-19, casualty management is eligible as an Emergency Protective Measure.

**Q: Would the costs associated with linguistic services to translate Public Health information be considered an eligible emergency protective measure?**

**A:** Linguistic services related to the “dissemination of information to the public to provide warnings and guidance” would be eligible under the PA COVID-19 event. Please refer to the [FEMA Accessible Public Service Announcements Fact Sheet](#).

**Q: Are Public Service Announcement campaigns related to COVID-19 eligible emergency protective measures?**

**A:** Public service announcements are eligible emergency protective measures when those PSAs are directly related to eliminating or lessening an immediate threat to lives, public health, and safety. For example, PSAs instructing the public on where to go to get tested or when they get sick, what the public health order mandates, how to properly clean/disinfect or social distance, etc. would be related to lessening the threat and would be eligible as EPMs. However, PSAs educating the public on price gouging or financial recovery grant programs would not be essential to lessening the threat, and, therefore, would not be eligible EPMs. Please see the following statutes and policy for additional information: 44 CFR § 206.201(b), *Emergency work*; 44 CFR § 206.225(c), *Emergency communications*; and, PAPPG Page 58 (PDF Page 69), *Saving Lives and Protecting Public Health and Safety*.

**Q: Would legal services related to the issuing of COVID-19 stay-at-home orders eligible for reimbursement?**

**A:** Legal services related to the dissemination of information to the public to provide warnings and guidance, such as COVID-19 stay-at-home orders, would be considered an eligible cost. The legal services must be tied to an eligible emergency protective measure in order for those costs to be considered under PA. In instances where the legal services are associated with lawsuits related to COVID-19, the costs would be considered ineligible increased operating costs since the costs are not tied to eligible emergency protective measures.

**Q: COVID-19 has caused meat processing plants and producers across the nation to cease or slow production due to COVID-19 infections among employees, resulting in a supply chain backlog and an overpopulation of livestock awaiting slaughter at animal production facilities. Is animal depopulation and disposal eligible under PA?**

**A:** Animal depopulation and disposal due to supply chain interruptions that are causing producers to manage their livestock inventory through euthanizing and disposing of animals prior to processing is not an eligible emergency protective measure in the Public Assistance program. Additionally, USDA provided the information below regarding their programs:

The [Coronavirus Food Assistance Program \(CFAP\)](#) does not cover costs of depopulation or carcass disposal. Under CFAP, assistance to livestock producers has two components – animals sold between January 15, 2020 to April 15, 2020 and livestock inventory subject to price risk on a date of the producers choosing between April 16, 2020, to May 14, 2020. Animals that are a part of a producer's inventory on the date he/she chooses are eligible for a CFAP payment.

USDA APHIS and Natural Resources Conservation Service (NRCS) are providing technical assistance related to depopulation activities and while funding is not available for euthanizing or indemnification of livestock, NRCS does provide resources for just the carcass disposal through the [Environmental Quality Incentives Program \(EQIP\)](#). Producers who are considering depopulation should contact their local NRCS office prior to initiating any depopulation activity. Producers can find their local NRCS contact information in the [Find Your Local Service Center](#).

### **[Food, Water and Supplies Distribution](#)**

**Q: Would the purchase and distribution of food, water, ice, etc. by the local jurisdiction for the community be eligible?**

**A:** No, as the COVID-19 event did not impact essential services such as grocery stores, restaurant pick-up, delivery services and online markets, the purchase and distribution of food, water, ice, etc. to the whole community are not eligible. Additional information related to the purchase and distribution of food can be found in the [PA COVID-19 Purchase and Distribution of Food Policy](#) issued on April 11, 2020.

**Q: Public Health can issue a restraining order on individuals not complying with quarantine orders when they have tested positive for COVID-19. However, Public Health is then responsible for getting groceries and other essential supplies for those individuals. Would the time spent by Public Health performing those duties be reimbursable?**

**A:** The [PA COVID-19 Purchase and Distribution of Food Policy](#) issued on April 11, 2020 acknowledges that there may be instances where the purchase and distribution of food will be necessary as an emergency protective measure to provide food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus. Those who have tested positive for COVID-19 are included in the higher-risk populations under this provision. As such, the costs related to the purchase and distribution of food to the quarantined individuals described above may be eligible for reimbursement for a limited time.

**Q: Are purchase and distribution of food, water, ice, medicine, and other consumable supplies, to include personal protective equipment and hazardous material suits eligible for schools, shelters and those areas that have been designated as quarantine locations? Or, does it apply only to PA eligible applicants who distributes food?**

**A:** Per PAPPG Page 68 (PDF Page 79), the purchase and distribution of food, water, ice, medicine and other consumable supplies for sheltering needs are eligible expenses for State, Territorial, Tribal, and local governments.

However, per PAPPG Page 60 (PDF Page 71), PNPs are generally not legally responsible for emergency services and FEMA does not provide PA funding to PNPs for the costs associated with providing those services. When a PNP provides emergency services at the request of, and certified by, the legally responsible government entity, FEMA provides PA funding through that government entity as the eligible Applicant.

**Q: Are the costs incurred by food banks for buying and distributing food for COVID-19 eligible for reimbursement from FEMA PA?**

**A:** FEMA PA cannot reimburse food banks directly for the costs of buying and distributing food because these activities are not eligible emergency protective measures for PNP food banks. However, SLTT governments may enter into formal agreements or contracts with food banks to provide necessary food commodities. FEMA PA may provide funding to a SLTT government for the cost of providing necessary food commodities through food banks, through a formal agreement or contract, when food security has been impacted and food distribution is necessary to protect public health and safety. Indicators of negative food security impacts include:

- documented decreases of in-kind donations to food banks;

- reduced mobility of those in need due to government imposed restrictions; marked increase or atypical demand for feeding resources; or
- disruptions to the typical food supply chain within the relevant jurisdiction.

FEMA may approve funding to the SLTT for an initial 30 days and may grant a 30-day extension as warranted. FEMA cannot duplicate funding provided by another source and will reconcile final funding based on any funding provided by another agency for the same costs. Foodbanks may not seek direct cost reimbursement from the FEMA PA. Please refer to the [PA COVID-19 Purchase and Distribution of Food Policy](#) issued on April 11, 2020 for additional information.

**Q: Tribes are using livestock to provide meat to Tribal members due to their limited access to grocery store and delivery services and restrictions limiting the Tribal members ability to return to reservations after leaving. Is the cost of the animal and its processing for distribution to the community an eligible expense?**

**A:** The costs associated with the distribution of food, inclusive of livestock sources and processing, is eligible if the Tribe can demonstrate the need to distribute food in response to the COVID-19 pandemic based on the following criteria:

- “Reduced mobility of people in need due to government-imposed restrictions, including “stay-at-home” orders, which prevent certain populations from accessing food;
- Marked increase or atypical demand for feeding resources; or
- Disruptions to the typical food supply chain within a given jurisdiction.”

In the scenario mentioned above, the Tribes travel restrictions limiting the Tribal members ability to leave and return to the reservation would suggest “reduced mobility of those in need due to government imposed restrictions.” Alternatively, the USDA Food Distribution Program on Indian Reservations Program may be able to provide some of the meats referred to in this question to low-income households.

**Q: The PA COVID-19 Purchase & Distribution of Food Policy, dated April 11, 2020, sets time limitations for the distribution of food. When does the 30-day time limitation start?**

**A:** The [PA COVID-19 Purchase and Distribution of Food Policy](#) doesn’t specify; however, Region VIII submitted this question to HQ and received the following response: “Funding may be provided for an initial 30-day period. This 30-day period begins from the date that costs are incurred under this policy. As noted in the policy, an SLTT government may enter into formal agreements or contracts with private organizations, including private nonprofit organizations such as food banks, to purchase and distribute food when necessary as an emergency protective measure in response to the COVID-19 pandemic. In these cases, Public Assistance funding is provided to the legally responsible SLTT government, which would then reimburse the private

organization for services under the agreement or contract. Prior approval of these agreements by FEMA is not required.”

**Q: The PA COVID-19 Purchase & Distribution of Food Policy states “SLTT governments may request a 30-day time extension from the Regional Administrator (RA) with documentation showing continued need.” What is the process for requesting funding for the initial 30-day period and what information is required to legitimize the need for the distribution of food?**

**A:** The [PA COVID-19 Purchase and Distribution of Food Policy](#) does not specify the process for requesting funding for the initial 30-day period, if approval is required, or the documentation needed to legitimize the need. Region VIII submitted this question to HQ and received the following response: “The cost estimate for the food purchase should be for no more than a single-30-day period. This 30-day period begins from the date that costs are incurred under this policy. SLTTs requesting Public Assistance funding will be required to demonstrate that: the food distribution is a result of COVID-19; addresses an immediate threat to life, public health, or safety; the purchase and distribution of food was necessary due to negative food security impacts; and the costs were reasonable.” The level of documentation needed to legitimize the need for food distribution may be circumstantial. Region VIII will work with the SLTTs to determine any additional documentation that may be helpful in supporting the need.

**Q: Is the increased cost associated with the delivery of school meals to kids who are now out of school as a part of the COVID-19 response a reimbursable item under Cat B? For instance, expenses associated with increased costs of delivery of the lunches such as trucks, drives, fuel, etc.**

**A:** Region VIII received the following response from HQ: “A school would normally provide lunch to a child, or make lunch available, during a school day. If the child is not in school and the school is providing a lunch to them, or making one available, it is not an emergency protective measure. If the school incurs additional costs to provide a lunch to a child (e.g., in delivering the meal to a child’s home), or to make one available, it is an increased operating cost. Also note that the USDA provides assistance to schools that are providing and delivering meals to students: [USDA FNS Meal Delivery](#). See also: [USDA FNS Actions to Respond to COVID-19](#) and [USDA FNS Meals4Kids](#).” Additionally, the [PA COVID-19 Purchase and Distribution of Food Policy](#) does not specify that the costs associated with the delivery of school meals to kids out of school as being eligible; however, if a child needs food as a lifesaving and life-sustaining commodity, those costs may be eligible under this policy.



**Q: Is the purchase and distribution of meals to individuals over 60, individuals with access and functional needs or any others who are considered to be higher risk and ordered by a senior official to stay home eligible for reimbursement?**

**A:** According to the [PA COVID-19 Purchase and Distribution of Food Policy](#) released on April 11, 2020, there may be instances where the purchase and distribution of food will be necessary as an emergency protective measure to provide food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus. “Populations in an impacted community that may need the provision of food as a lifesaving and life-sustaining commodity, may include:

- i. Those who test positive for COVID-19 or have been exposed to COVID-19, but who do not require hospitalization;
- ii. High-risk individuals, such as people over 65 or with certain underlying health conditions; and
- iii. Other populations based on the direction or guidance of the appropriate public health official.”

As such, the costs related to the purchase and distribution of food to high-risk individuals for a limited time may be eligible for reimbursement.

**Q: A County has a large population of high-risk individuals, such as people over 65 or with certain underlying health conditions. The County would like to create a program similar to [California's Great Plates Delivered Program](#) where the County purchases meals from restaurants and those meals are then delivered to the high-risk individuals at their homes. Would this project be viable for PA funding? If so, could any meals donated or discounted by the restaurants be used as donated resources towards the County's non-Federal share?**

**A:** The [PA COVID-19 Purchase and Distribution of Food Policy](#) defines the framework, policy details, and requirements for determining eligible work and costs for the purchase and distribution of food; however, it does not dictate a particular method the Applicant must use to purchase and/or distribute food. The costs associated with operating a program similar to California's “Great Plates Delivered” program for the purpose of providing meals in accordance with the policy requirements would be eligible when those individuals are ineligible for other nutrition programs and another Federal agency does not have the specific statutory authority to fund those services. There may be other Federal agency programs that could provide funding or other resources for those same services at no cost share. However, in some instances, other Federal programs require the State to request the activation of those programs: [FNS Disaster Household Distribution Programs](#) and [OAA Nutrition Services Program](#). Additionally, the CARES Act appropriated an additional \$200M to [FEMA's Emergency Food and Shelter Program](#) which provides funding to local jurisdictions for disbursement to local social service organizations, both nonprofit and governmental, that can best address the identified

food and sheltering needs of the community. And, USDA created the [Farmers to Families Food Box](#) program to partner with local distributors to distribute \$3B in agricultural products to those in need ([Farmers to Families FAQ](#)).

Regarding the use of donated or discounted meals as donated resources, 2 CFR § 200.96 defines third-party in-kind contributions as non-cash contributions. The value of the discounted meals would not be considered an eligible donated resource as the discount would be viewed as contribution revenue. However, if the restaurants were to donate meals in their entirety, the County could use the value of those meals/services as donated resources towards the non-Federal share.

**Q: The COVID-19 PA Purchase and Distribution of Food Policy includes populations that may need feeding under the “Work Eligibility” section. Is this language restricting feeding to only those populations identified in the policy, and, if so, to what extent is an SLTT to document that food was provided to eligible persons? In the case of food banks which provide food to pantries, will there have to be an agreement between food bank and pantry that there is a restriction to only those sufficiently impacted by the COVID-19 event?**

**A:** Public Assistance does not intend to collect data on individuals who are receiving food to ensure that food was provided to eligible persons. In the case of food banks, there is no intent to enforce a limitation of distribution of food on an individual basis to only those sufficiently impacted by COVID-19 if the feeding work is providing assistance to address the public health and safety needs under the policy. As stated in our Medical Care Policy, at no time will FEMA request or accept any PII related to the medical care of individual COVID-19 patients.

**Q: The food distribution policy addresses the need to quantify impact due to COVID-19 for the purpose of justifying feeding as an emergency protective measure. What level of documentation will be required to substantiate the need to feed a community?**

**A:** Shelter at Home Orders, data showing increase or atypical demand for feeding resource (comparison of current to historical data pre-COVID), and information on COVID-19 impacts (number of cases) are probably the most common to satisfy the indicators. Many requests include a comparison of current to historical feeding data and extension requests include a justification that states a % increase in COVID-19 cases and % increase in mortalities. The requests also typically include how many individuals were served and at what cost.

**Q: Regarding the food distribution policy, can the total number of COVID-19 cases, economic impact figures, and other publicly available data be used to support cost reasonableness for the necessary scale of feeding?**

**A:** The eligible scope of work will be defined by the “Work Eligibility” section of the policy, including the section on populations that may need food support: “Those who test positive for COVID-19 or have been exposed to COVID-19, but who do not require hospitalization; High-risk individuals, such as people over 65 or with certain underlying health conditions; Other populations based on the direction or guidance of the appropriate public health official.” The reasonableness of costs is addressed in the “Cost Eligibility” section: “Costs claimed by SLTT governments must be reasonable pursuant to Federal regulations and Federal cost principles. A cost is considered reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.” For eligible scope, indicators such as number of COVID-19 cases and high risk populations could support the number of individuals who were provided food support. The reasonableness of the costs for that work would be assessed based on established cost reasonableness criteria, including procurement, unit costs, etc.

**Q: Does USDA have a program that allow commodities to be distributed house-by-house?**

**A:** Yes, USDA has a “Disaster Household Distribution” (DHD) program, which is an existing federal program that allows for USDA food commodities to be distributed house by house. Under a Presidential Declaration of a National Emergency, USDA Food Nutrition Service may approve state requests for DHDs for targeted areas to meet specific needs when traditional channels of food are unavailable and not being replenished on a regular basis. DHD provides boxed foods to households using existing inventories of USDA-purchased foods. More information can be found on the [USDA Disaster Household Distribution Program](#) website.

**Q: Would the costs associated with providing COVID-19 Care Packages that include thermometers, hand sanitizer, masks, etc. be an eligible under PA?**

**A:** The distribution of care packages including thermometers, hand sanitizer, masks, etc. to the general public would not be eligible under the PA COVID-19 event since these types of commodities are accessible to the public through pickup and/or delivery services. However, FEMA could consider the costs associated with the distribution of care packages by the SLTT government to those performing eligible emergency protective measures. The SLTT may need to enter into an agreement with the entity it is distributing care packages to in order to establish legal responsibility if the SLTT is providing care packages to those outside of its jurisdiction.

## **Equipment, Supplies and Related Services**

### **Q: What schedule of equipment rates should be used?**

**A:** Please use [FEMA Schedule of Equipment Rates](#) dated August 27, 2019.

### **Q: Can Applicants purchase their own personal protective equipment (PPE) if the costs are considered reasonable?**

**A:** Yes, the costs to purchase or replace PPE is eligible. Per PAPPG Page 28 (PDF Page 39), the cost of such supplies is eligible if: “purchased and justifiably needed to effectively respond to and/or recover from the incident; or taken from the Applicant’s stock and used for the incident.” FEMA will provide funding for PPE based on either invoices or inventory records. Funding for items used from inventory will be priced according to the Applicant’s established method. If the Applicant does not have an established method, funding will be based on historical data or other prices from comparable vendors. Lastly, the Applicant must be able to demonstrate that the PPE is being provided to personnel performing eligible emergency protective measures.

### **Q: Is PPE for fire, law and EMS eligible for PA reimbursement if those first responders are responding to both COVID-19 and non-COVID-19 calls?**

**A:** The purchase of PPE for law, fire and EMS personnel is eligible regardless of whether the emergency calls are related to the declared event since those personnel are providing emergency services to the general public and cannot necessarily know when or if they will come into contact with COVID-19 individuals.

### **Q: Would the purchase of materials to make homemade masks for the distribution to the community be an eligible Category B expense? Could the masks be considered a donated resource?**

**A:** The purchase of the homemade masks for the distribution to the whole community would not be an eligible Category B expense as the masks are not directly required to save lives or protect public health and safety. Although homemade masks can be an effective complement to good hygiene, social distancing and other mitigation measures, the masks are not considered PPE according to the CDC. Additionally, the masks would not be considered eligible donated resources as the eligible Applicant is the one providing the masks. FEMA’s donated resources policy applies when:

- The donated resource is from a third party (a private entity or individual that is not a paid employee of the Applicant or Federal, State, Territorial, or Tribal government);
- The Applicant uses the resource in the performance of eligible Emergency Work; and

- The Applicant or volunteer organization tracks the resources and work performed, including description, specific locations, and hours.

However, the costs associated with purchasing the masks or the value of donated masks may be eligible for Applicants who are either performing emergency protective measures or mandated by public health officials to provide the masks to employees.

**Q: Are the costs associated with PPE purchased by the SLTT and provided to non-emergency medical facilities such as dental offices eligible under PA?**

**A:** Public Assistance cannot fund PPE provided to non-emergency medical facilities since those offices are not performing eligible emergency protective measures. Additionally, PA could not fund the costs associated with PPE procured on behalf of a private business. However, there have been discussions with HHS on whether PPE procured from April 15 – June 15, 2020 under the FEMA-HHS MOU through mission assignments could be provided to the non-emergency medical facilities such as dental offices. The FAQ will be updated once a response is received.

**Q: Since the President ordered the meat and poultry industry to remain open, is PPE purchased by an eligible Applicant and given to the employees at these critical industries as defined by the President an eligible reimbursable cost?**

**A:** The purchase of PPE for critical industries is not the legal responsibility of the SLTT; therefore, these types of expenses are not eligible for reimbursement under Category B. Additionally, PPE purchased by eligible Applicants must be used in relation to emergency protective measures. The meat and poultry industry operations do not qualify as emergency protective measures even though it is now classified as a critical industry. FEMA, HHS and CISA along with other federal agencies are supporting the distribution of free cloth facial coverings for critical infrastructure workers who do not need medical-grade PPE to facilitate President Trump's guidelines for opening businesses again. It will be a phased approach with priority placed on infrastructure workers, first responders and food producers.

**Q: Can excess PPE be donated to for-profit medical facilities?**

**A:** This question was submitted to HQ on March 25, 2020. Region VIII does not believe the PPE could be directly donated to the for-profit hospitals. The hospital itself is performing eligible emergency services; however, it is not an eligible Applicant. The SLTT being the eligible Applicant and legally responsible for emergency services under PA would need to enter into an agreement with the hospital to outline the services provided and include the supply of PPE as a part of the agreement terms and conditions to support the excess PPE was used in relation to eligible emergency protective measures.

**Q: The State purchased KN95 masks, which were approved by the FDA for medical use at the time of purchase. Since that time, the FDA has rescinded its approval for these masks to be used for medical purposes. The State cannot return the masks for a refund, but can distribute them for other, non-medical purposes. Can the costs related to the KN95 masks still be eligible if the masks are used for non-medical purposes?**

**A:** On May 7, 2020, FDA revised and reissued the April 3, 2020 Emergency Use Authorization (EUA) based generally on concerns raised in regards to the authenticity of certain respirators authorized under the third criterion of the April 3, 2020 EUA. Masks purchased during the time period of April 3 through May 7, 2020 would remain eligible for reimbursement. The procurement for PPE should follow the FDA guidance to be eligible for FEMA PA reimbursement. How the State chooses to dispose of these particular KN95 masks rests with the State.

**Q: If an eligible Applicant uses the Battelle System to disinfect their N95 masks, would the shipping/transportation costs to and from the Battelle site be eligible?**

**A:** Battelle is offering free shipping for healthcare systems if those entities choose to use Battelle's Cardinal shipping method and free shipping to emergency responder organizations if those entities choose to use Battelle's FedEx shipping method. Please contact your Battelle Representative for more information.

**Q: Is the purchase of additional medical exam tables, equipment, and exam room cabinets to augment current capacities eligible for reimbursement?**

**A:** Yes, the purchase of durable medical equipment and consumable medical supplies necessary to respond to COVID-19 cases is eligible under the PA program. However, according to PAPPG Pages 79-80 (PDF Pages 90-91), disposition requirements may apply. For additional information, please refer to the [COVID-19 PA Fact Sheet: Emergency Medical Care](#).

**Q: Is the purchase of a portable x-ray machine to prevent infected patients from being moved through a hospital eligible under PA?**

**A:** The purchase or lease of durable medical equipment for medical facilities treating COVID-19 patients is eligible. Since FEMA's current guidance is specific to the diagnosis and treatment of COVID-19 patients, FEMA could only consider the costs related to the portable x-ray machine if the machine is being used for the diagnosis of COVID-19 rather than for general use. The Applicant would need to do a lease vs purchase analysis to support cost reasonableness, and, if the machines are purchased, 2 CFR §200.313(e) disposition requirements would likely apply to this scenario.

**Q: The State purchased ventilators due to a short supply of ventilators within the State and at the direction of Public Health; however, many of the ventilators purchased have not been used in the COVID-19 response to date. Would the unused ventilators be eligible for reimbursement under PA?**

**A:** The purchase of specialized medical equipment, such as ventilators, necessary to respond to COVID-19 cases is eligible for PA Category B reimbursement. The equipment purchase would be subject to 2 CFR §200.313(e) disposition requirements, meaning the fair market value of the machines would be deobligated once the machines are no longer needed for COVID-19 response. Additionally, eligibility of uncovered medical equipment costs would be determined by the ongoing and/or projected needs at the time of the purchase. As such, the State would need to provide documentation (assessments of the projected needs based on guidance from Public Health Officials, caseload trends, other predictive modeling or methodologies, etc.) to support the need to purchase the ventilators that were not ultimately used in the COVID-response operations. FEMA would then reimburse the delta of the substantiated estimated need compared to what the State already had on-hand. Example: If the State had 100 ventilators and purchased 900 ventilators but the projections only showed that 500 were needed to adequately respond to COVID-19, FEMA could only reimburse 400 of those purchased ventilators (500 Projected Need – 100 On-Hand = 400 Reimbursable Delta).

**Q: Public health units are transporting individuals that are either confirmed as COVID-19 positive, symptomatic and being tested, or awaiting test results from shelters to hospitals and back. Would the costs associated with a long-term vehicle rental for COVID-19 transportation services be eligible under the PA?**

**A:** To the extent these costs are not covered by another source, leasing vehicles to transport shelterees to and from medical facilities would be considered eligible emergency protective measures and the costs would be eligible for reimbursement under PA, subject to cost reasonableness. The monthly leasing cost would likely only be eligible for the duration of the Public Health Emergency or for as long as they are needed for COVID-19 response operations, whichever is sooner. Additionally, FEMA may request a lease vs purchase cost comparison to support cost reasonableness if the need extends beyond current projections. And, if the Applicant were to purchase the vehicle, the Applicant should request the hourly equipment rate otherwise the vehicle would be subject to disposition requirements. For more information, please see PAPPG Pages 65-66 (PDF Pages 76-77), which covers a range of activities related to the transportation of individuals to and from shelters and medical facilities.



**Q: If an eligible applicant purchases testing kits from the private sector, would that be an eligible expense under the Emergency Medical Care portion of emergency protective measures?**

**A:** Yes, the purchase of consumable medical supplies, such as testing kits, from the private sector are eligible expenses under Category B if the supplies are necessary to respond to COVID-19 cases.

**Q: Are the costs associated with COVID-19 laboratory testing at a private laboratory eligible?**

**A:** The costs associated with COVID-19 laboratory testing are eligible regardless of whether the eligible Applicant uses force account or contracted services with a private laboratory to perform those services.

**Q: Would the costs associated with conducting mass testing of community members following a large event in the community be eligible under PA?**

**A:** The [FP 104-010-04 PA Medical Care Policy for COVID-19](#) lists Community-Based Testing Sites (CBTS) as eligible work to the extent that the costs are not covered by another source. Additionally, the policy defines CBTS as “strategically located sites within a community operated by a SLTT government for the purpose of providing COVID-19 testing to members of the community.” Although not specified in the policy, FEMA Region VIII is considering the costs associated with testing members of a community under PA when the testing is conducted in accordance with [CDC Testing Guidance](#), which provides recommendations for who should be tested. If the Community is testing certain populations within the parameters of the CDC Testing Guidance regardless of the event, FEMA PA could consider the costs associated with testing members of the community who need the testing. However, although it has not been indicated to date, there is the concern that the [CDC’s Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases \(ELC\) Program](#) could have more specific authority to cover such costs meaning Applicants could be directed to go to the CDC prior to requesting reimbursement under PA. FEMA Region VIII is working with FEMA HQ to receive additional guidance related to the CBTS. This FAQ will be updated once additional information is received.

**Q: Can laboratories requested FEMA PA reimbursement for analyzing COVID-19 tests of uninsured persons?**

**A:** The answer to this question would depend on whether the lab is an eligible Applicant under FEMA PA. PA is designed to reimburse SLTT governments and certain types of private non-profits. A private lab would not be eligible for direct reimbursement under the PA program, though payment for contract services provided to an eligible Applicant, as defined above, may be reimbursable to the eligible Applicant. Additionally,

PA eligibility of specific medical care costs is dependent on the facility, other sources of funding, and other considerations specific to the circumstances of the incurred costs. FEMA cannot provide PA funding for clinical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement; therefore, the Applicant must demonstrate it has:

- Pursued funding from private insurance, Medicare, and/or Medicaid, as appropriate;
- Pursued funding through the CARES Act for uninsured patients; and,
- Not received funding from another federal agency or any other funding source for the same purpose. This includes, but is not limited to, funding provided by:
  - The Public Health Emergency Preparedness Cooperative Agreement Program;
  - The Public Health Crisis Response Cooperative Agreement;
  - The Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases;
  - Grants available from the HHS Office of the Assistant Secretary for Preparedness and Response; and
  - The Coronavirus Relief Fund (Title V of the CARES Act).

Under the PA program, the default cost share is 75 percent federal; the remaining 25 percent of costs come from non-Federal sources.

**Q: Communities have lost staff for essential businesses like grocery stores and gas stations because the staff is afraid to come to work. Would the costs incurred by a City/County to install any type of protective barriers between employees and customers at essential businesses be eligible?**

**A:** No, the installation of protective barriers at essential businesses is the not the legal responsibility of the SLTT; therefore, these types of expenses are not eligible for reimbursement under Category B.

**Q: If a County is establishing an alternate EOC in case their primary EOC becomes inaccessible, would the costs associated with installing a transfer switch from their alternate power source to ensure continuity if they lose power be considered an eligible emergency protective measure?**

**A:** Purchases of equipment and supplies that are not used to perform eligible work are generally not eligible for reimbursement. However, if the EOC is determined to be “**unsafe, inaccessible, or destroyed as a result of the incident**” and it becomes necessary to relocate to an alternate EOC due to the COVID-19 contamination, the costs related to relocating the EOC, such as the purchases of equipment to make the alternate EOC operational, may be eligible.

**Q: Can a County utilize PA funding for upgrades to their EOC, such as automatic, touchless doors, self-sanitizing surfaces and indoor air quality measures that help eliminate threat of COVID spread?**

**A:** Permanent renovations to a facility are not eligible emergency protective measures unless the facility is an eligible medical care facility and the Applicant can demonstrate that the work can be completed in time to address COVID-19 capacity needs and is the most cost-effective option. However, FEMA HQ is reviewing a range of activities relevant to the “Opening Up America Again” efforts, including facility retrofitting, and additional guidance is pending.

**Q: The CDC recommends increased ventilation in office buildings and workplaces with fresh air. Will FEMA reimburse the costs associated with modifying HVAC systems at public buildings and government workplaces?**

**A:** At this time, FEMA can only fund facility alterations/renovations costs related to medical care facilities providing patient treatment based on the COVID-19 PA Medical Care Policy. And, even with medical care facilities, the costs associated with permanent renovations are generally not eligible under Category B. However, FEMA HQ is reviewing a range of activities relevant to Opening America efforts, including facility retrofitting, and additional guidance is pending. This response will be updated if there are any changes to eligibility once that guidance is issued.

**Q: An eligible Applicant is purchasing equipment they believe is necessary to ensure continuity of essential 911 functions by providing the capability to work remotely. Would the purchase of equipment as a contingency to allow the 911 center to perform its essential call processing and dispatch responsibilities remotely be considered an eligible emergency protective measure?**

**A:** The DHS [Cybersecurity & Infrastructure Security Agency Advisory](#), dated March 28, 2020, specifically lists “911 call center employees” as essential critical infrastructure workers during the COVID-19 public health emergency. Unless the 911 call center is ordered to close its facility at the direction of public health officials, costs associated with transitioning to a virtual/remote operational environment are not eligible under PA. Additionally, if the need is identified and the associated costs are determined eligible for PA funding, it would not matter if the emergency calls were related to the declared event or not as 911 centers are essential critical infrastructure that must remain operational.

**Q: Are the IT costs associated with essential personnel supporting the EOC and Health Department virtually considered to be eligible expenses?**

**A:** FEMA HQ considers the purchase of computers, laptops, internet service, and other related expenses to be increased operating costs, which is typically considered to be ineligible. However, increased operating costs are eligible when: the services are

specifically related to eligible emergency actions to save lives or protect public health and safety or improved property; the costs are for a limited period of time based on the exigency of the circumstances; and the Applicant tracks and documents the additional costs. The Applicant must support the criteria mentioned above has been met and the costs are reasonable for FEMA to consider funding the increased operating costs.

**Q: As the State focuses more on teleworking and shutting down facilities, would the costs associated with equipment purchases (printers, monitors, laptops, etc.) as well as the costs related to wrap-around services such as VPN services to increase cyber security be eligible under this current EM declaration?**

**A:** According to FEMA HQ, "...the purchase of computers, laptops, internet service, and other related expenses is not eligible as an emergency protective measure. These purchases would be considered increased operating costs which are not eligible for public entities unless the additional cost is specifically related to eligible emergency actions to save lives or protect public health and safety or improved property. For PNP Applicants, increased operating costs are generally ineligible even if the facility is providing an emergency service, unless doing so on behalf of and at the direction of the legally responsible government entity. In such cases, PA funding is provided through that government entity as the eligible Applicant."

Region VIII submitted a request for clarification to HQ to understand why the PAPPG "Temporary Relocation of Essential Services" policy would not apply. The response received is as follows: "These costs are still considered increased operating costs. Temporary relocation of essential services is tied to setting up a temporary facility to provide the service. In this case, there is no temporary facility. The requested costs are for equipment and supplies which, for some schools/school districts, is an increased operating cost. As the school is not providing a service that is necessary to save lives or protect public health and safety, the increased costs are not eligible under PA."

**Q: As schools move to online for the considerable future, are the purchase of computers, laptops, internet service and other related expenses associated with online teaching and learning eligible under Category B Public Assistance?**

**A:** According to FEMA HQ, "...the purchase of supplies/equipment (or rent) to permit students to complete remote schooling/education during school closures is not an eligible Cat B expense as it is not directly required to save lives or protect public health and safety."

Region VIII submitted a request for clarification to HQ to understand why the PAPPG "Temporary Relocation of Essential Services" policy would not apply. The response received is as follows: "These costs are still considered increased operating costs. Temporary relocation of essential services is tied to setting up a temporary facility to provide the service. In this case, there is no temporary facility. The requested costs are

for equipment and supplies which, for some schools/school districts, is an increased operating cost. As the school is not providing a service that is necessary to save lives or protect public health and safety, the increased costs are not eligible under PA. There is a possibility that funding for this purpose becomes available through the Department of Education.” Please see

**Q: Are cleaning supplies (disinfecting agents, sanitizer supplies, PPE) and additional increased costs (staff overtime, contract cleaning, etc.) for schools who have a positive or presumptive positive eligible under CAT B? Are the same above expenses for schools who take precautionary measures, where no positive or presumptive positive COVID-19 has occurred eligible under CAT B?**

**A:** Costs related to increased cleaning/sanitization are generally viewed as ineligible increased operating costs e.g., cleaning and disinfection are a part of normal operating costs. However, FEMA Region VIII is currently considering these costs on a case-by-case basis. Example: The CDC defines cleaning and disinfecting as two separate things – cleaning with soap and water removes germs, dirt and impurities from surfaces while disinfecting kills germs on surfaces. Routine cleaning would likely not be eligible; however, for eligible public and PNP facilities, costs associated with disinfecting the facility to eliminate or lessen an immediate threat to lives, public health, and safety are eligible regardless of whether there are any positive or presumptive cases. The work should be consistent with current public health guidance as it relates to disinfection recommendations:

- [CDC: Community Facilities Cleaning-Disinfection](#)
- [CDC: Healthcare Facilities Cleaning-Disinfection](#).

In cases where disinfection may appear to be an increased operating cost (e.g., cleaning and disinfection are normal operating costs), funding may be eligible if:

- The facility provides services that are specifically related to eligible emergency actions to save lives or protect public health and safety or improved property;
- The costs are for a limited time based on the exigency of the circumstances; and
- The Applicant tracks and documents the additional costs.

Examples may include increased cleaning and disinfection costs in emergency, medical, and custodial care facilities treating patients infected with COVID-19.

Policies on labor costs, purchase of supplies and equipment, and contracted services apply as with any other incident (e.g., costs must be reasonable and procurement requirements must be followed).

**Q: Is the material purchased to make hand sanitizer eligible under Cat B PA?**

**A:** FEMA is currently reviewing the purchase of hand sanitizer as eligible purchases in relation to EPMs. If the hand sanitizer is made in line with guidance/approval from local health official(s) and the costs are reasonable, the fact that the hand sanitizer is not being purchased directly does not change the eligibility. However, please be cautious of costs that appear to be increased operating costs as certain requirements will apply:

“The Applicant may incur additional costs related to operating a facility as a result of the incident because of an increased demand for the services the facility provides. These additional costs are only eligible if:

- The services are specifically related to eligible emergency actions to save lives or protect public health and safety or improved property;
- The costs are for a limited period of time based on the exigency of the circumstances; and
- The Applicant tracks and documents the additional costs.”

The costs related to the purchase of hand sanitizer is generally not eligible for PNPs and is instead considered an ineligible increased operating cost.

**Q: Would the installation of equipment making it possible for judges to see inmates in the jail via webcam to limit possible exposures be eligible under PA?**

**A:** No, the installation of webcams does not qualify as an eligible emergency protective measure. Unless there is a legal requirement for the inmates to meet with judges in a visual manner, the installation of webcams is not eliminating an immediate threat. And should there be a legal requirement, the first reimbursement funding request should be submitted to the Department of Justice. These costs may be eligible under the [State and Local Edward Byrne Memorial Justice Assistance Grant \(JAG\) Program – Coronavirus Emergency Supplemental Funding \(CESF\) Program](#).

**Q: Would the installation of an air purification system in a jail be an eligible emergency protective measure?**

**A:** The installation of an air purification system in the jail does not qualify as an eligible emergency protective measure under the PA program as the jail is not performing emergency protective measures and the installation is not directly required to save lives or protect public health and property. These costs may be eligible under the [State and Local Edward Byrne Memorial Justice Assistance Grant \(JAG\) Program – Coronavirus Emergency Supplemental Funding \(CESF\) Program](#).

**Q: Would automated screening machines purchased and installed at County courthouses and public health building be and eligible Category B expense?**

**A:** The eligibility of durable medical equipment purchases under PA is in relation to the treatment or prevention of a patient's further deterioration and not necessarily applicable to the screening of individuals. Additionally, it is not clear whether purchasing the screening machines is the lower cost alternative. FEMA may review the costs on a case-by-case basis for cost reasonableness; however, the purchase of the screening machines does not appear to be an eligible emergency protective measure since the purchase is not being made at the direction of public health officials, is not directly required to save lives and protect public health and safety, and is not always the most effective option. Alternatively, the BJA CESF program may be able to cover these costs with no cost share requirement.

**Q: Would the build-out of plastic partitions "sneeze shields" at County courthouse counters be a reimbursable emergency protective measure?**

**A:** The build-out of protective barriers or "sneeze shields" at County courthouses would not be an eligible emergency protective measure since the courthouses are not performing eligible emergency activities related to the COVID-19 and the barriers are not directly required to save lives or protect public health and safety. These costs may be eligible under the [State and Local Edward Byrne Memorial Justice Assistance Grant \(JAG\) Program – Coronavirus Emergency Supplemental Funding \(CESF\) Program](#). However, if a public health official directs the installation of protective barriers at a facility as a required engineering control or the facility is one that provides eligible emergency protective measures, the costs associated with the installation of the barriers may then be eligible subject to cost reasonableness.

**Q: Is the purchase of ankle monitors for runaway juveniles who are symptomatic but not a priority for COVID-19 testing and cannot be placed in juvenile detention centers eligible for reimbursement?**

**A:** No, the purchase of ankle monitors is not an eligible Cat B expense as it is not directly required to save lives or protect public health and safety. These costs may be eligible under the [State and Local Edward Byrne Memorial Justice Assistance Grant \(JAG\) Program – Coronavirus Emergency Supplemental Funding \(CESF\) Program](#).

**Q: Would the purchase of machines used to test wastewater for COVID-19 be an eligible emergency protective measure?**

**A:** According to the CDC, "Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or inactivate the virus that causes COVID-19." Additionally, the CDC is not currently recommending any additional COVID-19-specific protections for employees involved in



wastewater management operations, including those at wastewater treatment facilities. As such, the purchase of machines to test wastewater would not qualify as an eligible emergency protective measure under the PA program as the machines are not directly required to save lives or protect public health and property. Please see the [CDC Water and COVID-19 FAQ](#) for additional information.

**Q: Would the purchase of machines used to test wastewater for the purpose of wastewater-based epidemiology be an eligible emergency protective measure?**

**A:** This question was submitted to HQ and the FAQ will be updated once a response is received. The costs associated with wastewater-based epidemiology (WBE) appear to be eligible emergency protective measures; however, similar to the question related to contact tracing, the CDC's Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) program may have more specific authority to fund such costs.

### **Child Care Services**

**Q: Would establishing/contracting childcare services for critical/essential employees be considered an eligible emergency protective measure?**

**A:** Child care costs for health care workers, first responders, and essential employees is not the legal responsibility of the SLTT and therefore is not eligible for reimbursement under Category B. However, the CARES Act included \$3.5 billion in additional funding for the Child Care Development Block Grant Program (CCDBG) to provide child care assistance to health care sector employees, emergency responders, sanitation workers, and other workers deemed essential during the response to the coronavirus. Updates will be posted on the HHS Office of Child Care COVID-19 resources page: [CCDBG COVID-19 Resources](#).

### **Medical Care**

**Q: Since “inpatient” status is placed on individuals admitted to a hospital and under the care of medical staff, how is FEMA determining the eligibility of medical care when inpatient care is currently listed in the PAPPG as ineligible?**

**A:** According to the [FP 104-010-04 PA Medical Care Policy for COVID-19](#) published on May 11, 2020, the costs associated with both emergency and inpatient treatment may be eligible. For eligible primary medical care facilities, the costs must be associated with the treatment of COVID-19 patients, including both confirmed and suspected cases of COVID-19, for those costs to be considered under PA. For eligible temporary or expanded medical care facilities, eligible costs can be related to the treatment of both COVID-19 and non-COVID-19 patients. However, FEMA cannot provide PA funding for

costs that are included in patient billing and/or otherwise covered by another funding source. This includes, but is not limited to, patient payments, insurance and other Federal agency funding sources as outlined on Pages 7-8 of the policy.

**Q: What level of documentation will be required to support COVID-positive patient treatment without violating HIPPA or the Privacy Act?**

**A:** Region VIII submitted this question to HQ and is awaiting clarification. However, the [FP 104-010-04 PA Medical Care Policy for COVID-19](#) states: “At no time will FEMA request or accept any Personally Identifiable Information related to the medical care of individual COVID-19 patients.” Additionally, “FEMA will reconcile final funding based on any funding provided by another agency or covered by insurance or any other source for the same purpose. FEMA will coordinate with HHS to share information about funding from each agency to assist in preventing duplication of benefits.” The FAQ will be updated once a response is received regarding the level of documentation that will be required to support COVID-19-related treatment.

**Q: What are the time limitations for the medical care costs related to COVID-19?**

**A:** According to the [FP 104-010-04 PA Medical Care Policy for COVID-19](#): “Costs for eligible medical care for COVID-19 declarations are limited to those incurred within six months of the date of the declaration in accordance with regulatory timeframes for emergency work at 44 C.F.R. §206.204(c) or until the end of the COVID-19 Public Health Emergency, whichever comes first. For all COVID-19 declarations, FEMA may extend the deadline in accordance with 44 C.F.R. §206.204(d) if the duration of the COVID-19 Public Health Emergency extends beyond six months or for work required after the end of the Public Health Emergency, such as demobilization of temporary medical facilities, or to address localized needs as appropriate.” Additionally, ongoing and projected needs regarding continuing operations should be based on regular assessments. Assessments should include “adjustments to projected needs based on guidance from public health officials, caseload trends, and/or other predictive modeling or methodologies; lead times and associated costs for scaling up or down based on projected needs; and any other supporting information.”

**Q: Where can I find the specific waivers to the Medicare Conditions of Participation for acute care and critical access hospitals as well as waivers to the provider-based billing rules?**

**A:** Please refer to the [Centers for Medicare and Medicaid Services \(CMS\)](#) website for public health emergency waiver information. Specific information regarding waivers for health care providers can be found at: [CMS Emergency Declaration Blanket Waivers for Health Care Providers](#) and [CMS Medicare Fee-for-Service \(FFS\) Billing FAQ](#).

**Q: Would medical billing be eligible under PA?**

**A:** PAPPG Page 61 (PDF Page 72) identifies administrative activities as ineligible increased operating costs, and PAPPG Page 64 (PDF Page 75) further specifies that administrative costs associated with the treatment of survivors are ineligible. As such, costs related to medical billing at primary medical care facilities would not be eligible under PA; however, those costs may be eligible when the medical billing is in relation to temporary or expanded medical care facilities.

**Q: Are costs associated with contact tracing eligible for PA reimbursement?**

**A:** Although contact tracing is not addressed in the [FP 104-010-04 PA Medical Care Policy for COVID-19](#), Region VIII received direction on whether FEMA will fund mapping/contact tracing under Mission Assignment or reimburse under PA. The response received is as follows: “FEMA funding would not be appropriate. The guidance is not based upon the nature of the activity, but instead appropriations-- FEMA cannot fund an activity where another agency has more specific authority and that is the case here. Where a more specific appropriation exists, FEMA's general DRF funding is not available. As of last evening [May 7, 2020], the guidance was that CDC/HHS has programs and funding specifically available for this activity, and accordingly Stafford Act funding would not be appropriate. This guidance is applicable to both FEMA Mission Assignments and reimbursement under the Public Assistance (PA) Program.”

**Q: Are transportation costs for non-COVID-19 patients eligible if the hospital is transporting those individuals to other facilities to make room for COVID-19 patients.**

**A:** Any costs that are billed to patients or covered by insurance, Medicare, Medicaid, or through CARES Act funding for uninsured patients, or otherwise covered by another source of funding, are not eligible under PA. Otherwise, medical transport related to COVID-19 is eligible. This would include non-COVID patients being transported to a temporary medical facility (including an Alternate Care Site) as necessary to effectively respond to COVID-19.

**Q: Would the costs related to a mobile telemedicine clinic be eligible under PA?**

**A:** There is insufficient information to determine if the machines and operating licenses are eligible medical care or other eligible emergency protective measures under COVID-19 declarations. Assuming that the purpose is for and the machines are used to effectively respond to COVID-19, and the users of the machines have the legal responsibility or are acting on behalf of an Applicant with legal responsibility, and the costs are reasonable and cost effective, then it is likely eligible. If so, the monthly licensing fee would also be eligible for as long as the machines are used during the duration of the Public Health Emergency. The equipment purchase would be subject to

2 CFR §200.313(e) disposition requirements, meaning that the fair market value of the machines would be deobligated once the machines are no longer needed for COVID-19 response.

### **Temporary Facilities**

**Q: Is the lease or purchase of a vacant hotel or medical facility (ex. for-profit medical center for elective surgeries but vacant due to COVID-19) for the purpose of opening a temporary medical facility considered to be an eligible Cat B expense? If the answer is yes and the temporary medical facility is never utilized during the COVID-19 response, would those expenses remain eligible?**

**A:** Repurposing, renovating, or reusing existing facilities as temporary medical or sheltering facilities or constructing new temporary medical or sheltering facilities may be eligible for reimbursement under Category B when existing facilities are overwhelmed or reasonably forecasted to become overwhelmed. If an applicant is considering the use of a temporary facility, please alert FEMA PA and EHP as soon as a potential alternate site is identified. More information on environmental and historic considerations that may be involved in the use of a temporary facility can be found on the COVID-19 EHP Fact Sheets titled “EHP\_EPM Fact Sheet\_COVID-19” and “FP for Temp Facilities\_COVID-19” distributed by Zack Lamb on March 27, 2020 and located in Annex A of this document.

**Q: Can an Applicant lease, lease with an option to purchase, or purchase a hotel as a means of medical housing for isolating people? Would any option be better than the other?**

**A:** The lease or purchase of a facility for non-congregate medical sheltering may be eligible for reimbursement under Category B, subject to prior approval by FEMA. Sheltering solutions, such as hotels, motels, dormitories, etc., should be determined by the Applicant requesting assistance and must meet the criteria of non-congregate sheltering for the COVID-19 emergency as outlined on the [FEMA Non-Congregate Sheltering Fact Sheet](#) and [FEMA Non-Congregate Sheltering FAQ](#). Please work with Kevin Helland ([kevin.helland@fema.dhs.gov](mailto:kevin.helland@fema.dhs.gov), 720-626-3260) to address potential non-congregate sheltering needs.

**Q: Could you provide guidance on how the Alternate Care Sites are being structured, the extent of federal involvement in the setup and operation, the use of the private delivery system, etc.?**

**A:** The answer is dependent upon the process chosen by the eligible Applicant establishing the Alternate Care Sites (ACS). For medical care and ACS, all attempts need to be made to submit charges to Medicare, Medicaid, or private insurance. In the case of COVID-19, there may be funding opportunities through the CARES Act

appropriations for similar activities through other Federal agency programs, such as HHS grants. FEMA would reimburse eligible expenses as identified in our policies and COVID-19 specific guidance that have not been or are not planned to be submitted to another Federal agency. FEMA is involved in the construction and operation of the facility in the capacity of a funding agency. The eligible Applicant is responsible for contracting and operation of the facility, to include medical billing.

**Q: Would actions that occur on property that is owned or under the jurisdiction of another Federal agency (Federal facility parking lots, National Parks campgrounds, etc.) be eligible for PA funding?**

**A:** This could be eligible assuming that:

- It is an eligible applicant;
- The work being performed is the legal responsibility of the applicant;
- The work being performed is necessary to address the COVID19 pandemic;
- The applicant is performing eligible work (i.e., temporary facilities, approved non-congregate sheltering);
- The work is not being funded by another federal agency; and
- The applicant has attained the proper written approval and/or documentation for the use of the federal facility or land.

Please alert FEMA PA if you are considering a site located on Federal property.

**Q: Would insurance costs for temporary medical facilities be reimbursable?**

**A:** No, insurance costs related to temporary medical facilities are not reimbursable under the PA program. According to the PAPPG Page 79 (PDF Page 90), “FEMA does not provide PA funding for utility, maintenance, or operating costs in a temporary facility, even if these costs increase.” Additionally, “FEMA does not require the Applicant to obtain and maintain insurance for temporary facilities.” Insurance is considered an operating cost of the temporary facility and is not required under the PA program. As such, insurance is not eligible for reimbursement. Region VIII requested clarification from HQ to ensure it was not misapplying the policy since, in the case of the COVID-19 event, those costs truly are extraordinary costs separate from the Applicant’s normal operating budget. HQ agreed that insurance costs are not eligible as there is not an obtain and maintain requirement for temporary facilities and FEMA does not pay for utility, maintenance, and operating costs for temporary facilities.

**Q: If an identified site for an alternative medical care facility is located in the floodplain, will the costs still be eligible for reimbursement?**

**A:** If no practicable alternative sites exist, and the site must be located in a high-risk flood hazard area, an assessment of the type of flood hazards at the site should be

conducted, practicable opportunities for flood mitigation assessed, and a flood evacuation plan/emergency plan developed. These are adjudicated case-by-case. Please alert FEMA PA and EHP staff immediately if you are considering a site located in the floodplain.

**The State would like to retain portable showers in the area in case the showers are needed for an alternate care site. Would the costs to retain the showers be considered an eligible emergency protective measure?**

**A:** The costs associated with pre-positioning resources are generally only eligible when the resources are used in the performance of eligible emergency work. However, there are a few specific cases when pre-positioning resources may be eligible even if the resources are not ultimately used. In the case of the retention fees for showers, the costs may be eligible if there is a contractual agreement between the State and the vendor and the purpose of the showers is tied to an eligible medical care activity such as the establishment of alternate care sites.

**Q: An Applicant heard that an ACS left unoccupied for longer than 6 months becomes a “permanent facility” and is therefore not eligible for the PA reimbursement. Is this true?**

**A:** FEMA only provides PA funding for work completed and costs incurred within regulatory deadlines based on the category of work: Emergency Work (6 Months) vs Permanent Work (18 Months). As stated in the [COVID-19 PA Medical Care Policy](#), emergency work for COVID-19 is limited to 6 months from the declaration date or until the end of the COVID-19 Public Health Emergency (PHE), whichever comes first. However, FEMA may extend this deadline if the PHE extends beyond 6 months or if the work is required, such as ACS demobilization. Additionally, FEMA issued an [ACS “Warm Sites” Fact Sheet](#) for ACS facilities that are unused but remain operationally ready and available for potential medical surge capacity for COVID-19 response when the need is supported by predictive modeling or other supporting information and in accordance with federal, state, and/or local public health guidance. This Fact Sheet states that FEMA is willing to consider the costs related to maintaining an ACS for no more than 30 days after the end of the PHE.

**Q: When does an ACS become a “Warm Site” and what documentation will be required to support the ongoing need for ACS “Warm Sites”?**

**A:** FEMA Region VIII sent this question to Headquarters and is awaiting a response. Until a response is received that suggests otherwise, Region VIII will consider the start date of the 30-day evaluation to begin on the day the site was turned over to the eligible Applicant after build-out. Region VIII will also create a tracking/reporting spreadsheet similar to the NCS reporting requirement to gather basic information for each site to include the following:

- ACS operators will need to submit the following for validation that the ACS is still needed:
  - Per-site certification from Public Health Official that the ACS is needed;
  - Epidemiology report and hospital capacity survey; and,
  - Detail of wrap around services being retained during warm site status including vendor names, timeframes of contracts in place, requirements to keep contract in place, and costs per 30 days.

### **Non-Congregate Sheltering**

**Q: Does non-congregate sheltering delegation to Regional Administrator's require pre-approval?**

**A:** The requirement for pre-approval still applies. The [non-congregate sheltering delegation of authority](#) delegated the approval authority to the Region, but did not alter the requirement that FEMA has to pre-approve non-congregate sheltering before the work actually takes place. If work has already started, the authority to approve a waiver is delegated to the Region.

**Q: Some of our SLTT and PNP Applicants provided vouchers to “high-risk” homeless populations who met the criteria defined in our NCS approval letter prior to the statewide NCS approval and some after in places where an NCS was not set up. Would these costs be eligible?**

**A:** Eligible Applicants who proceeded with non-congregate sheltering (NCS) prior to the approval of the statewide waivers will require an after the fact approval by the Regional Administrator for the costs to be considered. However, the eligible Applicants this NCS approval applies to includes SLTTs not PNPs. PNPs do not have the legal responsibility to provide NCS to the “high-risk” individuals experiencing homelessness as emergency protective measures. As such, FEMA would not be able to consider those costs unless the PNP was performing the services at the request of the SLTT through a written agreement. At that point, FEMA would be reimbursing the Requesting SLTT for the costs it agreed to pay to the PNP in accordance with the NCS approval. Please refer to Kevin Helland's ([kevin.helland@fema.dhs.gov](mailto:kevin.helland@fema.dhs.gov)) email (Subject Line: “Time Extensions & After the Fact Approval for Non-Congregate Shelters”) sent on April 27, 2020 for additional information NCS approval time extensions and after the fact approval requirements. Additionally, more information regarding “high-risk” vs “at-risk” populations can be found below.



**Q: Can FEMA provide guidance on non-congregate sheltering for those at-risk individuals experiencing homelessness?**

**A:** Individuals placed in NCS must meet the criteria defined in Regional Administrator Lee dePalo's NCS approval letter:

- Individuals who test positive for COVID-19 that do not require hospitalization, but need isolation or quarantine (including those discharged from hospitals);
- Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need isolation or quarantine; and
- Individuals who are at "high-risk," such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require Emergency NCS as a social distancing measure.

Those individuals would be placed in the NCS for the amount of time determined by the public health official. This timeframe may vary based on whether the individual has tested positive, been exposed to the virus, or is considered "high-risk". It's important to note there is a difference between "high-risk" individuals and "at-risk" individuals. As stated above, "high-risk" individuals are those people over 65 **or** who have underlying health conditions **and** require emergency NCS. Alternatively, "at-risk" individuals such as individuals experiencing homelessness do not automatically qualify under the "high-risk" category; that individual would have to meet the criteria listed above. However, an SLTT could consider the option of congregate sheltering in facilities such as schools, church, community centers, etc. if there is a need to shelter those at-risk individuals who don't meet the NCS approval criteria.

**Q: What documentation is FEMA going to require to support that NCS was only provided to "high-risk" individuals?**

**A:** FEMA does not intend to collect data on individuals who are receiving NCS to ensure that NCS was provided to eligible persons, and at no time will FEMA request or accept any PII related to the individuals at NCS. FEMA will require certification from the Applicant and the applicable Public Health Official stating that NCS was used explicitly for the purposes as approved in their request and approval memo from the Regional Administrator. This response will be updated if any additional information is received related to the documentation requirements for NCS.

**Q: Can FEMA reimburse a Private Non-Profit directly who has taken the lead on mass care such as sheltering and feeding through an MOU with the County?**

**A:** FEMA cannot reimburse the Private Non-Profit directly for the mass care services provided. Only SLTT governments are eligible for the costs associated with sheltering and feeding operations as those government entities have the legal responsibility to provide emergency services. When a PNP provides emergency services at the request



of, and certified by, the legally responsible government entity, FEMA provides PA funding through that government entity as the eligible Applicant.

**Q: Can an eligible applicant utilize hotel rooms to isolate any police, fire, or emergency service staff that come into contact with individuals infected by COVID-19? If so, would the non-congregate sheltering requirements apply?**

**A:** Non-congregate sheltering of healthcare workers and first responders who require isolation due to COVID-19 exposure may be eligible when determined necessary by the appropriate state, local, tribal, or territorial public health officials and when assistance is not duplicated by another federal agency. Non-congregate sheltering requirements apply to the use of hotel rooms for police, fire, or emergency service staff exposed to COVID-19, and the eligible applicant must request approval from the Regional Administrator for expenses to be considered under Category B.

**Q: If a County has an NCS and allow the cities within the County to use the site, does the County need to have an agreement with the City?**

**A:** An MOU would not be required unless there will be a transfer of money, shared responsibility between the County and the City, or a provision in State law preventing this since the counties generally have the legal authority to provide mass care to residents within its jurisdiction.

**Q: Can FEMA reimburse stand-by labor costs associated with shelter staff at COVID-19 shelters with approved NCS plans in place?**

**A:** PAPPG Page 25 (PDF Page 36) states: "Subject to the provisions of labor cost eligibility criteria, FEMA also provides PA funding for costs related to stand-by time incurred in preparation for and directly related to actions necessary to save lives and protect public health and safety." The policy provides examples of eligible stand-by time such as stand-by time related to evacuating or providing emergency medical care to survivors even if the employee does not ultimately perform the eligible emergency work. Although sheltering is not explicitly listed as an example, reasonable and necessary sheltering stand-by time for a limited time would qualify as an eligible expense under COVID-19. The PAPPG limits reimbursement to that which is reasonable and necessary, not to exceed 14 calendar days from the start of the incident period. Since we are well beyond 14-days from the incident start, Region VIII will be limiting the stand-by labor costs to 14-days from the time it transitioned to a "warm site" NCS (either 14 days from the last shelteree or 14 days from the opening of the NCS if there have been no shelterees) as long as the need to keep it open is supported by data (similar to ACS). If the NCS has not been utilized within the 14-days, the Applicant may need to re-evaluate the need for that particular NCS location or consider amending the contract, so the Applicant isn't incurring costs for an unreasonable amount of time when the NCS isn't being utilized.

**Q: What is the process for requesting emergency non-congregate sheltering as a result of a no notice event such as a wildfire or a flood?**

**A:** Sheltering in subsequent events will be implemented to meet the needs of that incident and in accordance with guidelines on how to appropriately provide sheltering in a pandemic environment. This may include non-congregate sheltering; however, the NCS would need to be implemented in accordance with PA policy. Region VIII submitted a request for clarification to HQ on May 6, 2020 as to whether after-the-fact requests could be considered for subsequent events and/or if plans can be pre-approved to allow states to respond to evacuation and sheltering needs with NCS during the time of the Public Health Emergency in the State. Until a response is received, please refer to PAPPG Pages 66-67 (PDF Pages 77-78) for the criteria that must be met for non-congregate sheltering to be considered in subsequent events.

**Q: A hotel is offering a County a discounted rate to help the County establish non-congregate sheltering in response to COVID-19. Could the discount be considered an eligible donated resource?**

**A:** The cost difference of the discounted room rate vs the actual room rate could not be considered as an eligible donated resource since the discount would be viewed as contribution revenue. And, according to 2 CFR § 200.96, "Third-party in-kind contributions means the value of non-cash contributions (i.e., property or services) that - (a) Benefit a federally assisted project or program; and (b) Are contributed by non-Federal third parties, without charge, to a non-Federal entity under a Federal award." However, if the hotel were to donate any room nights, FEMA could consider the value of those nightly rates as eligible donated resources provided that: "the value of donated space must not exceed the fair rental value of comparable space as established by an independent appraisal of comparable space and facilities in a privately-owned building in the same locality (2 CFR § 200.306(i)(3))." Region VIII recommends comparing the nightly rate to that area's GSA lodging rate to ensure the value is not exceeding the fair rental value of comparable space.

**Q: Is congregate sheltering still allowable under Category B even with the social distancing orders?**

**A:** Yes, congregate sheltering of individuals in facilities such as schools, churches, community centers, or other similar facilities is still allowable under Category B. All sheltering must be conducted in accordance with standards and/or guidance approved by HHS/CDC and must be implemented in a manner that incorporates social distancing measures. FEMA may reimburse costs related to the use of facilities, labor, supplies and commodities, and other sheltering services for the congregate sheltering. Please refer to PAPPG Pages 67-69 (PDF Pages 78-80) for a list of potential eligible sheltering costs.

### Special Considerations

**Q: Will there be an EHP green sheet created for the emergency declarations?**

**A:** Yes, please refer to the COVID-19 EHP Fact Sheet titled “EHP\_EPM Fact Sheet\_COVID-19” distributed by Zack Lamb on March 27, 2020.

## ANNEX A: HQ Memos, Fact Sheets and FAQs

- [COVID-19 Disaster Resources Report \(04.09.20\)](#)
- [Known Cost Share Arrangements \(04.21.20\)](#)
- [Pandemic Exercise Starter Kit \(06.01.20\)](#)
- [RPA Deadline Extension \(03.20.20\)](#)
- [Damage Identification Deadline \(05.14.20\)](#)
- [Simplified Application Fact Sheet \(03.22.20\)](#)
- [Streamlined Project Application \(04.10.20\)](#)
- [Tribal Fact Sheet \(03.25.20\)](#)
- [PNP Fact Sheet \(04.01.20\)](#)
- [Procurement Under Emergency or Exigent Circumstances Memo \(03.17.20\)](#)
- [Procurement Under Emergency or Exigent Circumstances Fact Sheet \(03.16.20\)](#)
- [Eligible Emergency Protective Measures Fact Sheet \(3.19.20\)](#)
- [Accessible Public Service Announcements Category B \(03.21.20\)](#)
- [COVID-19 Purchase and Distribution of Food FP-104-010-03 \(04.11.20\)](#)
- [Emergency Food and Shelter Program \(EFSP\) FEMA Advisory \(05.04.20\)](#)
- [Medical Care Fact Sheet \(03.30.20\)](#)
- [Medical Care Costs Eligible for PA FP 104-010-04 \(05.11.20\)](#)
- [Alternate Care Sites "Warm Sites" \(05.12.20\)](#)
- [Non-Congregate Sheltering Delegation of Authority Fact Sheet \(03.19.20\)](#)
- [Non-Congregate Sheltering FAQ \(03.21.20\)](#)
- [Non-Congregate Sheltering Request Template](#)
- [EHP EPM Fact Sheet](#)
- [EHP Temp Facilities Fact Sheet](#)

[Click Here](#) to be redirected to FEMA's COVID-19 Fact Sheets and Policies

# COVID-19 Disaster Resources Report

The following resources are identified for general informational purposes only and are compiled with publicly available information or with information provided by sources that are publicly obtainable. Please view this document as only a starting point for individual research. The user should always directly consult the provider of a potential resource for current program information and to verify the applicability of a particular program.

## Financial Resources

Created	Department-Agency-Org	Summary	Total Funding	Description	Recovery Support Function	Funding Type
Apr-01-2020	(USACE) Army Corps of Engineers - Department of the Army	CARES Act: USACE/Department of the Army - Expenses - FY2020/FY2021	\$20,000,000	For an additional amount for Expenses, \$20,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	(USACE) Army Corps of Engineers - Department of the Army	CARES Act: USACE/Department of the Army - Operation and Maintenance - FY2020/FY2021	\$50,000,000	Amount for USACE Operation and Maintenance, \$50,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Agricultural Marketing Service	CARES Act: USDA/AMS - Marketing Service - FY2020/FY2021	\$45,000,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, including necessary expenses for salary costs associated with commodity grading, inspection, and audit activities.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Agricultural Marketing Service	CARES Act: USDA/AMS - Food Safety and Inspection Service - FY2020/FY2021	\$33,000,000	Coronavirus funds in support of temporary and intermittent workers, relocation of inspectors, costs of overtime inspectors under the Federal Meat Inspection Act, the Poultry Products Inspection Act, and the Egg Products Inspection Act.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Animal and Plant Health Inspection Service	CARES Act: USDA/APHIS - Salaries and Expenses - FY2020/FY2021	\$55,000,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, including for necessary expenses for salary costs associated with the Agriculture Quarantine and Inspection Program.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Food and Nutrition Service	CARES Act: USDA/FNS - Supplemental Nutrition Assistance Program (SNAP) - FY2020/FY2021	\$15,810,000,000	Funds to prevent, prepare for, and respond to coronavirus- including food distribution to Indian Reservations, facility and equipment upgrades.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Food and Nutrition Service	CARES Act: USDA/FNS - Commodity Assistance Program - FY2020/FY2021	\$450,000,000	For an additional amount for Commodity Assistance Program, \$450,000,000, to remain available through September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally, for the emergency food assistance program.	[Economic]	Supplemental
Apr-01-2020	(USDA)	CARES Act: USDA/FNS - Child	\$8,800,000,000	For an additional amount for Child Nutrition Programs, \$8,800,000,000 to	[Health and Social Services]	Supplemental

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## COVID-19 Disaster Resources Report

	Department of Agriculture - Food and Nutrition Service	Nutrition Programs - FY2020/FY2021		remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.		
Apr-01-2020	(USDA) Department of Agriculture - Food and Nutrition Service	Families First Coronavirus Response Act: USDA/FNS - Commodity Assistance Program - FY2020/FY2021	\$400,000,000	For the Commodity Assistance Program for the emergency food assistance program - for costs associated with the distribution of commodities.	[Economic]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Food and Nutrition Service	Families First Coronavirus Response Act: USDA/FNS - Nutrition Assistance Block Grant to Territories (PR, CNMI, AS) - FY2020/FY2021	\$100,000,000	Secretary of Agriculture to provide grants to the Commonwealth of the Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance in response to a COVID-19 public health emergency.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Food and Nutrition Service	Families First Coronavirus Response Act: USDA/FNS - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) - FY2020/FY2021	\$500,000,000	For an additional amount for the Special Supplemental Nutrition Program for Women, Infants, and Children due to COVID-19.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Foreign Agricultural Service	CARES Act: USDA/FAS - Salaries and Expenses - FY2020/FY2021	\$4,000,000	For USDA/FAS to prevent, prepare for, and respond to coronavirus, domestically or internationally, including necessary expenses to relocate employees.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Forest Service	CARES Act: USDA/FS - National Forest System - FY2020/FY2021	\$34,000,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, including for cleaning and disinfecting of public recreation amenities and for personal protective equipment and baseline health testing for first responders.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Forest Service	CARES Act: USDA/FS - Forest and Rangeland Research - FY2020/FY2021	\$3,000,000	Funds including for the reestablishment of abandoned or failed experiments associated with employee restrictions due to the coronavirus outbreak: Provided, That amounts provided shall be allocated at the discretion of the Chief of the Forest Service.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Forest Service	CARES Act: USDA/FS - Capital Improvement and Maintenance - FY2020/FY2021	\$26,800,000	An additional \$26,800,000 for Capital Improvement and Maintenance to prevent, prepare for, and respond to coronavirus allocated at the discretion of the Chief of the Forest Service.	[Economic]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Forest Service	CARES Act: USDA/USFS - Wildland Fire Management - FY2020/FY2021	\$7,000,000	Additional \$7,000,000 to remain available for Wildland Fire Management first responders to prevent, prepare for, and respond to COVID-19 domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA)	CARES Act: USDA/OIG -	\$750,000	For conducting audits and investigations of projects and activities carried out	[Community Planning and	Supplemental

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## COVID-19 Disaster Resources Report

	Department of Agriculture - Office of Inspector General	FY2020/FY2021		with funds made available in this Act to the Department of Agriculture to prevent, prepare for, and respond to coronavirus, domestically or internationally.	Capacity Building]	
Apr-01-2020	(USDA) Department of Agriculture - Office of the Secretary	CARES Act: USDA/Office of the Secretary - Agricultural Programs - FY20, FY21, FY22, FY23, FY24	\$9,500,000,000	Support for agricultural producers impacted by coronavirus, including producers of specialty crops, producers that supply local food systems, including farmers markets, restaurants, and schools, and livestock producers, including dairy producers.	[Economic]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Rural Development	CARES Act: USDA/RD - Rural Business - Cooperative Service: Rural Business Program Account - FY2020/FY2021	\$20,500,000	To prevent, prepare for, and respond to coronavirus, for the cost of loans for rural business development programs authorized by the Consolidated Farm and Rural Development Act.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Rural Development	CARES Act: USDA/RD - Rural Utilities Service: Distance Learning, Telemedicine, and Broadband Program - FY20, FY21, FY22, FY23, FY24	\$25,000,000	Funds supporting Distance Learning, Telemedicine, and Broadband Program to prevent, prepare for, and respond to coronavirus, domestically or internationally, for telemedicine and distance learning services in rural areas.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDA) Department of Agriculture - Farm Production and Conservation Programs	CARES Act: USDA/FPCP - Farm Service Agency - FY2020/FY2021	\$3,000,000	Funds for Salaries and Expenses for Farm Production and Conservation Programs including expenses to hire temporary staff and overtime expenses to prevent, prepare for, and respond to coronavirus.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDHS) Department of Homeland Security (FEMA specific)	CARES Act: DHS/FEMA - Operations and Support - FY2020/FY2021	\$44,987,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, which shall be for enhancements to information technology and for facilities support.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDHS) Department of Homeland Security (FEMA specific)	CARES Act: DHS/FEMA - Federal Assistance - FY2020/FY2021	\$400,000,000	Coronavirus funding for Assistance to Firefighter Grants for the purchase of personal protective equipment, Emergency Management Performance Grants, and the Emergency Food and Shelter Program.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDHS) Department of Homeland Security (FEMA specific)	CARES Act: DHS/FEMA - Disaster Relief Fund - OIG Set Aside - FY20, FY21, FY22, FY23, FY24	Funding not identified.	Funds transferred from FEMA to Office of Inspector General for coronavirus related supports.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDHS) Department of Homeland Security (FEMA specific)	CARES Act: DHS/FEMA - Disaster Relief Fund - FY20, FY21, FY22, FY23, FY24	\$45,000,000,000	Coronavirus funds to support all aspects of disaster relief financing both projected and actual costs for funds provided under this heading for major disasters and any other expenses.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDHS) Department of Homeland Security (non-FEMA) -	CARES Act: DHS/Cybersecurity and Infrastructure Security Agency - Operations and Support - FY2020/FY2021	\$9,100,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, which shall be for support of interagency critical infrastructure coordination and related activities.	[Community Planning and Capacity Building]	Supplemental

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## COVID-19 Disaster Resources Report

	Cybersecurity and Infrastructure Security Agency					
Apr-01-2020	(USDHS) Department of Homeland Security (non-FEMA) - United States Coast Guard	CARES Act: DHS/USCG - Operations and Support - FY2020/FY2021	\$140,800,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, which shall be for mobilization of reservists and increasing the capability and capacity of Coast Guard information technology systems and infrastructure.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDHS) Department of Homeland Security (non-FEMA) - (USDHS) Department of Homeland Security (non-FEMA)	CARES Act: DHS - Operations and Support - FY2020/FY2021	\$100,000,000	Additional funds to prevent, prepare for, respond to coronavirus, domestically or internationally, which shall be for cleaning and sanitization at checkpoints and other airport common areas; overtime and travel costs; and explosive detection materials.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDHS) Department of Homeland Security (non-FEMA) - Management Directorate	CARES Act: DHS/Management Directorate - Operations and Support - FY2020/FY2021	\$178,300,000	To prevent, prepare for, and respond to coronavirus, domestically or internationally, which shall be for the purchase of personal protective equipment and sanitization materials.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOC) Department of Commerce - Economic Development Administration	CARES Act: DOC/EDA - Economic Development Assistance Program - FY20, FY21, FY22	\$1,500,000,000	For Economic Development Assistance Programs to prevent, prepare for, and respond to coronavirus, domestically or internationally, including for necessary expenses for responding to economic injury as a result of coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USDOC) Department of Commerce - Minority Business Development Agency	CARES Act: DOC/MBDA - Minority Business Development Agency - FY2020/FY2021	\$10,000,000	For minority business centers of the Minority Business Development Agency to provide technical assistance to small business concerns.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOC) Department of Commerce - National Institute of Standards and Technology	CARES Act: DOC/NIST - Scientific and Technical Research Services - FY2020/FY2021	\$6,000,000	Funds for Scientific and Technical Research and Services to prevent, prepare for, and respond to coronavirus, domestically or internationally, - supporting continuity of operations, including measurement science to support viral testing/biomanufacturing.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOC) Department of Commerce -	CARES Act: DOC/NIST - Industrial Technology Services - FY2020/FY2021	\$60,000,000	Coronavirus funds for the Hollings Manufacturing Extension Partnership and National Network for Manufacturing Innovation (Manufacturing USA) to support development and manufacturing of medical countermeasures and	[Community Planning and Capacity Building]	Supplemental

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## COVID-19 Disaster Resources Report

	National Institute of Standards and Technology			biomedical equipment and supplies.		
Apr-01-2020	(USDOC) Department of Commerce - National Oceanic and Atmospheric Administration	CARES Act: DOC/NOAA - Operations, Research, and Facilities - FY2020/FY2021	\$20,000,000	To prevent, prepare for, and respond to coronavirus, domestically or internationally, by supporting continuity of operations, including National Weather Service life and property related operations.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOC) Department of Commerce - National Oceanic and Atmospheric Administration	CARES Act: DOC/NOAA - Assistance to Fishery Participants - FY2020/FY2021	\$300,000,000	Coronavirus funds to assist fishery participants including emergency activities and administration and oversight activities.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Military Personnel	CARES Act: DOD/MP - National Guard Personnel, Air Force - FY20, FY21, FY22, FY23, FY24	\$482,125,000	For an additional amount for National Guard Personnel, Air Force, \$482,125,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Military Personnel	CARES Act: DOD/Military Programs - National Guard Personnel, Army - FY20, FY21, FY22, FY23, FY24	\$746,591,000	Additional funds for National Guard Personnel, Army, \$746,591,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Operation and Maintenance	CARES Act: DOD/Operation and Maintenance, Marine Corps - FY20, FY21, FY22, FY23, FY24	\$90,000,000	Additional funding for Operation and Maintenance, Marine Corps, \$90,000,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Operation and Maintenance	CARES Act: DOD - Operation and Maintenance, Army Reserve - FY20, FY21, FY22, FY23, FY24	\$48,000,000	An additional \$48,000,000 for Operation and Maintenance, Army Reserve, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Operation and Maintenance	CARES Act: DOD/Operation and Maintenance - Navy - FY20, FY21, FY22, FY23, FY24	\$360,308,000	For an additional amount for Operation and Maintenance, Navy, \$360,308,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD)	CARES Act: DOD/Military	\$75,754,000	For an additional amount for Operation and Maintenance, Air National	[Community Planning and	Supplemental

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## COVID-19 Disaster Resources Report

	Department of Defense-Military Programs - Operation and Maintenance	Programs - Operation and Maintenance, Air National Guard - FY20, FY21, FY22, FY23, FY24		Guard, \$75,754,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	Capacity Building]	
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Operation and Maintenance	CARES Act: DOD/Operation and Maintenance, Defense-Wide - FY20, FY21, FY22, FY23, FY24	\$827,800,000	For an additional amount for Operation and Maintenance, Defense-Wide, \$827,800,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Operation and Maintenance	CARES Act: DOD/Military Programs - Operation and Maintenance, Air Force - FY20, FY21, FY22, FY23, FY24	\$155,000,000	For an additional amount for Operation and Maintenance, Air Force, \$155,000,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Operation and Maintenance	CARES Act: DOD/Military Programs - Operation and Maintenance, Army - FY20, FY21, FY22, FY23, FY24	\$160,300,000	For an additional amount for Operation and Maintenance, Army, \$160,300,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Operation and Maintenance	CARES Act: DOD - Operation and Maintenance, Army National Guard - FY20, FY21, FY22, FY23, FY24	\$186,696,000	Funds for Operation and Maintenance, Army National Guard, \$186,696,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Procurement	CARES Act: DOD/Military Programs - Procurement - Defense Production Act Purchases - FY20, FY21, FY22, FY23, FY24	\$1,000,000,000	For an additional amount for Defense Production Act Purchases, \$1,000,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Revolving and Management Funds	CARES Act: DOD/Military Programs - Revolving and Management Funds - Defense Working Capital Funds - FY20, FY21, FY22, FY23, FY24	\$1,450,000,000	Funds to prevent, position, prepare for, and respond to coronavirus, domestically or internationally for Defense-Wide and Air Force Working Capital Funds.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military	Families First Coronavirus Response Act: DOD/Military Programs - Defense Health Program - Medical	\$82,000,000	Funds for health services consisting of SARS-CoV-2 or COVID-19 related items and services.	[Health and Social Services]	Supplemental

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## COVID-19 Disaster Resources Report

	Programs - Defense Health Program	Services - FY20, FY21, FY22				
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Defense Health Program	CARES Act: DOD/Military Programs - Defense Health Program - FY2020	\$3,805,600,000	Funds for operation and maintenance, research, development, test and evaluation - to prevent, prepare for, and respond to coronavirus.	[Health and Social Services]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Defense Health Program	CARES Act: DOD/DHP - TRICARE - FY2020/2021	\$1,095,500,000	Additional funding for the Defense Health Program to be available for contracts under the TRICARE program in the amount of \$1,095,500,000.	[Health and Social Services]	Supplemental
Apr-01-2020	(USDOD) Department of Defense-Military Programs - Office of Inspector General	CARES Act: DOD/OIG - Office of the Inspector General - FY20, FY21, FY22, FY23, FY24	\$20,000,000	An additional amount for Office of the Inspector General, \$20,000,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOE) Department of Energy - Energy Programs	CARES Act: DOE/Energy Programs - Science - FY2020/FY2021	\$99,500,000	Funds for support/access to scientific user facilities in the Office of Science and National Nuclear Security Administration, including equipment, enabling technologies, and personnel associated with the operations of those scientific user facilities.	[Infrastructure Systems]	Supplemental
Apr-01-2020	(USDOE) Department of Energy - Energy Programs	CARES Act: DOE/Energy Programs - Departmental Administration - FY2020/FY2021	\$28,000,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, including for necessary expenses related to supporting remote access for personnel.	[Infrastructure Systems]	Supplemental
Apr-01-2020	(USDOJ) Department of the Interior - Bureau of Indian Affairs	CARES Act: DOI/BIA - Operation of Indian Programs - FY2020/FY2021	\$453,000,000	For public safety and justice programs, executive direction for deep cleaning of facilities, purchase of personal protective equipment, purchase of info. tech. to improve teleworking, welfare assistance and social services including Tribal governments.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOJ) Department of the Interior - Bureau of Indian Affairs	CARES Act: DOI/BIA - Operation of Indian Education Programs - FY2020/FY2021	\$69,000,000	Operation of Indian Education Programs including funding for tribal colleges and universities, salaries, transportation, and information technology.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOJ) Department of the Interior - Bureau of Reclamation	<a href="#">CARES Act: DOI/BOR - Water and Related Resources - FY2020/FY2021</a>	\$12,500,000	Additional \$12,500,000 to remain available for Water and Related Resources to prevent, prepare for, and respond to coronavirus domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOJ) Department of the Interior - Bureau of Reclamation	CARES Act: DOI/BOR - Policy and Administration - FY2020/FY2021	\$8,100,000	For Policy and Administration, \$8,100,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental

## COVID-19 Disaster Resources Report

Apr-01-2020	(USDOJ) Department of the Interior - Insular Affairs	CARES Act: DOI/Insular Affairs - Assistance to Territories - FY2020/FY2021	\$55,000,000	For Assistance to Territories to prevent, prepare for, and respond to coronavirus, domestically or internationally, for general technical assistance.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOJ) Department of the Interior - Office of the Secretary	CARES Act: DOI/Office of the Secretary - Departmental Operations - FY2020/FY2021	\$158,400,000	Coronavirus funds for purchasing equipment/supplies to disinfect buildings/public areas, for law enforcement and emergency management operations, bio surveillance of wildlife and environmental persistence studies, employee overtime and pay.	[Economic]	Supplemental
Apr-01-2020	(USDOJ) Department of Justice	CARES Act: DOJ/OIG - Office of Inspector General - FY20, FY21, FY22, FY23, FY24	\$2,000,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the impact of coronavirus on the work of the Department of Justice and to carry out investigations and audits related to the funding in this Act.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOJ) Department of Justice - Drug Enforcement Administration	CARES Act: DOJ/DEA - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$15,000,000	Additional funding for Drug Enforcement Administration, Salaries and Expenses to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the impact of coronavirus on the Department of Justice.	[Economic]	Supplemental
Apr-01-2020	(USDOJ) Department of Justice - Federal Bureau of Investigation	CARES Act: DOJ/FBI - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$20,000,000	For Federal Bureau of Investigation, Salaries and Expenses, \$20,000,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the impact of coronavirus on the work of the Department of Justice.	[Economic]	Supplemental
Apr-01-2020	(USDOJ) Department of Justice - Federal Prison System	CARES Act: DOJ/Federal Prison System - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$100,000,000	Funds for Federal Prison System, Salaries and Expenses to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the impact of coronavirus on the work of the Department of Justice.	[Economic]	Supplemental
Apr-01-2020	(USDOJ) Department of Justice - General Administration	CARES Act: DOJ/GA - Justice Information Sharing Technology - FY20, FY21, FY22, FY23, FY24	\$2,000,000	For an additional amount for Justice Information Sharing Technology, \$2,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically/internationally, including impact of coronavirus on Dept. of Justice.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOJ) Department of Justice - Legal Activities and U.S. Marshals	CARES Act: DOJ/Legal Activities and U.S. Marshals - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$15,000,000	For United States Marshals Service, Salaries and Expenses, \$15,000,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the impact of coronavirus on the work of the Department of Justice.	[Economic]	Supplemental
Apr-01-2020	(USDOJ) Department of Justice - Legal Activities and U.S. Marshals	CARES Act: DOJ - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$3,000,000	Funds for Salaries and Expenses, United States Attorneys, \$3,000,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the impact of coronavirus on the work of the Department of Justice.	[Economic]	Supplemental
Apr-01-2020	(USDOJ)	CARES Act: DOJ/OJP - State and	\$850,000,000	Additional State/Territory and Local Law Enforcement Assistance to	[Economic]	Supplemental

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## COVID-19 Disaster Resources Report

	Department of Justice - Office of Justice Programs	Local Law Enforcement Assistance - FY20, FY21, FY22, FY23, FY24		prevent, prepare for, and respond to coronavirus, domestically or internationally.		
Apr-01-2020	(USDOL) Department of Labor	CARES Act: DOL/OIG - Office of the Inspector General - FY20, FY21, FY22, FY23, FY24	\$25,000,000	For the Office of the Inspector General of the Department of Labor to carry out audits, investigations, and other oversight activities.	[Economic]	Supplemental
Apr-01-2020	(USDOL) Department of Labor	CARES Act: DOL - Short-Time Compensation Program - FY20, FY21, FY22, FY23, FY24	\$100,000,000	There are appropriated, out of moneys in the Treasury not otherwise appropriated, to the Secretary, \$100,000,000 to carry out this section, to remain available without fiscal year limitation.	[Economic]	Supplemental
Apr-01-2020	(USDOL) Department of Labor - Departmental Management	CARES Act: DOL/Departmental Management - Salaries and Expenses - FY20, FY21, FY22	\$12,500,000	For Employee Benefits Security Administration, Wage and Hour Division, Occupational Safety and Health Administration, and Employment and Training Administration "Program Administration" to prevent, prepare for, and respond to coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USDOL) Department of Labor - Employment and Training Administration	CARES Act: DOL/ETA - Training and Employment Services - FY20, FY21, FY22	\$345,000,000	For Training and Employment Services to prevent, prepare for, and respond to coronavirus, domestically or internationally, for necessary expenses for the dislocated workers assistance national reserve.	[Economic]	Supplemental
Apr-01-2020	(USDOS) Department of State - Administration of Foreign Affairs	CARES Act: DOS/AFA - Diplomatic Programs - FY20, FY21, FY22	\$324,000,000	Additional funds to prevent, prepare for, and respond to coronavirus, including for necessary expenses to maintain consular operations and to provide for evacuation expenses and emergency preparedness.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOS) Department of State - Administration of Foreign Affairs	Coronavirus Preparedness and Response Supplemental Appropriations Act: DOS/AFA - Diplomatic Programs - FY20, FY21, FY22	\$264,000,000	Funds for Diplomatic Programs including necessary expenses to prevent, prepare for, and respond to coronavirus, including for maintaining consular operations, reimbursement of evacuation expenses, and emergency preparedness.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOS) Department of State - Administration of Foreign Affairs	Coronavirus Preparedness and Response Supplemental Appropriations Act: DOS/AFA - Diplomatic Programs*** - FY2020	\$90,000,000	Funds for Administration of Foreign Affairs, Dept. of State Diplomatic Programs, Foreign Operations, and Related Programs (Secretary of State and Administrator of USAID will submit a report to the Appropriations Committee on proposed uses of funds).	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOT) Department of Transportation - Federal Aviation Administration	CARES Act: DOT/FAA - Grants-in-Aid for Airports - FY20, FY21, FY22, FY23, FY24	\$10,000,000,000	Funds to prevent, prepare for, and respond to coronavirus - any related qualifying expense to be covered.	[Economic]	Supplemental
Apr-01-2020	(USDOT) Department of Transportation -	CARES Act: DOT/FMCSA - Motor Carrier Safety Operations and Programs - FY20, FY21, FY22, FY23,	\$200,000	Additional obligation limitation is provided and repurposed for obligations incurred to support activities to prevent, prepare for, and respond to coronavirus.	[Community Planning and Capacity Building]	Supplemental

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## COVID-19 Disaster Resources Report

	Federal Motor Carrier Safety Administration	FY24				
Apr-01-2020	(USDOT) Department of Transportation - Federal Railroad Administration	CARES Act: DOT/FRA - National Network Grants to the National Railroad Passenger Corporation - FY20, FY21, FY22, FY23, FY24	\$526,000,000	For National Network Grants to the National Railroad Passenger Corporation to prevent, prepare for, and respond to coronavirus.	[Health and Social Services]	Supplemental
Apr-01-2020	(USDOT) Department of Transportation - Federal Railroad Administration	CARES Act: DOT/FRA - Safety and Operations - FY2020/FY2021	\$250,000	For an additional amount for Safety and Operations, \$250,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOT) Department of Transportation - Federal Railroad Administration	CARES Act: DOT/FRA - Northeast Corridor Grants to the National Railroad Passenger Corporation - FY20, FY21, FY22, FY23, FY24	\$492,000,000	Funds to prevent, prepare for, and respond to coronavirus, including to enable the Secretary of Transportation to make or amend existing grants to the National Railroad Passenger Corporation for activities associated with the Northeast Corridor.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USDOT) Department of Transportation - Federal Transit Administration	CARES Act: DOT/Treas/FTA - Transit Infrastructure Grants - FY20, FY21, FY22, FY23, FY24	\$25,000,000,000	For an additional amount for Transit Infrastructure Grants, \$25,000,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USDOT) Department of Transportation - Maritime Administration	CARES Act: DOT/Maritime Adminsitration - State and Maritime Academy Operations - FY2020/FY2021	\$1,000,000	For direct payments for State Maritime Academies to prevent, prepare for, and respond to coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USDOT) Department of Transportation - Maritime Administration	CARES Act: DOT/Maritime Administration - Operations and Training - FY2020/FY2021	\$3,134,000	For the operations of the United States Merchant Marine Academy to prevent, prepare for, and respond to coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USDOT) Department of Transportation - Office of Inspector General	CARES Act: DOT/OIG - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$5,000,000	An additional \$5,000,000 for Office of Inspector General, to remain available until expended, to prevent, prepare for, and respond to coronavirus	[Economic]	Supplemental
Apr-01-2020	(USDOT) Department of Transportation - Office of the Secretary	CARES Act: DOT/Office of the Secretary - Essential Air Service - FY20, FY21, FY22, FY23, FY24	\$56,000,000	Funds for the Essential Air Service and Rural Improvement Fund in addition to funds provided to the Payments to Air Carriers program in to carry out the essential air service program.	[Economic]	Supplemental
Apr-01-2020	(USDOT)	CARES Act: DOT/Office of the	\$1,753,000	Additional amount for Salaries and Expenses to prevent, prepare for, and	[Economic]	Supplemental

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## COVID-19 Disaster Resources Report

	Department of Transportation - Office of the Secretary	Secretary - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24		respond to coronavirus, including necessary expenses for operating costs and capital outlays.		
Apr-01-2020	(USED) Department of Education - Department of Education	CARES Act: DOEd - Student Aid Administration - FY2020/FY2021	\$40,000,000	Additional funds for the Student Aid Administration to prevent, prepare for, and respond to coronavirus to include support through the Public Health Service Act.	[Economic]	Supplemental
Apr-01-2020	(USED) Department of Education - Department of Education	CARES Act: DOEd - Safe School and Citizenship Education - FY2020/FY2021	\$100,000,000	To help elementary, secondary and postsecondary schools clean and disinfect affected schools, and assist in counseling and distance learning and associated costs - to prevent, prepare for, and respond to coronavirus.	[Health and Social Services]	Supplemental
Apr-01-2020	(USED) Department of Education - Department of Education	CARES Act: DOEd - Office of the Inspector General - FY20, FY21, FY22	\$7,000,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, including for salaries and expenses necessary for oversight and audit of programs, grants, and projects funded in this Act to respond to coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USED) Department of Education - Department of Education	CARES Act: DOEd - Howard University - FY2020/FY2021	\$13,000,000	For Howard University to help defray the expenses directly caused by coronavirus and to enable grants to students for expenses directly related to coronavirus and the disruption of university operations.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USED) Department of Education - Department of Education	CARES Act: DOEd - Gallaudet University - FY2020/FY2021	\$7,000,000	For Gallaudet University to help defray the expenses directly caused by coronavirus and to enable grants to students for expenses directly related to coronavirus and the disruption of university operations.	[Health and Social Services]	Supplemental
Apr-01-2020	(USED) Department of Education - Department of Education	CARES Act: DOEd - Education Stabilization Fund - FY2020/FY2021	\$30,750,000,000	For an additional amount for Education Stabilization Fund, \$30,750,000,000, to remain available through September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	(USED) Department of Education - Department of Education	CARES Act: DOEd - Departmental Managementn - Program Administration FY2020/FY2021	\$8,000,000	For an additional amount for Program Administration, \$8,000,000, to remain available through September 30, 2021 to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	(USED) Department of Education - Corporation for Public Broadcasting	CARES Act: DOEd/Corporation for Public Broadcasting - COVID-19 Support - FY2020/FY2021	\$75,000,000	To prevent, prepare for, and respond to coronavirus - for fiscal stabilization grants to public telecommunications entities with no deduction for administrative or costs of the Corporation, to maintain programming and preserve small rural stations.	[Health and Social Services]	Supplemental

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## COVID-19 Disaster Resources Report

Apr-01-2020	(USEPA) Environmental Protection Agency	CARES Act: EPA - Science and Technology - FY2020/FY2021	\$2,250,000,000	For cleaning and disinfecting equipment or facilities of the Environmental Protection Agency and supporting research on methods to reduce risks from environmental transmission of coronavirus via contaminated surfaces or materials.	[Economic]	Supplemental
Apr-01-2020	(USEPA) Environmental Protection Agency	CARES Act: EPA - Hazardous Substance Superfund - FY2020/FY2021	\$770,000	Funds provided under this heading in this Act shall be for necessary expenses for cleaning and disinfecting equipment or facilities of, or for use by, the Environmental Protection Agency.	[Health and Social Services]	Supplemental
Apr-01-2020	(USEPA) Environmental Protection Agency	CARES Act: EPA - Environmental Programs and Management - FY2020/FY2021	\$3,910,000,000	Coronavirus funds supporting necessary expenses for cleaning and disinfecting equipment or facilities of, or for use by, the Environmental Protection Agency, and operational continuity of Environmental Protection Agency programs and related activities.	[Economic]	Supplemental
Apr-01-2020	(USEPA) Environmental Protection Agency	CARES Act: EPA - Buildings and Facilities - FY2020/FY2021	\$300,000	Funds for coronavirus related expenses - including for necessary expenses for cleaning and disinfecting equipment or facilities of, or for use by, the Environmental Protection Agency.	[Economic]	Supplemental
Apr-01-2020	(USGSA) General Services Administration - General Services Administration	CARES Act: GSA - Real Property Activities: Federal Buildings Fund - FY20, FY21, FY22, FY23, FY24	\$275,000,000	For an additional amount to be deposited in the Federal Buildings Fund, \$275,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	(USGSA) General Services Administration - General Activities	CARES Act: GSA/General Activities - Federal Citizen Services Fund - FY20, FY21, FY22, FY23, FY24	\$18,650,000	For an additional amount to be deposited in the Federal Citizen Services Fund, \$18,650,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	(USGSA) General Services Administration - General Activities	<a href="#">CARES Act: GSA/GA - Working Capital Fund - FY20, FY21, FY22, FY23, FY24</a>	\$1,500,000	Funds available based on monthly reports to OMB of COVID-19 expenditures of large covered funds from any agency outlining need for additional funds.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services	CARES Act: HHS - Supplemental Awards for Health Centers - FY2020	\$1,320,000,000	Provides \$1.32 billion in supplemental funding to community health centers on the front lines of testing and treating patients for COVID-19.	[Economic, Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Administration for Children and Families	CARES Act: HHS/ACF - Payments to States for the Child Care and Development Block Grants - FY2020/FY2021	\$3,500,000,000	States, Territories, and Tribes are authorized to use funds to provide child care assistance to health care sector employees, emergency responders, sanitation workers, and workers deemed essential during response to coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of	CARES Act: HHS/ACF - Low Income Home Energy Assistance -	\$900,000,000	Additional funds for Low Income Home Energy Assistance to prevent, prepare for, or respond to coronavirus, domestically or internationally.	[Infrastructure Systems]	Supplemental

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## COVID-19 Disaster Resources Report

	Health and Human Services - Administration for Children and Families	FY2020/FY2021				
Apr-01-2020	(USHHS) Department of Health and Human Services - Administration for Children and Families	CARES Act: HHS/ACF - Children and Families Services Programs - FY2020/FY2021	\$1,874,000,000	Coronavirus funds for Children and Families Services Programs, supplemental summer programs, National Domestic Violence Hotline, Family Violence Prevention, temporary housing and assistance to victims, Runaway and Homeless Youth, Head Start.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Administration for Community Living	CARES Act: HHS/ACL - Aging and Disability Services Programs - FY2020/FY2021	\$955,000,000	For an additional amount for Aging and Disability Services Programs, \$955,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Administration for Community Living	Families First Coronavirus Response Act: HHS/ACL - Aging and Disability Services Programs - FY2020/FY2021	\$250,000,000	Funding for Aging and Disability Services Programs including Home-Delivered Nutrition Services, Congregate Nutrition Services, and Nutrition Services for Native Americans in response to COVID-19.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Centers for Disease Control and Prevention	Coronavirus Preparedness and Response Supplemental Appropriations Act: HHS/CDC-wide Activities & Program Support - FY20, FY21, FY22	\$2,200,000,000	Funds to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Centers for Disease Control and Prevention	CARES Act: HHS/CDC - Grants or Cooperative Agreements to SLTT governments and organizations - FY20, FY21, FY22, FY23, FY24	Funding not identified.	For CDC-Wide Activities and Program Support for grants/cooperative agreements w/ States, localities, territories, tribes, tribal orgs, urban Indian health orgs, tribe health service providers, surveillance, epidemiology, lab. capacity, infection control.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Centers for Disease Control and Prevention	Coronavirus Preparedness and Response Supplemental Appropriations Act: HHS/CDC - Infectious Diseases Rapid Response Reserve Fund - FY2020	Funding not identified.	\$300,000,000 shall be transferred to and merged with amounts in the Infectious Diseases Rapid Response Reserve Fund.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of	CARES Act: HHS/CDC - CDC-wide Activities & Program Support -	\$4,300,000,000	CDC: States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, including	[Health and Social Services]	Supplemental

This information was exported from MAX-TRAX on Apr-09-2020 by Zoe Armstrong(DHS).

## COVID-19 Disaster Resources Report

	Health and Human Services - Centers for Disease Control and Prevention	FY20, FY21, FY22, FY23, FY24		surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications.		
Apr-01-2020	(USHHS) Department of Health and Human Services - Centers for Medicare and Medicaid Services	CARES Act: HHS/Centers for Medicare and Medicaid Services - Program Management - FY20, FY21, FY22, FY23	\$200,000,000	Funds available for necessary expenses of the survey and certification program, prioritizing nursing home facilities in localities with community transmission of coronavirus. Funds to prevent, prepare for, and respond to coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Food and Drug Administration	CARES Act: HHS/FDA - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$80,000,000	Funds for the development of necessary medical countermeasures and vaccines, advanced manufacturing for medical products, the monitoring of medical product supply chains, and related administration - to prevent, prepare for, and respond to coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Food and Drug Administration	Coronavirus Preparedness and Response Supplemental Appropriations Act: HHS/FDA - Salaries and Expenses - FY2020	\$61,000,000	Coronavirus funds for the development of necessary medical countermeasures and vaccines, advanced manufacturing for medical products, the monitoring of medical product supply chains, and related administrative activities.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Health Resources and Services Administration	Coronavirus Preparedness and Response Supplemental Appropriations Act: HHS/HRSA - Primary Health Care - FY20, FY21, FY22, FY23, FY24	Funding not identified.	\$100,000,000 shall be transferred to Health Resources and Services Administration - Primary Health Care for grants under the Health Centers Program to prevent, prepare for, and respond to coronavirus.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Indian Health Service	Families First Coronavirus Response Act: HHS/IHS - Medical Services - FY20, FY21, FY22	\$64,000,000	Additional funds for Indian Health Services for health services consisting of SARS-CoV-2 or COVID-19 related items and services.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Indian Health Service	CARES Act: HHS/IHS - Indian Health Services - FY2020/FY2021	\$1,032,000,000	For public health support, electronic health record modernization, telehealth and information technology upgrades, Purchased/Referred Care, Catastrophic Health Emergency Fund, Urban Indian Orgs, Tribal Epidemiology Centers, Community Health Reps.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - National Institutes of Health	CARES Act: HHS/NIH - National Institute of Allergy and Infectious Diseases - FY20, FY21, FY22, FY23, FY24	\$706,000,000	For the study of, construction of, demolition of, renovation of, and acquisition of equipment for, vaccine and infectious diseases research facilities of or used by NIH, including the acquisition of real property.	[Health and Social Services]	Supplemental

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## COVID-19 Disaster Resources Report

Apr-01-2020	(USHHS) Department of Health and Human Services - National Institutes of Health	Coronavirus Preparedness and Response Supplemental Appropriations Act: HHS/NIH - National Institute of Environmental Health Sciences - FY20, FY21, FY22, FY23, FY24	Funding not identified.	Funds include support for worker-based training to prevent and reduce exposure of hospital employees, emergency first responders, and other workers who are at risk of exposure to coronavirus through their work duties	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - National Institutes of Health	CARES Act: HHS/NIH - National Library of Medicine - FY20, FY21, FY22, FY23, FY24	\$10,000,000	For an additional amount for National Library of Medicine, \$10,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - National Institutes of Health	Coronavirus Preparedness and Response Supplemental Appropriations Act: HHS/NIH - National Institute of Allergy and Infectious Diseases - FY20, FY21, FY22, FY23, FY24	\$836,000,000	National Institute of Environmental Health Sciences for worker-based training to prevent and reduce exposure of hospital employees, emergency first responders, and other workers who are at risk of exposure to coronavirus through their work duties.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - National Institutes of Health	CARES Act: HHS/NIH - Office of the Director - FY20, FY21, FY22, FY23, FY24	\$30,000,000	Additional funds for the NIH Office of the Director to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - National Institutes of Health	CARES Act: HHS/NIH - National Heart, Lung, and Blood Institute - FY20, FY21, FY22, FY23, FY24	\$103,400,000	For an additional amount for National Heart, Lung, and Blood Institute, \$103,400,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - National Institutes of Health	CARES Act: HHS/NIH - National Institute of Biomedical Imaging and Bioengineering - FY20, FY21, FY22, FY23, FY24	\$60,000,000	For an additional amount for National Institute of Biomedical Imaging and Bioengineering, \$60,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - National Institutes of Health	CARES Act: HHS/NIH - National Center for Advancing Translational Sciences - FY20, FY21, FY22, FY23, FY24	\$36,000,000	Funding for the National Center for Advancing Translational Sciences, \$36,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Office of the Secretary	Coronavirus Preparedness and Response Supplemental Appropriations Act: HHS/Office of the Secretary - Public Health & Social Services Emergency Fund *OIG Set Aside - FY20, FY21, FY22, FY23, FY24	Funding not identified.	Additional funds for the Public Health and Social Services Emergency Fund including support for the development of necessary countermeasures and vaccines for COVID-19.	[Economic]	Supplemental

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## COVID-19 Disaster Resources Report

Apr-01-2020	(USHHS) Department of Health and Human Services - Office of the Secretary	CARES Act: HHS/Office of the Secretary - Public Health and Social Services Emergency Fund - FY20, FY21, FY22	\$275,000,000	Coronavirus response funds to include Health Resources and Services Administration-Ryan White HIV/AIDS Program for modifications to existing contracts, and supplements to existing grants.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Office of the Secretary	CARES Act: HHS/Office of the Secretary - Strategic National Stockpile - FY20, FY21, FY22, FY23, FY24	Funding not identified.	Products purchased with these funds may, at the discretion of the Secretary of Health and Human Services, be deposited in the Strategic National Stockpile.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Office of the Secretary	CARES Act: HHS/Office of the Secretary - Public Health and Social Services Emergency Fund - FY20, FY21, FY22, FY23, FY24	\$27,014,500,000	HHS COVID-19: countermeasures, platform-based technologies w/ U.S.-based manufacturing, vaccine purchase, therapeutics, diagnostics, medical supplies, medical surge capacity, blood supply chain, workforce modernization, telehealth access/infrastructure.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Office of the Secretary	Coronavirus Preparedness and Response Supplemental Appropriations Act: HHS/Office of the Secretary - Public Health & Social Services Emergency Fund - FY20, FY21, FY22, FY23, FY24	\$3,400,000,000	For development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, and the purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, medical surge capacity.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Office of the Secretary	CARES Act: HHS - Office of the Secretary - Public Health and Social Services Emergency Fund - FY20, FY21, FY22, FY23, FY24	\$100,000,000,000	Funds for necessary expenses to reimburse, through grants or other mechanisms, eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Office of the Secretary	Families First Coronavirus Response Act: HHS/Office of the Secretary - Public Health & Social Services Emergency Fund - FY20, FY21, FY22, FY23, FY24	\$1,000,000,000	Funds for Public Health and Social Services Emergency Fund in coordination with the Assistant Secretary for Preparedness and Response and the Administrator of the Centers for Medicare & Medicaid Services, to pay the claims of providers for reimbursement.	[Economic]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Substance Abuse and Mental Health Services Administration	CARES Act: HHS/SAMHSA - Health Surveillance and Program Support - FY2020/FY2021	\$425,000,000	For an additional amount for Health Surveillance and Program Support, \$425,000,000, to remain available through September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	(USHHS) Department of Health and Human Services - Agency for Toxic	CARES Act: HHS/ATSDR - Toxic Substances and Environmental Public Health - FY20, FY21, FY22, FY23, FY24	\$12,500,000	Funds for response to coronavirus including necessary expenses of the Geospatial Research, Analysis and Services Program to support spatial analysis and Geographic Information System mapping of infectious disease hot spots, including cruise ships.	[Economic]	Supplemental

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## COVID-19 Disaster Resources Report

	Substances and Disease Registry					
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Community Planning and Development	CARES Act: HUD/CPD - Community Development Fund - FY20, FY21, FY22	\$5,000,000,000	To prevent, prepare for, and respond to coronavirus within the State or insular area, including activities within entitlement and nonentitlement communities, based on public health needs, risk of transmission of coronavirus, number of coronavirus cases.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Community Planning and Development	CARES Act: HUD/CPD - Housing Opportunities for Persons with AIDS - FY20, FY21, FY22	\$65,000,000	To provide additional funds to maintain operations and for rental assistance, supportive services, and other necessary actions, in order to prevent, prepare for, and respond to coronavirus.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Community Planning and Development	CARES Act: HUD/CPD - Community Development Fund - FY20, FY21, FY22	\$1,000,000,000	State/Insular Area: activities within entitlement and nonentitlement communities, based on public health needs, risk of transmission of coronavirus, number of coronavirus cases compared to national average, and economic and housing market disruptions.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Community Planning and Development	CARES Act: HUD/CPD - Homeless Assistance Grants - FY20, FY21, FY22	\$4,000,000,000	Homeless Assistance Grants supporting individuals/families homeless or receiving homeless assistance and to additional homeless assistance/prevention activities to mitigate impacts created by coronavirus under the Emergency Solutions Grants program.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Fair Housing and Equal Opportunity	CARES Act: HUD/FHEO - Fair Housing Activities - FY2020/FY2021	\$2,500,000	Grants to address fair housing issues relating to coronavirus, and for the Fair Housing Initiatives Program for education and outreach activities to educate the public about fair housing issues related to coronavirus.	[Housing]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Fair Housing and Equal Opportunity	CARES Act: HUD/FHEO - Office of Inspector General - FY20, FY21, FY22, FY23, FY24	\$5,000,000	For an additional amount for Office of Inspector General, \$5,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus.	[Housing]	Supplemental
Apr-01-2020	(USHUD) Department of	CARES Act: HUD/Housing Programs - Project-Based Rental	\$1,000,000,000	Funds to maintain normal operations and take other necessary actions during the period that the program is impacted by coronavirus, for assistance to	[Housing]	Supplemental

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## COVID-19 Disaster Resources Report

	Housing and Urban Development - Housing Programs	Assistance - FY20, FY21, FY22, FY23, FY24		owners or sponsors of properties receiving project-based assistance.		
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Housing Programs	CARES Act: HUD/Housing Programs - Housing for Persons with Disabilities - FY20, FY21, FY22, FY23	\$15,000,000	Funds to maintain normal operations and take other necessary actions during the period that the program is impacted by coronavirus, for assistance to owners or sponsors of properties receiving project-based assistance.	[Housing]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Housing Programs	CARES Act: HUD/HP - Housing for the Elderly - FY20, FY21, FY22, FY23	\$50,000,000	Additional funding for Housing for the Elderly to remain available to prevent, prepare for, and respond to coronavirus, including to provide additional funds to maintain normal operations and additional needs.	[Housing]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Management and Administration	CARES Act: HUD/Management and Administration - Administrative Support Offices - FY2020/FY2021	\$35,000,000	To prevent, prepare for, and respond to coronavirus, for the Office of the Chief Financial Officer, including for Department-wide salaries and expenses, Information Technology purposes, and to support the Department's workforce in a telework environment.	[Economic]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Management and Administration	CARES Act: HUD/Management and Administration - Program Offices - FY2020/FY2021	\$15,000,000	Additional funds due to coronavirus for the Office of Public and Indian Housing and the Office of Community Planning and Development.	[Economic]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Public and Indian Housing Programs	CARES Act: HUD/PIHP - Native American Programs - FY20, FY21, FY22, FY23, FY24	\$300,000,000	For Native American Programs to prevent, prepare for, and respond to coronavirus including Native American Housing Assistance and Self-Determination Act programs and for Native American Housing Block Grants.	[Housing]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Public and Indian Housing Programs	CARES Act: HUD/OPIH - Tenant-Based Rental Assistance - FY20, FY21, FY22, FY23, FY24	\$1,250,000,000	For Tenant-Based Rental Assistance to prevent, prepare for, and respond to coronavirus, including to provide additional funds for public housing agencies to maintain normal operations and take other necessary actions.	[Housing]	Supplemental
Apr-01-2020	(USHUD) Department of Housing and Urban Development - Public and Indian Housing Programs	CARES Act: HUD/PIHP - Public Housing Operating Fund - FY2020/FY2021	\$685,000,000	To provide additional funds for public housing agencies to maintain normal operations and take other necessary actions during the period that the program is impacted by coronavirus and maintain the health and safety of assisted individuals and families.	[Housing]	Supplemental
Apr-01-2020	(USTRE)	CARES Act: DOTreas -	\$150,000,000,000	\$150 billion to States, Territories, and Tribal governments for expenditures	[Economic, Health and	Supplemental

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## COVID-19 Disaster Resources Report

	Department of the Treasury	Coronavirus Relief Fund - FY2020		incurred due to the COVID-19 health emergency and related revenue declines, allocated by population proportions, min. \$1.25 billion for states with relatively small populations.	Social Services]	
Apr-01-2020	(USTRE) Department of the Treasury	CARES Act: DOT - Secondary Market - FY2020	\$100,000,000,000	Guarantees of trust certificates for Department of the Treasury authorized by the Small Business Act shall not exceed a principal amount of \$100,000,000,000.	[Economic]	Supplemental
Apr-01-2020	(USTRE) Department of the Treasury	CARES Act: DOTreas - Salaries and Expenses - FY2020/FY2021	\$25,000,000	Funds to remain available until September 30, 2021, for additional amounts \$25,000,000 under the heading Department of the Treasury Departmental Offices Salaries and Expenses.	[Economic]	Supplemental
Apr-01-2020	(USTRE) Department of the Treasury	CARES Act: DOTreas - Treasury's Exchange Stabilization Fund - FY2020	\$500,000,000,000	For Treasury's Exchange Stabilization Fund for loans, loan guarantees, and other investments - including Direct lending, passenger air carriers, air cargo carriers, and Federal Reserve's lending facilities eligible businesses, states, municipalities.	[Economic]	Supplemental
Apr-01-2020	(USTRE) Department of the Treasury	CARES Act: DOTreas/OIG - Coronavirus Relief Fund - OIG Set Aside - FY20, FY21, FY22, FY23, FY24	Funding not identified.	Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated to the Office of the Inspector General of the Department of the Treasury, \$35,000,000 to carry out oversight and recoupment activities.	[Health and Social Services]	Supplemental
Apr-01-2020	(USTRE) Department of the Treasury	CARES Act: DOTreas - Pandemic Relief for Aviation Workers - FY2020	\$32,000,000,000	For Aviation Workers, provides \$100 million for administrative fees associated with providing financial assistance due to COVID-19.	[Health and Social Services]	Supplemental
Apr-01-2020	(USTRE) Department of the Treasury - Bureau of the Fiscal Service	CARES Act: DOTreas/BFS - Salaries and Expenses - FY2020/FY2021	\$78,650,000	Coronavirus funds for Department of the Treasury - Bureau of the Fiscal Service - Salaries and Expenses.	[Economic]	Supplemental
Apr-01-2020	(USTRE) Department of the Treasury - Internal Revenue Service	CARES Act: DOTreas/IRS - Operations Support - FY2020/FY2021	\$170,000,000	Coronavirus funds for Department of the Treasury - Internal Revenue Service - Operations Support, \$170,000,000, to remain available until September 30, 2021.	[Economic]	Supplemental
Apr-01-2020	(USTRE) Department of the Treasury - Internal Revenue Service	CARES Act: DOTreas/IRS - Administration Provision - FY2020/FY2021	\$250,000,000	For the IRS to prevent, prepare for, and respond to coronavirus including costs associated with the extended filing season and implementation of the Families First Coronavirus Response Act.	[Economic]	Supplemental
Apr-01-2020	(USTRE) Department of the Treasury - Internal Revenue Service	CARES Act: DOT/IRS - Taxpayer Services - FY2020/FY2021	\$293,500,000	For an additional amount for Department of the Treasury - Internal Revenue Service - Taxpayer Services, \$70,200,000, to remain available until September 30, 2021 due to COVID-19 impact.	[Economic]	Supplemental
Apr-01-2020	(USTRE) Department of the Treasury	Families First Coronavirus Response Act: DOTreas/IRS - Taxpayer	\$15,000,000	For an additional amount for Taxpayer Services, \$15,000,000, to remain available until September 30, 2022, for the purposes of carrying out the	[Economic]	Supplemental

## COVID-19 Disaster Resources Report

	Treasury - Internal Revenue Service	Services - FY20, FY21, FY22		Families First Coronavirus Response Act.		
Apr-01-2020	(USVA) Department of Veterans Affairs - Departmental Administration	CARES Act: USVA/Departmental Administration - Information Technology Systems - FY2020/FY2021	\$2,150,000,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, including related impacts on health care delivery and associated costs, operations and maintenance, and information technology systems development.	[Economic]	Supplemental
Apr-01-2020	(USVA) Department of Veterans Affairs - Departmental Administration	CARES Act: USVA/DA - Grants for Construction of State Extended Care Facilities - FY2020/FY2021	\$150,000,000	Grants for USVA Departmental Administration for Grants for Construction of State Extended Care Facilities - including to modify or alter existing hospital, nursing home, and domiciliary facilities in State homes.	[Economic]	Supplemental
Apr-01-2020	(USVA) Department of Veterans Affairs - Departmental Administration	CARES Act: USVA/Departmental Administration - Office of the Inspector General - FY20, FY21, FY22	\$12,500,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, for OIG oversight and audit of programs, activities, grants and projects at USVA.	[Economic]	Supplemental
Apr-01-2020	(USVA) Department of Veterans Affairs - Departmental Administration	CARES Act: USVA/Departmental Administration - General Administration - FY2020/FY2021	\$6,000,000	For USVA for General Administration, \$6,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	(USVA) Department of Veterans Affairs - Veterans Health Administration	CARES Act: USVA/VHA - Medical Facilities - FY2020/FY2021	\$606,000,000	Funds for Medical Facilities (\$606,000,000) to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including related impacts on health care delivery.	[Health and Social Services]	Supplemental
Apr-01-2020	(USVA) Department of Veterans Affairs - Veterans Health Administration	CARES Act: USVA/VHA - Medical Support and Compliance - FY2020/FY2021	\$100,000,000	For Medical Support and Compliance, \$100,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including related impacts on health care delivery.	[Health and Social Services]	Supplemental
Apr-01-2020	(USVA) Department of Veterans Affairs - Veterans Health Administration	CARES Act: USVA/VHA - Medical Services - FY2020/FY2021	\$14,432,000,000	Funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, including related impacts on health care delivery, and for support to veterans who are homeless or at risk of becoming homeless.	[Health and Social Services]	Supplemental
Apr-01-2020	(USVA) Department of Veterans Affairs - Veterans Health Administration	CARES Act: USVA/VHA - Medical Community Care - FY2020/FY2021	\$2,100,000,000	An additional \$2,100,000,000 for Medical Community Care, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including related impacts on health care delivery.	[Health and Social Services]	Supplemental
Apr-01-2020	(USVA) Department of	Families First Coronavirus Response Act: USVA/VHA - Medical	\$30,000,000	Additional amount for Medical Community Care, \$30,000,000, to remain available until September 30, 2022, for health services consisting of SARS-	[Health and Social Services]	Supplemental

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## COVID-19 Disaster Resources Report

	Veterans Affairs - Veterans Health Administration	Community Care - FY20, FY21, FY22		CoV-2 or COVID-19 related items and services for the Veterans Health Administration.		
Apr-01-2020	(USVA) Department of Veterans Affairs - Veterans Health Administration	Families First Coronavirus Response Act: USVA/VHA - Medical Services - FY20, FY21, FY22	\$30,000,000	An additional amount for Medical Services for health services consisting of SARS-CoV-2 or COVID-19 related items and services for the Veterans Health Administration.	[Health and Social Services]	Supplemental
Apr-01-2020	(USVA) Department of Veterans Affairs - Veterans Benefits Administration	CARES Act: USVA/VBA - General Operating Expenses, Veterans Benefits Administration - FY2020/FY2021	\$13,000,000	For an additional amount for General Operating Expenses, Veterans Benefits Administration, \$13,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	Judicial Branch - Courts of Appeals, District Courts, and Other Judicial Services	CARES Act: Judicial Branch - Courts of Appeals, District Courts, and Other Judicial Services - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$6,000,000	For an additional amount for courts "Salaries and Expenses," \$6,000,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	Judicial Branch - Supreme Court of the United States	CARES Act: Federal Judiciary/Supreme Court - Salaries and Expenses - FY2020	\$500,000	Additional amount for Supreme Court Salaries and Expenses, \$500,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	Judicial Branch - Defender Services	CARES Act: Judicial Branch - Defender Services - FY20, FY21, FY22, FY23, FY24	\$1,000,000	For an additional amount for Defender Services, \$1,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	Legislative Branch - Architect of the Capitol	CARES Act: Legislative Branch - Architect of the Capitol - Capital Construction and Operations - FY2020/FY2021	\$25,000,000	Funds for Capitol construction, including to purchase and distribute cleaning and sanitation products throughout all facilities and grounds under the care of the Architect of the Capitol, wherever located, and any related services and operational costs.	[Economic]	Supplemental
Apr-01-2020	Legislative Branch - Capitol Police	CARES Act: Legislative Branch/Capitol Police - Salaries - FY2020/FY2021	\$12,000,000	For an additional amount for Salaries, \$12,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	Legislative Branch - Government Accountability Office	CARES Act: Legislative Branch/GAO - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$20,000,000	To prevent, prepare for, and respond to coronavirus including for audits and investigations and for reimbursement of the Tiny Findings Child Development Center for salaries for employees.	[Economic]	Supplemental
Apr-01-2020	Legislative Branch - House of Representatives	CARES Act: Legislative Branch/House of Representatives - Salaries and Expenses - FY2020/FY2021	\$25,000,000	To prevent, prepare for, and respond to coronavirus, domestically or internationally, to be allocated in accordance with a spend plan submitted to the Committee on Appropriations of the House of Representatives by the Chief Administrative Officer.	[Economic]	Supplemental

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## COVID-19 Disaster Resources Report

Apr-01-2020	Legislative Branch - Joint Items (House and Senate)	CARES Act: Legislative Branch - Joint Items (House and Senate) - Office of the Attending Physician - FY20, FY21, FY22, FY23, FY24	\$400,000	For an additional amount for Office of the Attending Physician, \$400,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Health and Social Services]	Supplemental
Apr-01-2020	Legislative Branch - Library of Congress	CARES Act: Legislative Branch - Library of Congress - Salaries and Expenses - FY2020	\$700,000	Salaries and Expenses for Little Scholars Child Development Center, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	Legislative Branch - Senate	CARES Act: Legislative Branch/Senate - Miscellaneous Items - FY20, FY21, FY22, FY23, FY24	\$9,000,000	For Miscellaneous Items to prevent, prepare for, and respond to coronavirus, domestically or internationally, subject to approval by the Committee on Appropriations of the Senate and the Senate Committee on Rules and Administration.	[Economic]	Supplemental
Apr-01-2020	Legislative Branch - Senate	CARES Act: Legislative Branch/Senate - Sergeant at Arms and Doorkeeper of the Senate - FY20, FY21, FY22, FY23, FY24	\$1,000,000	For an additional amount for Sergeant at Arms and Doorkeeper of the Senate, \$1,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	Major Independent Agencies - National Aeronautics and Space Administration	CARES Act: NASA - Safety, Security and Mission Services - FY2020/FY2021	\$60,000,000	For an additional amount for NASA's Safety, Security and Mission Services, \$60,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	Major Independent Agencies - National Science Foundation	CARES Act: NSF - Agency Operations and Award Management - FY20, FY21, FY22, FY23, FY24	\$1,000,000	For an additional amount for Agency Operations and Award Management, \$1,000,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including to administer research grants and other necessary expenses.	[Economic]	Supplemental
Apr-01-2020	Major Independent Agencies - National Science Foundation	CARES Act: NSF - Research and Related Activities - FY2020/FY2021	\$75,000,000	To fund research grants and other necessary expenses for the National Science Foundation to prevent, prepare for, and respond to coronavirus.	[Economic]	Supplemental
Apr-01-2020	Major Independent Agencies - Office of Personnel Management	CARES Act: OPM - Pandemic Response Accountability Committee - FY20, FY21, FY22, FY23, FY24, FY25	\$80,000,000	Funds for the Pandemic Response Accountability Committee, to promote transparency and support oversight of funds provided in this Act to prevent, prepare for, and respond to coronavirus.	[Health and Social Services]	Supplemental
Apr-01-2020	Major Independent Agencies - Office of Personnel Management	CARES Act: OPM - Salaries and Expenses - FY2020/FY2021	\$12,100,000	Funds to respond to coronavirus including technologies for digital case management, short-term methods to allow electronic submissions of retirement application packages in support of paper-based business operations, and increased telecommunications.	[Economic]	Supplemental
Apr-01-2020	Major Independent Agencies - Small Business Administration	CARES Act: SBA - Entrepreneurial Development Programs - FY2020/FY2021	\$265,000,000	Funds to remain available until September 30, 2021, for additional amounts under the heading Small Business Administration - Entrepreneurial Development Programs.	[Economic]	Supplemental

## COVID-19 Disaster Resources Report

Apr-01-2020	Major Independent Agencies - Small Business Administration	CARES Act: SBA - Resources and Services Languages other than English - FY2020	\$25,000,000	Directs \$25 million in coronavirus/COVID-19 related funds for the SBA to offer resources and services in the 10 most commonly spoken languages, other than English.	[Health and Social Services]	Supplemental
Apr-01-2020	Major Independent Agencies - Small Business Administration	Coronavirus Preparedness and Response Supplemental Appropriations Act: SBA - Disaster Loans Program - FY20, FY21, FY22, FY23, FY24	\$20,000,000	Additional funds for the SBA Disaster Loans Program Account - amounts may be transferred to and merged with Small Business Administration-Salaries and Expenses to make economic injury disaster loans due to COVID-19 impacts.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	Major Independent Agencies - Small Business Administration	CARES Act: SBA - Subsidy for Certain Loan Payments - FY2020/FY2021	\$17,000,000,000	Funds for the Small Business Administration - Business Loans Program Account, CARES Act shall be for carrying out Subsidy for Certain Loan Payments.	[Economic]	Supplemental
Apr-01-2020	Major Independent Agencies - Small Business Administration	CARES Act: SBA - Salaries and Expenses - FY2020/FY2021	\$675,000,000	Coronavirus/COVID-19 related funds to Small Business Administration "Salaries and Expenses" for salaries and expenses of the Administration.	[Economic]	Supplemental
Apr-01-2020	Major Independent Agencies - Small Business Administration	CARES Act: SBA - Disaster Loans Program Account - FY20, FY21, FY22, FY23, FY24	\$562,000,000	For the cost of authorized direct loans and for administrative expenses to carry out the disaster loan program authorized by the Small Business Act; to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	Major Independent Agencies - Small Business Administration	CARES Act: SBA - Office of the Inspector General - FY20, FY21, FY22, FY23, FY24	\$25,000,000	Funds to be spent under the heading Small Business Administration Office of Inspector General for necessary expenses of the Office of Inspector General of the Administration.	[Economic]	Supplemental
Apr-01-2020	Major Independent Agencies - Small Business Administration	CARES Act: SBA - Emergency EIDL Grants (Economic Injury Disaster Loans) - FY2020/FY2021	\$10,000,000,000	SBA - Economic Injury Disaster Loans for small businesses or private non-profit organizations impacted by COVID-19.	[Economic]	Supplemental
Apr-01-2020	Major Independent Agencies - Social Security Administration	CARES Act: SSA - Limitation on Administrative Expenses - FY2020	\$38,000,000	Additional amount for Social Security Administration - Limitation on Administrative Expenses due to COVID-19.	[Economic]	Supplemental
Apr-01-2020	Major Independent Agencies - Social Security Administration	CARES Act: SSA - Limitation on Administrative Expenses - FY2020/FY2021	\$300,000,000	Paying the salaries and benefits of all employees affected as a result of office closures, telework, phone and communication services for employees, overtime costs, and supplies, and for processing disability and retirement workloads and backlogs.	[Economic]	Supplemental
Apr-01-2020	Other Defense Civil Programs - Armed Forces Retirement Home	CARES Act: Armed Forces Home Retirement Trust Fund - FY2020/FY2021	\$2,800,000	Funds to prevent, prepare for, and respond to coronavirus, to be paid from funds available in the Armed Forces Retirement Home Trust Fund.	[Health and Social Services]	Supplemental

## COVID-19 Disaster Resources Report

Apr-01-2020	Other Independent Agencies - Election Assistance Commission	CARES Act: Election Assistance Commission - Election Security Grants - FY2020/FY2021	\$400,000,000	Election Security Grants to prevent, prepare for, and respond to coronavirus, domestically or internationally, for the 2020 Federal election cycle.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - Small Business Administration	CARES Act: SBA - Business Loans Program Account - Paycheck Protection Program - FY2020/FY2021	\$349,000,000,000	\$299,400,000,000 under the heading "Small Business Administration - Business Loans Program Account" for the cost of guaranteed loans.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - Federal Communications Commission	CARES Act: FCC - Salaries and Expenses - FY20, FY21, FY22, FY23, FY24	\$200,000,000	To support efforts of health care providers to address coronavirus by providing telecommunications services, information services, and devices necessary to enable the provision of telehealth services .	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - District of Columbia	CARES Act: District of Columbia - Federal Payments for Emergency Planning & Security Costs - FY20, FY21, FY22, FY23, FY24	\$5,000,000	For an additional amount for Federal Payment for Emergency Planning and Security Costs in the District of Columbia, \$5,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - JFK Center for the Performing Arts	CARES Act: Operations and Maintenance for John F. Kennedy Center for the Performing Arts and its affiliates- Committees on Appropriations of the House of Representatives and Senate - FY2020	\$25,000,000	To respond to coronavirus; deep cleaning; info. tech. to improve telework capability and for operations and maintenance; employee compensation/benefits, grants, contracts, payments for artists; ensure continuity of the JFK Center for the Performing Arts.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - Institute of Museum and Library Services	CARES Act: IMLS - Grants and Administration - FY2020/FY2021	\$50,000,000	Coronavirus funds for Institute of Museum and Library Services including grants to States, territories and Tribes to expand digital network access, purchase internet accessible devices, and provide technical support services.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - Legal Services Corporation	CARES Act: Legal Services Corporation - Payment to LSC - FY20, FY21, FY22, FY23, FY24	\$50,000,000	For an additional amount for "Payment to the Legal Services Corporation", \$50,000,000, to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - National Archives and Records Administration	CARES Act: NARA - Operating Expenses - FY2020/FY2021	\$8,100,000	For an additional amount for Operating Expenses, \$8,100,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally for the National Archives and Records Administration.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - National Endowment for the Arts	CARES Act: NEA - Grants Administration - FY2020/FY2021	\$75,000,000	For an additional amount for NEA Grants and Administration, \$75,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally, to be distributed in grants.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - National Endowment for the Humanities	CARES Act: NEH - Grants Administration - FY2020/FY2021	\$75,000,000	Grants and Administration including state humanities councils and direct grants to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental

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## COVID-19 Disaster Resources Report

Apr-01-2020	Other Independent Agencies - Nuclear Regulatory Commission	CARES Act: NRC - Salaries and Expenses - FY2020/FY2021	\$3,300,000	Additional Nuclear Regulatory Commission funds for Salaries and Expenses to prevent, prepare for, and respond to coronavirus, domestically or internationally.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - Railroad Retirement Board	CARES Act: Railroad Retirement Board - Limitation on Administration - FY2020/FY2021	\$5,000,000	Coronavirus funds to include purchase of information technology equipment to improve the mobility of the workforce and provide for additional hiring or overtime hours as needed to administer the Railroad Unemployment Insurance Act.	[Economic]	Supplemental
Apr-01-2020	Other Independent Agencies - Smithsonian Institution	CARES Act: Smithsonian Institution - Salaries and Expenses - FY2020/FY2021	\$7,500,000	Funds for the Smithsonian Institution to prevent, prepare for, and respond to coronavirus, domestically or internationally, including funding for deep cleaning, security, information technology, and staff overtime.	[Economic]	Supplemental
Apr-01-2020	(BEA) Bilateral Economic Assistance - Funds Appropriated to the President	CARES Act: BEA [Bilateral Economic Assistance] - Funds Appropriated to the President International Disaster Assistance - FY20, FY21, FY22	\$258,000,000	An additional \$258,000,000 for International Disaster Assistance, to remain available until expended, to prevent, prepare for, and respond to coronavirus.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(BEA) Bilateral Economic Assistance - Funds Appropriated to the President	Coronavirus Preparedness and Response Supplemental Appropriations Act: BEA/Funds Appropriated to the President - Global Health Programs - FY20, FY21, FY22	\$435,000,000	Support for the Emergency Reserve Fund established pursuant to the Department of State, Foreign Operations, and Related Programs Appropriations Act - to prevent, prepare for, and respond to coronavirus.	[Health and Social Services]	Supplemental
Apr-01-2020	(BEA) Bilateral Economic Assistance - Funds Appropriated to the President	Coronavirus Preparedness and Response Supplemental Appropriations Act: (BEA) Bilateral Economic Assistance - Funds Appropriated to the President - Economic Support Fund - FY20, FY21, FY22	\$250,000,000	For the Economic Support Fund necessary expenses to prevent, prepare for, and respond to coronavirus, including to address related economic, security, and stabilization requirements.	[Economic]	Supplemental
Apr-01-2020	(BEA) Bilateral Economic Assistance - Funds Appropriated to the President	Coronavirus Preparedness and Response Supplemental Appropriations Act: (BEA) Bilateral Economic Assistance - Funds Appropriated to the President - International Disaster Assistance - FY20, FY21, FY22, FY23, FY24	\$300,000,000	For International Disaster Assistance, \$300,000,000, to remain available until expended, for necessary expenses to prevent, prepare for, and respond to coronavirus.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(BEA) Bilateral Economic Assistance - State Department	CARES Act: (BEA) Bilateral Economic Assistance - State Department - Migration and Refugee Assistance - FY20, FY21, FY22, FY23, FY24	\$350,000,000	For an additional amount for Migration and Refugee Assistance, \$350,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(BEA) Bilateral	CARES Act: (BEA) Bilateral	\$88,000,000	For an additional amount for Peace Corps, \$88,000,000, to remain available	[Community Planning and	Supplemental

This information was exported from MAX-TRAX on Apr-09-2020 by Zoe Armstrong(DHS).

## COVID-19 Disaster Resources Report

	Economic Assistance - Peace Corps	Economic Assistance - Peace Corps - FY20, FY21, FY22		until September 30, 2022, to prevent, prepare for, and respond to coronavirus.	Capacity Building]	
Apr-01-2020	(USAID) United States Agency for International Development	CARES Act: USAID - Operating Expenses - FY20, FY21, FY22	\$95,000,000	For an additional amount for Operating Expenses, \$95,000,000, to remain available until September 30, 2022, to prevent, prepare for, and respond to coronavirus: Provided, That such amount is designated by Congress as being for an emergency requirement.	[Community Planning and Capacity Building]	Supplemental
Apr-01-2020	(USAID) United States Agency for International Development - Funds Appropriated to the President	Coronavirus Preparedness and Response Supplemental Appropriations Act: USAID/Funds Appropriated to the President - OIG - FY20, FY21, FY22	\$1,000,000	Additional funds for OIG for oversight of activities funded by this title and administered by the United States Agency for International Development (USAID).	[Community Planning and Capacity Building]	Supplemental

**Known Cost Share Arrangements****As of** 1200, April 21, 2020

<b>Supporting Resource</b>	<b>FEMA Cost Share vs. HHS</b>	<b>Sourcing Notes</b>
State purchases under a PW	<ul style="list-style-type: none"> <li>• 25% cost share</li> </ul>	Includes any emergency protective measures across all sectors
Ventilators	<ul style="list-style-type: none"> <li>• HHS SNS at 100%</li> <li>• FEMA \$1 MA to DoD under HHS MOU with 100% cost share after April 15<sup>th</sup></li> </ul>	SNS delivery per 5 questions
Pharmaceuticals	<ul style="list-style-type: none"> <li>• HHS 100%</li> <li>• FEMA MA to DLA for FMS re-supply under HHS MOU for 100% after April 15<sup>th</sup></li> </ul>	
PPE (e.g., N95s, gloves, gowns)	<ul style="list-style-type: none"> <li>• HHS SNS allocations 100%</li> <li>• FEMA RRFs pre-April 15<sup>th</sup> 25%</li> <li>• FEMA RRFs post-April 15<sup>th</sup> 100% via HHS MOU</li> </ul>	RRF process used for any requests Supply TF coordination among vendors and distributors to meet priority contracts  <i>OCFO may extend start date to as early as March 15</i>
Battelle PPE Reuse	<ul style="list-style-type: none"> <li>• FEMA MA through DLA under MOU with HHS 100% for purchases after April 15<sup>th</sup></li> </ul>	May be returned to SNS
Abbott testing machines and tests	<ul style="list-style-type: none"> <li>• HHS contract at 100%</li> </ul>	Leave at locations
Testing Supplies	<ul style="list-style-type: none"> <li>• CDC 100% PHULs</li> <li>• HHS SNS 100%</li> <li>• FEMA CBTS at 100% on order from the VP</li> <li>• Market supply chain</li> </ul>	<b>NOTE: Final determination pending on the source of the CBTS 100% cost share either through HHS or FEMA.</b>
Cloth Facial Coverings	<ul style="list-style-type: none"> <li>• HHS contract at 100%</li> </ul>	Sourced directly to sector owners and operators, Federal D/As, and states per request
FMS	<ul style="list-style-type: none"> <li>• FEMA MA with 25% cost share</li> </ul>	Retained by the states
ACS	<ul style="list-style-type: none"> <li>• FEMA MA with 25% cost share</li> </ul>	Retained by the states
ESF #8 Medical Teams (e.g., NDMS)	<ul style="list-style-type: none"> <li>• HHS-initiated deployments at 100% for internal missions (e.g., Repatriation, Nursing Home surge care)</li> <li>• FEMA MA with 25% cost share per state RRFs for surge medical staffing (eg FMS)</li> </ul>	
DoD Medical Teams and Assets	<ul style="list-style-type: none"> <li>• FEMA MA with 25% cost share</li> </ul>	

Title 32 Status	<ul style="list-style-type: none"> <li>FEMA 100% cost share</li> </ul>	Subject to WH Authorization and approval
Hydroxychloroquine	<ul style="list-style-type: none"> <li>100% cost share through HHS SNS contract</li> </ul>	RRFs communicated to WH Office of Trade for adjudication
Future Therapeutics and Vaccines	TBD	
Transportation and incidental costs	<ul style="list-style-type: none"> <li>Under HHS MOU after April 15<sup>th</sup>, at 100%</li> <li>25% cost share applies to FEMA MAs or support costs prior to April 15<sup>th</sup></li> </ul>	

*Note: HHS reimbursable MOU applies from April 15<sup>th</sup> to June 13<sup>th</sup> to: “contracting services and support for the acquisition of supplies, durable goods, and services including, but not limited to, personal protective equipment, hygiene and infection control products, portable mechanical ventilators, testing supplies required to support federal, state, local governments, territories, and tribal government requirements identified through the COVID-19 response and costs associated with these supplies and durable goods, including the transport, storage and tracking.”*

*Note: HHS-FEMA discussions underway regarding whether to pre-date the application of the reimbursable MOU to March 15<sup>th</sup>.*

*Note: New column for the ‘return policy’ is needed*



# Coronavirus Pandemic Response: Preparedness in a Pandemic Exercise Starter Kit

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FEMA developed an Exercise Starter Kit with sample documents your organization can use to conduct your own planning workshop on preparedness in a pandemic. Suggested discussion questions build upon FEMA's *COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season*.

## About the Exercise Starter Kit

FEMA offers a series of Exercise Starter Kits as part of the National Exercise Program, designed to help organizations conduct their own exercises, workshops and tabletops, to examine their readiness for a range of threats and hazards. This kit provides organizations across the whole community the opportunity to discuss and evaluate current preparedness, response, and recovery capabilities during a pandemic event in a virtual workshop setting.

The Exercise Starter Kit includes a sample **facilitator guide** and sample **conduct slides**. These materials are designed to be adapted and customized for your own needs.

This workshop, intended to be guided by a facilitator from your organization, provides planning considerations and discussion questions to help guide internal conversations and decisions around conducting operations tailored to your organization's unique needs and missions.

Discussion questions are organized based around three checklist topics: **Preparedness, Response, and Recovery Considerations**. The desired outcome from this workshop could include a roadmap for a functional all-hazards plan, tailored to an organization's unique needs and mission.

## Using the Exercise Starter Kit Materials

### Review Relevant Materials

- Start by reviewing the [COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season](#) and the [COVID-19 Considerations During Disaster Operations Checklists for Emergency Managers](#).
- Review the FEMA website [Preparing for Hurricane Season during the COVID-19 Pandemic](#).
- Review and customize the sample facilitator guide and conduct slides to plan a workshop on preparedness during a pandemic.



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## Suggested Workshop Objectives

The Exercise Starter Kit materials are designed around the following suggested objectives for your workshop:

1. Discuss the challenges of conducting response and recovery operations during a pandemic event.
2. Determine if current preparedness, response, and recovery capabilities are sufficient to respond to another disaster in the midst of a pandemic.
3. Identify how plans, policies, and practices may need to be adapted to support scalable and flexible operations.
4. Develop an action plan that defines the next steps required to adapt response and recovery plans.

## Workshop Design Considerations

Please add, tailor or augment the suggested questions in the facilitator guide and sample conduct slides as appropriate for your organization. These sample materials are designed for a two to four-hour virtual workshop; however, you may decide that dividing content into multiple workshop sessions is a better approach for your department or agency. Consider building a team with expertise across relevant disciplines (e.g., healthcare professionals, public health officials, psychosocial support teams, security professionals, continuity managers, human resources, facilities managers, budget/financial officers, contracting personnel, legal counsel, energy sector partners, critical infrastructure and private sector partners, or other leadership and staff, as appropriate) to assist in planning the workshop sessions and participate in the discussions. The workshop materials build upon relevant guidance for SLTT whole community partners included in the *COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season* and the *COVID-19 Considerations During Disaster Operations Checklists for Emergency Managers*.

## Additional Resources

Please check the following resources, in addition to the websites for relevant state and local authorities, for additional resources and to ensure your workshop reflects the most recent developments and guidance:

- COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season: <https://www.fema.gov/media-library/assets/documents/188203>
- Preparing for Hurricane Season during the COVID-19 Pandemic: <https://www.fema.gov/blog/2020-05-08/preparing-hurricane-season-during-covid-pandemic>
- CDC Coronavirus Website: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- FEMA's Coronavirus Website: <https://www.coronavirus.gov/>
- FEMA's Pandemic Resource Page for SLTT Partners: <https://www.fema.gov/coronavirus/governments>
- National Response Frameworks: [https://www.fema.gov/media-library-data/1582825590194-2f000855d442fc3c9f18547d1468990d/NRF\\_FINALApproved\\_508\\_2011028v1040.pdf](https://www.fema.gov/media-library-data/1582825590194-2f000855d442fc3c9f18547d1468990d/NRF_FINALApproved_508_2011028v1040.pdf)
- COVID-19 Fact Sheets and Guidance: <https://www.fema.gov/coronavirus/fact-sheets>
- Cybersecurity and Infrastructure Security Agency Advisory List: <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>
- FEMA Preparedness Toolkit: <https://preptoolkit.fema.gov/>



FEMA

March 20, 2020

MEMORANDUM FOR: Regional Administrators  
FEMA Regions I-X

FROM: Keith Turi  
Assistant Administrator  
Recovery Directorate

SUBJECT: COVID-19 Requests for Public Assistance Deadline

A handwritten signature in blue ink, appearing to read "K. Turi", is written over the typed name and title of the Assistant Administrator.

On March 13, 2020, the President declared the ongoing coronavirus (COVID-19) pandemic of sufficient severity and magnitude to warrant a nationwide emergency declaration covering all states, tribes, territories, and the District of Columbia pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"). Consistent with the declaration of a national emergency and due to the nature of this incident, it is necessary and appropriate to amend certain deadlines for the Public Assistance Program (44 CFR Part 206, Subpart G, Public Assistance Project Administration) on a national basis for the effective administration of the national emergency declaration and meet the needs of Recipients and Applicants across the country. This memorandum addresses the deadline for submission of Requests for Public Assistance (RPA).

To apply for Public Assistance, in accordance with procedures in 44 C.F.R. §206.202(c), Recipients must send a completed RPA (FEMA Form 90-49) to the Regional Administrator, through the FEMA Grants Portal, for each Applicant who requests Public Assistance. According to the regulation, these requests must be submitted "30 days after designation of the area where damage occurred." In this case, the President's emergency declaration designated all areas in the country on March 13, 2020.

Based on the national impacts of COVID-19, the unprecedented nature of the national emergency declaration, the number of potential Public Assistance Applicants, and the fact that these Applicants are actively engaged in life saving operations, enforcing the 30-day deadline is not appropriate. It would also not be appropriate to require each affected state, territory, and tribe to formally request an extension and to have each Regional Administrator individually respond while all parties are focused on response operations. Therefore, the RPA deadline is nationally extended and will remain open for the duration of the Public Health Emergency, as declared by the Secretary of Health and Human Services, unless an earlier deadline is deemed appropriate by the Assistant Administrator, Recovery Directorate. At that time, the Regional Administrator, pursuant to 44 CFR 206.202(f)(2), may extend the time limitations in 44 CFR 206.202(c). FEMA will accept RPAs for 30 days after the end of the declaration of the Public Health Emergency and provide 30-day advance notification if an earlier deadline is established or further extended by a Regional Administrator.


If you have any questions, please contact Traci Brasher, Director (Acting), Public Assistance Division at [traci.brasher@fema.dhs.gov](mailto:traci.brasher@fema.dhs.gov).



FEMA

May 14, 2020

MEMORANDUM FOR: Regional Administrators  
FEMA Regions I-X

FROM: Keith Turi  
Assistant Administrator  
Recovery Directorate 

SUBJECT: COVID-19 Damage Identification Deadline

On March 13, 2020, the President declared the ongoing coronavirus (COVID-19) pandemic of sufficient severity and magnitude to warrant a nationwide emergency declaration covering all states, tribes, territories, and the District of Columbia pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the “Stafford Act”). Consistent with the declaration of a national emergency and due to the nature of this incident, it is necessary and appropriate to amend certain deadlines for the Public Assistance Program (44 CFR Part 206, Subpart G, Public Assistance Project Administration) on a national basis for the effective administration of the national emergency declaration and meet the needs of Recipients and Applicants across the country. This memo follows up on my March 21, 2020, memo addressing the deadline for Requests for Public Assistance. This memo addresses the 60-day deadline to identify and report damage for the nationwide emergency declaration and all subsequent major disaster declarations for the incident.

As stipulated in 44 CFR § 206.202(d)(1)(ii), an Applicant has 60 days from its first substantive meeting with FEMA (typically the Recovery Scoping Meeting) to identify and report damage to FEMA. For COVID-19 declarations, some Applicants will begin to reach the deadlines in late May. Due to the unprecedented number of Applicants for the COVID-19 declarations and changes FEMA has made to streamline the Public Assistance application process, it is not feasible to conduct Recovery Scoping Meetings with each Applicant without significantly delaying the provision of federal assistance.

Based on the national impacts of COVID-19, the unprecedented nature of the national emergency declaration, the number of potential Public Assistance Applicants, and the fact that these Applicants are still actively engaged in life-saving operations, enforcing the 60-day deadline at this time is not appropriate. Therefore, the deadline to identify and report damage is extended for the national emergency declaration and all subsequent major disaster declarations for the COVID-19 pandemic, and will remain open for the duration of the Public Health Emergency, as declared by the Secretary of the U.S. Department of Health and Human Services, unless an earlier deadline is deemed appropriate by the Assistant Administrator of the Recovery Directorate. As such, Applicants must identify and report

damage by either: 60-days from the end of the Public Health Emergency or 60-days from the approval of their Request for Public Assistance, whichever is later. At that time, the Regional Administrator, pursuant to 44 CFR 206.202(f)(2), may extend the time limitations in 44 CFR 206.202(d)(1)(ii).

For all COVID-19 declarations, Applicants must identify and report damage by submitting streamlined project applications to FEMA. Once the deadline has passed for an Applicant, FEMA will no longer accept new project applications, and FEMA and the Recipient will only proceed with developing subawards for the applications submitted.

If you have any questions, please contact Traci Brasher, Director (Acting), Public Assistance Division at [traci.brasher@fema.dhs.gov](mailto:traci.brasher@fema.dhs.gov).

## FACT SHEET

# Coronavirus (COVID-19) Pandemic: Public Assistance Simplified Application

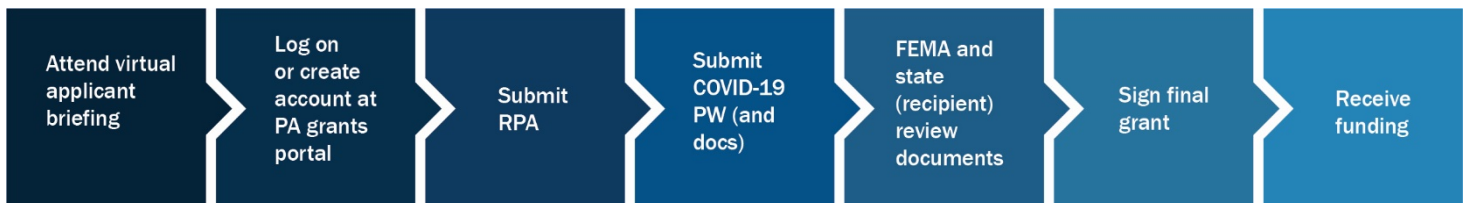
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This Fact Sheet supplements *Fact Sheet: Coronavirus (COVID-19) Pandemic Emergency Protective Measures* and provides an overview of the FEMA Public Assistance application process for recipients and applicants requesting reimbursement related to federal emergency and major disaster declarations for Coronavirus 2019 (COVID-19). FEMA is simplifying the Public Assistance application and funding process to address the magnitude of this event and allow local officials to receive eligible funding more quickly.

**FEMA is simplifying the Public Assistance application process.** FEMA is developing a simplified online form applicants can complete, and on which they may explain work activities, answer basic questions, provide limited supporting documentation, and provide a cost estimate. FEMA and the recipient will review this information, follow up with limited requests for additional information if necessary, and award assistance. Recipients will have access to all projects in [PA Grants Portal](#), consistent with the traditional PA process.

The national emergency declaration authorized Public Assistance Category B reimbursement for emergency protective measures. It does not include additional categories of assistance, such as infrastructure repair and replacement, which are needed after typical natural disasters. This enables FEMA to eliminate many application steps that are designed for those categories, including: eliminating exploratory calls, recovery scoping meetings, and most site inspections; and reducing documentation requirements to the minimum needed to support Category B reimbursement.

Recipients are states, tribes, or territories that receive and administer Public Assistance awards. Applicants are state, local, tribal and territorial governments, or eligible private nonprofits, submitting a request for assistance under a recipient's federal award.



**Applicants are empowered to drive their own recovery** and directly apply for reimbursement without waiting for FEMA to assign a Program Delivery Manager. FEMA is simplifying the process so applicants may directly apply for assistance through the [PA Grants Portal](#).

As FEMA and recipients implement these changes, FEMA will continue to process and fund Public Assistance projects. Funding is immediately available should state, tribal, territorial or local officials request expedited assistance. Prior to funding, recipients must sign FEMA-State/Tribal/Territorial Agreements, submit signed Federal Grant Applications (SF-424), and update Recipient Public Assistance Administrative Plans. Recipients should start [setting up Grants Portal accounts](#) for themselves and applicants at [grantee.fema.gov](https://grantee.fema.gov) so they can



# FEMA

apply for assistance. Once an account is created, Applicants may [submit Requests for Public Assistance](#) to begin the application process.

FEMA is working to rapidly scale up the information, tools and technology necessary to provide assistance to all applicants. Eligibility guidance on what FEMA can fund will be updated on the Public Assistance Policy, Guidance, and Factsheets [page on FEMA.gov](#) and the [COVID-19 page on FEMA.gov](#). Application support and tutorials are available on the resource tab in [PA Grants Portal](#).

## More Information

For more information, visit the following websites:

1. [Public Assistance Program and Policy Guide](#)
2. [FEMA.gov/Coronavirus](#)
3. [Coronavirus \(COVID-19\)](#) (CDC)



# Submitting a Public Assistance Funding Request for COVID-19



## FEMA Public Assistance COVID-19 Streamlined Project Application

FEMA developed this COVID-19 streamlined project application to simplify the application process for [Public Assistance](#) funding under the COVID-19 pandemic declarations. This document includes the project application and instructions for how the Applicant should complete and submit the application to the Recipient and FEMA.

### Overview

FEMA may provide funding to eligible Applicants for costs related to emergency protective measures<sup>1</sup> conducted as a result of the COVID-19 pandemic. Emergency protective measures are activities conducted to address immediate threats to life, public health, and safety. Eligible Applicants may submit funding requests to the Recipient and FEMA through the Public Assistance Grants Portal. FEMA provides funding through Recipients to eligible Applicants.

### Prerequisites

Prior to submitting this project application, Applicants must submit and receive approval of a Request for Public Assistance. To submit a request, visit the Public Assistance Grants Portal at [grantee.fema.gov](https://grantee.fema.gov).

### Public Assistance Funding Considerations

**Public Assistance funding is subject to a cost share:** The assistance FEMA provides through its Public Assistance program is subject to a cost share. The federal share is not less than 75 percent of eligible costs. The federal cost share may be increased in limited circumstances if warranted. The Recipient determines how much of the non-federal share the Applicant must fund.

**Public Assistance cannot duplicate funding from another federal source:**

Some activities may be eligible for funding through both FEMA and other federal agency funding sources for COVID-19 including the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR). The Applicant should not request funding for activities where the costs have been or will be claimed from another federal funding source.<sup>2</sup>

**Some activities may be completed through direct federal assistance:** Some eligible activities may be completed directly by the Federal Government rather than provided as financial assistance to Applicants to

**Recipients**  
are state, [tribal](#), or territorial entities that receive and administer Public Assistance federal awards.

**Applicants**  
are state, [tribal](#), territorial, or local governments or private non-profit entities that may request and receive subawards under a Recipient's award.

**Grants Portal**  
is the system used by Recipients and Applicants to manage PA grant applications.

**Projects & Subawards**  
Projects are groupings of activities that become a subaward under the Recipient's award when approved.

<sup>1</sup> The latest updated guidance on emergency protective measures eligible for Public Assistance reimbursement for COVID-19 can be found at <https://www.fema.gov/coronavirus>.

<sup>2</sup> Including any costs that have been or will be claimed through another funding source will delay the Recipient's and FEMA's processing of this funding request. If FEMA or the Recipient later determines the Applicant requested funding for activities where costs were funded by another federal agency, FEMA may de-obligate all funding until the Applicant can specifically demonstrate that duplicate funding was not provided. If another federal agency has *denied* a funding request, the Applicant may submit the funding request to the Recipient and FEMA for consideration.



complete those activities. If an Applicant does not have the capacity to directly complete the activity or oversee activity completion through contract or mutual aid, the Applicant may request that FEMA or another federal agency directly conduct the activity. Applicants seeking direct federal assistance should not use this project application but instead request assistance from the FEMA Regional Administrator through the Recipient's emergency manager.

**For more guidance:** The following FEMA guidance defines activities and associated costs that are eligible for Public Assistance funding:

- FEMA's [Public Assistance Program and Policy Guide \(PAPPG\)](#)
- FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: Eligible Emergency Protective Measures](#)
- FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: Emergency Medical Care](#)
- FEMA Fact Sheet: [Public Assistance: Non-Congregate Sheltering Delegation of Authority](#)
- FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: Non-Congregate Sheltering- FAQ](#)
- FEMA Fact Sheet: [Procurement Under Grants: Under Exigent or Emergency Circumstances](#)
- FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: FEMA Assistance for Tribal Governments](#)
- FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: Private Nonprofit Organizations](#)

## What information is required?

Applicants will need the following information about their activities and costs to complete this form:

- A description of the activities including when, where, and by whom the activities were completed or will be completed.
- A summary of how much the activities cost, including costs associated with contract, labor, equipment, supply, material, and other cost types.
- Documentation supporting the activities completed and costs claimed, as detailed below.
- Certification of compliance with federal, state, tribal, territorial, and local laws and regulations.

## How does the Applicant complete this project application?

Applicants will complete and submit this project application online in the FEMA [Public Assistance Grants Portal](#). FEMA will **not** accept paper submissions of this project application. The application is being provided to Applicants and Recipients in paper form here to provide guidance on what information FEMA will require from Applicants if they seek reimbursement for COVID-19 related activities.

FEMA will process each project application submitted as a separate funding request. **To reduce funding delays and maximize the Applicant's administrative flexibilities to track costs, Applicants should generally report all activities on one project application.** However, submitting a separate project application for distinct activities or time periods is advisable in certain scenarios:

- When an Applicant needs to be reimbursed immediately and cannot wait to gather all information to submit a full claim for all their activities and costs, the Applicant may:
  - Request expedited funding to receive an award of 50% of the total cost based on limited documentation;<sup>3</sup> or
  - Limit an initial project application to certain activities or an initial time period and follow up later with an additional project application for other activities or time periods.<sup>4</sup>
- Certain activities may require FEMA to complete a more in-depth environmental or historic preservation review, for example: ground disturbance, hazardous materials, modifications to buildings, or new construction. For these activities, the Applicant should submit one project

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<sup>3</sup> Applicants should use Schedule A of this project application to request expedited funding. FEMA may provide remaining 50% of funds through a project amendment, which will require the Applicant to provide documentation to support expenditures of the entire claimed cost, including the first 50%. Because expedited funding is awarded based on reduced documentation requirements, FEMA will only fund these projects for specific time periods.

<sup>4</sup> If the follow-up funding request is for the same activities and time periods, the original project application will be amended. If the follow-up funding request is for distinguishable activities or time periods an additional project application may be submitted.  
Last Updated: April 10, 2020

application for activities with environmental or historic preservation considerations and another project application with their remaining activities. For additional information, see the *COVID-19 Fact Sheet: Environmental and Historic Preservation and Emergency Protective Measures for COVID-19*.

The project application has four sections and six supplemental schedules. All Applicants must complete sections I, II, III, and IV and one or more of the following schedules:

- Schedule A, B, C, or EZ depending on the cost and activity status.
- Schedule D when claiming costs equal to or greater than \$131,100<sup>5</sup> for certain activities.
- Schedule F when claiming costs for activities that may have environmental and historic preservation concerns.

Table 1 illustrates the circumstances under which each schedule should be completed.

Cost	Funding Request Type	Work Status	Cost Basis	Schedules Required					
				A	B	C	D	EZ	F*
Less than \$131,100	Small	Any	Any					X	X
Equal to or greater than \$131,100	Large Expedited	Any	Applicant-Provided Information	X					X
	Large Regular	Complete	Actual Costs		X		X		X
		In-progress	Actual Costs & Applicant-Provided Information			X	X		X
		Not started	Applicant-Provided Information			X	X		X

\*Schedule F may be required based on specific activities.

## What happens after submitting the project application?

FEMA and the Recipient will review the information in the project application and may follow up with limited requests for additional information as part of the process outlined in the FEMA Fact Sheet [Coronavirus \(COVID-19\) Pandemic: Public Assistance Simplified Application](#). After submission:

1. FEMA and the Recipient review the project application and validate information and documentation provided to ensure compliance with all federal laws and regulations. If there are additional questions to evaluate the eligibility of the project application, FEMA and the Recipient will contact the Applicant to discuss. This may include contacting the Applicant by phone or through the [Public Assistance Grants Portal](#).
2. Upon completion of these reviews, the Applicant will be notified that funding for their project application is ready to be awarded. The Applicant will be required to review, agree to terms and conditions, and sign to accept the subaward in the [Public Assistance Grants Portal](#).
3. Once the Applicant signs the subaward, FEMA makes funding available to the Recipient for disbursement to the Applicant.
4. Once FEMA obligates and transfers funding for the subaward, the Applicant will become a Subrecipient in the Public Assistance program. The Recipient may request additional information before disbursing funds to the Subrecipient.
5. The Recipient will work directly with the Subrecipient to: monitor and report on the status of the activities, comply with federal and Recipient grant requirements, and close the subaward in accordance with 44 C.F.R. § 206.204-209, 2 C.F.R. Part 200, FEMA's *Public Assistance Program and Policy Guide (PAPPG)*, and FEMA's [Program Management and Grant Closeout SOP](#).

<sup>5</sup> FEMA establishes a threshold to categorize projects as large or small based on the final approved amount of eligible costs after any cost adjustments, including insurance deductions. The threshold is adjusted for each federal fiscal year. For more details, see <https://www.fema.gov/public-assistance-indicator-and-project-thresholds>.

## Section I – Project Application Information

Instructions: Applicants must complete this section and should refer to the Public Assistance Grants Portal for the declaration # and FEMA PA code. The Applicant must assign a unique title and number for each project application. This title and number can help the Applicant connect this project application to their accounting or other systems. Any documents attached to this project application should include the project application number and title.

Declaration #:	Name of Organization Applying:	FEMA PA Code:	Applicant-Assigned Project Application #:
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Project Application Title:

*Continue to Section II – Scope of Work.*

## Section II – Scope of Work

Instructions: Applicants must complete this section and describe the activities that the Applicant conducted or will conduct in response to COVID-19. For certain activities Applicants must provide additional information in Schedules D and F.

### 1. DESCRIPTION OF ACTIVITIES

Please provide a brief description of the activities the Applicant conducted or will conduct:

Please select all the activities the Applicant conducted or will conduct:

#### Management, control, and reduction of immediate threats to public health and safety

- ☐ Emergency operations center activities
- ☐ Training
- ☐ Facility disinfection
- ☐ Technical assistance on emergency management
- ☐ Dissemination of information to the public to provide warnings and guidance
- ☐ Pre-positioning or movement of supplies, equipment, or other resources
- ☐ Purchase and distribution of food, water, or ice
- ☐ Purchase and distribution of other commodities
- ☐ Security, law enforcement, barricading, and patrolling
- ☐ Storage of human remains or mass mortuary services
- ☐ Other. *Please describe:*

#### Emergency Medical Care

- ☐ Purchase and distribution/use of medical supplies & equipment including:
  - ☐ In vitro diagnostic supplies
  - ☐ Personal protective equipment including:
    - ☐ Respirators
    - ☐ N95 Respirators
    - ☐ Medical gloves
    - ☐ Surgical masks
    - ☐ Medical gowns
    - ☐ Coveralls

- ☐ Face shields
- ☐ Other Personal Protective Equipment (PPE). *Please describe:*
- ☐ [Decontamination systems](#)
- ☐ [Ventilators and products modified for use as ventilators](#)
- ☐ Therapeutics
- ☐ Other. *Please describe:*
- ☐ Provision of **medical services** including:
  - ☐ [Disease testing](#)
  - ☐ Treatment
  - ☐ Diagnosis
  - ☐ Emergency medical transport
  - ☐ Medical waste disposal
  - ☐ Other. *Please describe:*
- ☐ Enhanced **medical facilities** including:
  - ☐ [Alternate Care Sites](#) or other temporary medical facilities
  - ☐ Expansion of capacity within an existing medical facility
  - ☐ [Community-based testing sites](#)
  - ☐ Other. *Please describe:*

**Sheltering**

- ☐ [Isolation-related](#) temporary lodging
- ☐ [Quarantine-related](#) temporary lodging
- ☐ High-risk population sheltering
- ☐ Healthcare worker and first responder temporary lodging
- ☐ Household pet or assistance animal or service animal sheltering
- ☐ Other. *Please describe:*

**Other**

- ☐ Other activity. *Please describe:*

*Complete Schedule F if any of the following activities are reported above: storage of human remains or mass mortuary services, decontamination systems, or medical waste disposal.*

**Please select the method(s) of work the Applicant used or will use to complete the activities reported above:**

- ☐ Establishment of temporary facilities, including:
  - ☐ Repurposing, renovating, or reusing existing facilities.
  - ☐ Placing prefabricated facilities on a site.
  - ☐ Constructing new temporary medical or sheltering facilities.
- ☐ Staging resources at an undeveloped site.
- ☐ Purchase of meals for emergency workers
- ☐ Purchase of supplies or equipment
- ☐ Purchase of land or buildings

*Complete Schedule F if any of the following activities are reported above: establishment of temporary facilities or staging resources at an undeveloped site.*

**2. LOCATIONS**

**Please select the locations where the activities reported above were or will be conducted:**

- ☐ Jurisdiction-wide
- ☐ Geographic area(s). *Please attach a list of all areas.*
- ☐ Specific sites. *Please attach a list of all addresses or GPS coordinates.*

*Continue to Section III – Cost and Work Status Information.*

**Section III – Cost and Work Status Information**

Instructions: Applicants must complete this section and provide the costs of the activities reported in Section II. Applicants must also complete Schedule A, B, C, or EZ as instructed below to estimate a project cost.

**1. GENERAL COST & WORK STATUS QUESTIONS****Optional: Request Expedited Funding**

An Applicant may request approval for expedited funding from the Recipient and FEMA if they have an immediate need for funding to continue life-saving emergency protective measures. If approved, the Applicant will be awarded 50% of the FEMA-confirmed project cost based on initial documentation. However, the Applicant will then be required to provide all information, including all documentation to support actual incurred costs, to support the initial 50% of funding before receiving any additional funding. Applicants will be required to return any funds that were not spent in compliance with the program's terms and conditions. In general, **Applicants who have never received FEMA Public Assistance funding and do not have significant experience with federal grant requirements should avoid expedited funding** or, at a minimum, discuss expedited funding with their Recipient emergency management office *prior* to requesting expedited funding. Expedited funding is only available for activities completed during specific time periods.

**Does the Applicant want to request expedited funding?**

- ☐ No. *Continue to the next question.*
- ☐ Yes. *Please complete Schedule A to request an expedited project from FEMA and return to Section IV.*

**Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100?**

- ☐ Yes. *Continue to the next question.*
- ☐ No. *Please complete Schedule EZ to provide a small project estimate and return to Section III Part 2.*

**What is the status of the activities reported in Section II?**

An Applicant may not request funding for activities conducted prior to January 20, 2020, the beginning of the COVID-19 incident period. This question should be answered once to describe all the activities reported in Section II (i.e. the earliest start date and the latest end date). If FEMA's eligibility criteria for certain activities are limited to specific time periods, FEMA will ask for the time period that a particular activity was or will be conducted.

- ☐ Activities started \_\_\_\_\_ (MM/DD/YY) and completed \_\_\_\_\_ (MM/DD/YY).  
*Please complete Schedule B to provide actual cost documentation and return to Section III Part 2.*
- ☐ Activities started \_\_\_\_\_ (MM/DD/YY), \_\_\_\_% complete, and projected to end \_\_\_\_\_ (MM/DD/YY).  
*Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.*
- ☐ Activities started \_\_\_\_\_ (MM/DD/YY), \_\_\_\_% complete, with no predictable end date.  
*Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.*
- ☐ Activities have not started.  
*Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.*

**2. PROJECT COST**

**What is the total net cost?** *Please enter the total net cost from Schedule B, C or EZ.*

\$

*If the total net cost is greater than or equal to \$131,100 and the Applicant is not requesting expedited funding, please complete Schedule D and return to Section IV – Project Certifications.*

*If the total net cost is less than \$131,100 or the Applicant is requesting expedited funding, please continue to Section IV – Project Certifications.*

## Section IV – Project Certifications

Instructions: Applicants must complete this section to certify that the activities and costs reported in this project application comply with applicable federal, state, tribal, territorial, and local laws and regulations.

### 1. CERTIFICATION THAT BENEFITS WILL NOT BE DUPLICATED

#### Has the Applicant applied for any funding for COVID-19 from any other federal program?

An Applicant may request funding from other programs but may not receive funding for the same costs from multiple programs.

☐ No.

☐ Yes. *Please list other programs:*

#### If yes, has the Applicant applied for any funding from any other federal program for the activities reported in Section II?

☐ No.

☐ Yes, but the other federal program has not yet approved the funding. *The Applicant must inform FEMA if funding is approved and either (a) withdraw the FEMA project application for any non-obligated subaward or (b) request to close the subaward and return withdrawn funding for any obligated subaward.*

☐ Yes, but the other federal program has conclusively denied the funding. *Please attach denial.*

*I certify that the specific activities and costs in this project application were not requested from another funding source or, if they were requested, that other source has not yet approved the funding. Further, I certify that if the Applicant does receive funding for the specific activities and costs in this project application, I must notify the Recipient and FEMA, and funding will be reconciled to eliminate duplication.*

Applicant Authorized Representative	Title	Signature

### 2. GENERAL CERTIFICATION

#### I certify the following:

##### Activity Certifications

As required by Title 44 Code of Federal Regulations (C.F.R.) §§ 206.223 and 206.225 and in accordance with the *Public Assistance Program and Policy Guide* (PAPPG), the Emergency Protective Measures described in this project were or are:

- The Applicant's legal responsibility;
- Undertaken in response to the COVID-19 threat caused by the declared event; and
- Undertaken because they were necessary to eliminate threats to life, public health, and safety.

Any activity claimed has to have been performed or is being performed at the direction of or pursuant to guidance of state, local, tribal, or territorial public health officials (such as an executive order or other official order signed by a public health official).

*If any activity was or will be occurring on private property:* For each property, the Applicant (A) had or has a legal basis and authority to conduct the activities; and (B) completed or will complete the following actions for each property for which supporting documentation will be maintained: (i) obtained a right-of-entry, (ii) signed an agreement with the property owner to indemnify and hold harmless the Federal Government, and (iii) made efforts to identify any known insurance proceeds for the same activities.

##### Cost Certifications

As required by 44 C.F.R. § 206.228 and 2 C.F.R. Part 200 and in accordance with the PAPPG, the costs for which the Applicant is claiming reimbursement were or are:

- Of a type generally recognized as ordinary and necessary for the type of facility or activities;
- Reduced by applicable credits, such as insurance proceeds and salvage values; and
- Reasonable as demonstrated by the method selected in *Schedule A, B, C or EZ* of this project application.

As required by the Stafford Act § 312, 42 U.S. Code § 5155, and 2 C.F.R. § 200.406 and in accordance with the PAPPG, the Applicant has either:

- Informed FEMA of all insurance proceeds; or

- Did not have insurance coverage in place for the claimed costs at the time of the declaration.

*If claiming contract costs:* The Applicant complied with federal, Recipient, and Applicant procurement requirements.

*If claiming equipment costs:* The Applicant complied with all FEMA policies regarding equipment rates in accordance with the PAPPG.

*If claiming labor costs:* The Applicant complied with all FEMA policies regarding labor in accordance with the PAPPG.

### Environmental and Historic Preservation Compliance Certifications

In accordance with the PAPPG, the Applicant will comply with applicable federal, state, and local laws; will provide all documentation requested to allow FEMA to ensure project applications comply with federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and Executive Orders; and will comply with any EHP compliance conditions placed on the grant.

### Documentation Certifications

In accordance with 2 C.F.R. §200.333 as well as state and local record retention requirements, the Applicant will maintain all documentation that supports this project application in its own files. This documentation will be required if the Applicant submits an appeal for additional funding, as well as in the case of any audits.

**It is important to know that upon submittal your project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information you enter. It is a violation of Federal law to intentionally makes false statements or hide information when applying for Public Assistance. This can carry severe criminal and civil penalties including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571). I certify that all information I have provided regarding the project application is true and correct to the best of my knowledge. I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain Public Assistance, it is a violation of federal laws, which carry severe criminal and civil penalties.**

Applicant Authorized Representative

Title

Signature

### 3. PREPARER CERTIFICATION

**Did the Applicant Authorized Representative receive consultant support or technical assistance in preparing this project application from anyone not directly employed by the Applicant?**

☐ No.

☐ Yes. *Please provide the following information and obtain the preparer's certification.*

Preparer's Company or Firm Name

Preparer's Company or Firm EIN

Preparer's Company or Firm Address

**By signing below, I certify all information provided in this project application is true and correct based on all information of which I have any knowledge. I understand that causing the Applicant to make false certification or statements or conceal any information in an attempt to obtain disaster aid is a violation of federal laws, which carry severe criminal and civil penalties, including a fine of up to \$250,000, imprisonment, or both (18 U.S.C. Part 287, 1001, 1040 and 3571).**

Preparer's Name

Preparer's Title

Preparer's Signature

***Please ensure that you have completed all schedules applicable to the activities you performed.  
You have completed the project application. Thank you.***

## SCHEDULE A – Expedited Funding Estimate

Instructions: The Applicant must complete this section if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to \$131,100.

### 1. GENERAL ELIGIBILITY

Please explain why there is an immediate need for funding:

Please select the time-period for which the Applicant is requesting expedited funding for the activities reported in Section II:

Because expedited funding is awarded based on reduced documentation requirements, FEMA funds these projects for specific time periods.

Start Date: \_\_\_\_\_ (MM/DD/YY) Designated Time-Period:

- ☐ 30 days  
☐ 60 days  
☐ 90 days  
☐ Another time-period: \_\_\_\_\_

Please describe how the activities reported in Section II address an immediate threat to life, public health, or safety:

If it is not clear that a direct threat to life, public health, or safety exists, or that the activity is necessary to cope with the threat, FEMA may request documentation to demonstrate that the Applicant conducted the activities at the direction or guidance of public health officials. See PAPPG at pp. 19-20, 42-43, and 57.

Please select the reason why the activities reported in Section II are the legal responsibility of the Applicant:

- ☐ The Applicant is a government organization and the state's, tribe's, or territory's constitution or laws delegate jurisdictional powers to the Applicant.  
☐ A statute, order, contract, articles of incorporation, charter, or other legal document makes the Applicant responsible to conduct the activities for the general public. *Please describe:*  
☐ For other reasons. *Please describe:*

To determine legal responsibility for Emergency Protective Measures, FEMA evaluates whether the Applicant requesting the assistance either had jurisdiction over the area in which work was performed or the legal authority to conduct the activities. In general, an Applicant only has legal responsibility to conduct Emergency Protective Measures within its jurisdiction. If an Applicant conducts Emergency Protective Measures outside its jurisdiction, it must demonstrate its legal basis and responsibility to conduct those activities. See PAPPG at pp. 20-21 and 41-42.

### 2. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II. For each resource selected, please provide the cost or other information FEMA can use to estimate the cost.



<input type="checkbox"/> <b>Contracts.</b>	<b>Cost</b> \$
<p>Please enter the total cost of contracts and provide copies of the request for proposals, bid documents or signed contracts. If contracts are not available, please provide a unit price estimate and the basis for the unit prices (for example, historic price documentation, or vendor quotes).</p> <p>FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See PAPPG at pp. 30-33. The federal procurement under grant rules are found at <a href="#">2 C.F.R. §§ 200.317-200.326</a>. Different sets of procurement rules apply depending on whether you are a state or a non-state entity. For additional information see FEMA's <a href="#">Procurement Under Grants Public Assistance Policy</a> and FEMA Fact Sheet: <a href="#">Procurement Under Grants: Under Exigent or Emergency Circumstances</a>.</p>	
<input type="checkbox"/> <b>Labor.</b> Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.	<b>Cost</b> \$
<p>Please enter the total cost of labor and provide a copy of the calculation. If not available, please provide the following (attach a list if necessary):</p> <ul style="list-style-type: none"> <li>• Number of personnel:</li> <li>• Average hours per day:</li> <li>• Average days per week:</li> <li>• Average pay rate:</li> </ul> <p>If the personnel were or will be provided through mutual aid, please provide the written mutual aid agreement.</p> <p>FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See PAPPG at pp. 23-26 and 33-35.</p>	
<input type="checkbox"/> <b>Equipment.</b> Including applicant owned, purchased, or rented.	<b>Cost</b> \$
<p>Please enter the total cost of equipment. If Applicant's own equipment, provide the following (attach a list if necessary):</p> <ul style="list-style-type: none"> <li>• Number and types of equipment used:</li> <li>• Average hours used per day:</li> <li>• Average days per week:</li> <li>• Average hourly rate:</li> </ul> <p>If purchased, enter the purchase price. If rented, provide the rental agreement and enter the rental price.</p> <p>FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See PAPPG at pp. 26-28.</p>	
<input type="checkbox"/> <b>Materials and Supplies.</b>	<b>Cost</b> \$
<p>Please enter the total cost of materials and supplies and provide the following (attach a list if necessary):</p> <ul style="list-style-type: none"> <li>• Amount of materials and supplies, by type:</li> <li>• Purchase or stock replenishment cost:</li> </ul> <p>The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by COVID-19 or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by COVID-19. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See PAPPG at p. 22 and p. 28.</p>	
<input type="checkbox"/> <b>Other costs.</b> Including travel costs, utilities and any other expenses not listed above.	<b>Cost</b> \$
<p>Please enter the total cost and provide high-level information which can substantiate costs:</p> <p>Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See PAPPG at pp. 21-22, and 41-42.</p>	
<b>Subtotal</b> Please add together costs of labor, equipment, materials and other costs.	
\$	

**3. DEDUCTIONS**

Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.

☐ **Insurance Proceeds.**

This does not include payment from patient insurance; for that, continue to medical payments below.

Deduction

\$

Does the Applicant have insurance coverage that might cover any activities reported in Section II?

☐ No.

☐ Yes, the Applicant *anticipates* receiving a payment from its insurance carrier.

☐ Yes, the Applicants has *actually* received a payment from its insurance carrier.

If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.

FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's [Public Assistance Policy on Insurance](#).

☐ **Disposition.**

Deduction

\$

Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000).

When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at \$5,000 or more and unused residual supplies and materials that total \$5,000 or more. If the Applicant acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp. 29-30.

☐ **Medical Payments.**

Deduction

\$

Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.

FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: Emergency Medical Care](#). **It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.**

☐ **Other Deductions.**

Deduction

\$

Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

**NET TOTAL** Please subtract all proceed deductions from the subtotal. \$

***You have completed this schedule. Return to Section IV to certify and sign this project application.***

**SCHEDULE B – Completed Work Estimate**

Instructions: Applicants must complete this schedule if the Applicant (1) has completed the activities reported in Section II, (2) has documentation available to support the actual costs, and (3) the cost of the activities is over \$131,100.

**1. PROJECT COST & COST ELIGIBILITY**

Please select the resources necessary to complete the activities reported in Section II. For each resource selected, please provide the cost and requested information.

☐ **Contracts.**
**Cost**

\$

Please enter the total cost of contracts. To calculate the total cost, complete *FEMA Public Assistance COVID-19 Contracts Report* (attached) or provide all information contained therein.

Please also provide:

- ☐ Contracts, change orders, and summary of invoices
- ☐ Cost or price analysis (for contracts above \$250,000, the federal simplified acquisition threshold)
- ☐ The Applicant's procurement policy
- ☐ Other procurement documents that support the that the cost was reasonable (for example, requests for proposals, bids, selection process, or justification for non-competitive procurement)
- ☐ Documentation that substantiates a high degree of contractor oversight, such as daily or weekly logs, records of performance meetings (required for time and materials contracts)

FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See *PAPPG* at pp. 30-33. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules apply depending on whether the Applicant is a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#) and FEMA Fact Sheet: [Procurement Under Grants: Under Exigent or Emergency Circumstances](#).

☐ **Labor.** Including the Applicant's own staff, mutual aid, prison labor, and National Guard.
**Cost**

\$

Please enter the total cost of labor. To calculate the total cost, complete [FEMA Form 009-0-123 Force Account Labor Summary](#) and [FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet](#) or provide all information contained therein.

Please also provide:

- ☐ Justification for any standby time claimed
- ☐ Labor pay policy (must cover each employee type used, for example part time, full time, and temporary)
- ☐ National Guard pay policy (required for National Guard)
- ☐ Mutual aid agreement (required for mutual aid labor)
- ☐ Timesheets (please provide either (1) a summary list of all your timesheets, which FEMA will sample and request copies of a limited number of time sheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology you used to select the representative sample)
- ☐ Daily logs or activity reports (please provide either (1) a summary list of all your logs or reports, which FEMA will sample and request copies of a limited number of logs or reports; or (2) a sample set of logs or reports and a detailed explanation of the sampling methodology you used to select the representative sample)

Please describe any labor that was not Applicant's own staff, mutual aid, prison labor, or National Guard:

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See *PAPPG* at pp. 23-26 and 33-35.

<input type="checkbox"/> <b>Equipment.</b> Including applicant owned, purchased, or rented.	<b>Cost</b> \$
<p><i>Please enter the total cost of equipment. To calculate the total cost, complete <a href="#">FEMA Form 009-0-127 Force Account Equipment Summary</a> and <a href="#">FEMA Form 009-0-125 Rented Equipment Summary Record</a> or provide all information contained therein. Please also answer the following questions:</i></p> <p><b>How did the Applicant acquire the equipment?</b></p> <p><input type="checkbox"/> Owned prior to January 20, 2020.</p> <p><input type="checkbox"/> Purchased. <i>Please provide invoices or receipts, and a rental vs. purchase cost comparison.</i></p> <p><input type="checkbox"/> Rented. <i>Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison.</i></p> <p><b>What was the basis of the rate used in the summary? Please select all that apply.</b></p> <p><input type="checkbox"/> FEMA Equipment Rates.</p> <p><input type="checkbox"/> Applicant's Equipment Rates. <i>Note, If the Applicant is not a state- or territory-level entity, they typically must use the lesser of their own rate or FEMA's rate.</i></p> <p><input type="checkbox"/> No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate. <i>For all equipment where a rate is requested, please provide the original purchase price and documentation, the year purchased, and the total useful lifetime hours.</i></p> <p><input type="checkbox"/> Other. <i>Please describe:</i></p> <p><i>If purchase or rental was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.</i></p> <p>FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See PAPPG at pp. 26-28.</p>	
<input type="checkbox"/> <b>Materials and supplies.</b>	<b>Cost</b> \$
<p><i>Please enter the total cost of materials and supplies. To calculate the total cost, complete <a href="#">FEMA Form 009-0-124 Materials Summary Record</a> or provide all information contained therein.</i></p> <p><b>How did the Applicant acquire the materials or supplies?</b></p> <p><input type="checkbox"/> From stock. <i>Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available—supporting documentation such as daily logs.</i></p> <p><input type="checkbox"/> Purchased. <i>Please provide invoices or receipts, and justification if purchased materials or supplies were not used. If purchase was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.</i></p> <p>The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by COVID-19 or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by COVID-19. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See PAPPG at pp. 22 and 28.</p>	
<input type="checkbox"/> <b>Other costs.</b> Including travel costs, utilities and any other expenses not listed above.	<b>Cost</b> \$
<p><i>Please enter the total cost. Please also describe the costs:</i></p> <p><i>Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.</i></p> <p>Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See PAPPG at pp. 21-22, and 41-42.</p>	

<b>Subtotal</b> Please add together costs of labor, equipment, materials and other costs.	\$
<b>2. DEDUCTIONS</b>	
Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.	
<input type="checkbox"/> <b>Insurance Proceeds.</b> <i>This does <u>not</u> include payment from patient insurance; for that, continue to medical payments below.</i> <b>Does the Applicant have insurance coverage that might cover any activities reported in Section II?</b> <input type="checkbox"/> No. <input type="checkbox"/> Yes, but the Applicant has not filed a claim yet. <input type="checkbox"/> Yes, the Applicant <i>anticipates</i> receiving a payment from its insurance carrier. <input type="checkbox"/> Yes, the Applicants has <i>actually</i> received a payment from its insurance carrier. <i>If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.</i>  FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's <a href="#">Public Assistance Policy on Insurance</a> .	<b>Deduction</b> \$
<input type="checkbox"/> <b>Disposition.</b> <i>Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000) and answer additional questions in Schedule D.</i>  When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at \$5,000 or more and unused residual supplies and materials that total \$5,000 or more. If the Applicant acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp. 29-30.	<b>Deduction</b> \$
<input type="checkbox"/> <b>Medical Payments.</b> <i>Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.</i>  FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Fact Sheet: <a href="#">Coronavirus (COVID-19) Pandemic: Emergency Medical Care</a> . <b><u>It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.</u></b>	<b>Deduction</b> \$
<input type="checkbox"/> <b>Other Deductions.</b> <i>Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.</i>	<b>Deduction</b> \$
<b>NET TOTAL</b> Please subtract all proceed deductions from the subtotal.	
<b>You have completed this schedule. Return to Section III.</b>	

**SCHEDULE C – In Progress Work Estimate**

Instructions: Applicants must complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is over \$131,100.

**1. BUDGET ESTIMATE**

**Please attach a budget estimate created using standard procedures the Applicant would use absent federal funding.**

The estimate should be broken down by the resource necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs) and within those areas broken down further by the costs completed and future costs.

**What is the basis for the Applicant's cost estimate? (select all that apply)**

- ☐ Extrapolation of completed costs.
- ☐ Historical unit costs.
- ☐ Average costs for similar work in the area.
- ☐ Published unit costs from national cost estimating database.
- ☐ Contractor or vendor quotes.
- ☐ Other. *Please describe:*

**2. PROJECT COST & COST ELIGIBILITY**

**Please select the resources necessary to complete the activities reported in Section II. For each resource selected, please provide the cost incurred to date and estimated future costs. Please also provide the other requested information.**

<input type="checkbox"/> <b>Contracts.</b>	<b>Completed Cost</b>	<b>+</b>	<b>Future Cost</b>	<b>=</b>	<b>Total Cost</b>
	\$		\$		\$

*Please enter the completed cost of contracts. If no contracts-related costs are complete enter 0. To calculate the completed cost, complete FEMA Public Assistance COVID-19 Contracts Report (attached) or provide all information contained therein.*

*For completed costs, please also provide:*

- ☐ Contracts, change orders, and summary of invoices
- ☐ Cost or price analysis (for contracts above \$250,000, the federal simplified acquisition threshold)
- ☐ The Applicant's procurement policy
- ☐ Other procurement documents that support that the cost was reasonable (for example, requests for proposals, bids, selection process, or justification for non-competitive procurement)
- ☐ Documentation that substantiates a high degree of contractor oversight, such as daily or weekly logs, records of performance meetings (required for time and materials contracts)

*Please enter the estimated future cost of contracts. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate and answer the following questions:*

**Is the estimate based on awarded contracts?**

- ☐ **Yes.** *Please complete the FEMA Public Assistance COVID-19 Contracts Report (attached) and provide:*
  - ☐ Cost or price analysis (for contracts above \$250,000, the federal simplified acquisition threshold)
  - ☐ The Applicant's procurement policy
  - ☐ Other procurement documents that support that the cost will be reasonable (for example, requests for proposals, bids, selection process, or justification for non-competitive procurement)
- ☐ **No.** *Please provide:*
  - ☐ Cost or price analysis (for projected contracts above \$250,000, the federal simplified acquisition threshold)
  - ☐ The Applicant's procurement policy

*Please add the completed to the future costs and enter result as the total cost.*

FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See PAPPG at pp. 30-33. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules that apply depending on whether you are a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#) and FEMA Fact Sheet: [Procurement Under Grants: Under Exigent or Emergency Circumstances](#).



- ☐ **Labor.** Including the Applicant's own staff, mutual aid, prison labor, and National Guard.

Completed Cost	+	Future Cost	=	Total Cost
\$		\$		\$

Please enter the completed cost of labor. If no labor-related costs are complete enter 0. To calculate the completed cost, complete [FEMA Form 009-0-123 Force Account Labor Summary](#) and [FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet](#) or provide all information contained therein. Please also provide:

- ☐ Justification for any standby time claimed
- ☐ Labor pay policy (must cover each employee type used, for example part time, full time, and temporary)
- ☐ National Guard pay policy (required for National Guard)
- ☐ Mutual aid agreement (required for mutual aid labor)
- ☐ Timesheets (please provide either (1) a summary list of all your timesheets, which FEMA will sample and request copies of a limited number of time sheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology you used to select the representative sample)
- ☐ Daily logs or activity reports (please provide either (1) a summary list of all your logs or reports, which FEMA will sample and request copies of a limited number of logs or reports; or (2) a sample set of logs or reports and a detailed explanation of the sampling methodology you used to select the representative sample)

Please describe any labor that was not Applicant's own staff, mutual aid, prison labor, or National Guard:

Please enter the estimated future cost of labor. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate and provide the following information:

- ☐ Labor pay policy (must cover each employee type used, for example part time, full time, and temporary)
- ☐ National Guard pay policy (required for National Guard)
- ☐ Mutual aid agreement (required for mutual aid labor)

Please add the completed costs to the future costs and enter result as the total cost.

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See PAPPG at pp. 23-26 and 33-35.

- ☐ **Equipment.** Including applicant owned, purchased, or rented.

Completed Cost	+	Future Cost	=	Total Cost
\$		\$		\$

Please enter the completed cost of equipment. If no equipment-related costs are complete enter 0. To calculate the completed cost, complete [FEMA Form 009-0-127 Force Account Equipment Summary](#) and [FEMA Form 009-0-125 Rented Equipment Summary Record](#) or provide all information contained therein. Please also answer the following questions:

**How did the Applicant acquire the equipment?**

- ☐ Owned prior to January 20, 2020.
- ☐ Purchased. Please provide invoices or receipts, and a rental vs. purchase cost comparison.
- ☐ Rented. Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison.

**What was the basis of the rate used in the summary?** Please select all that apply.

- ☐ FEMA Equipment Rates.
- ☐ Applicant's Equipment Rates. Note, If the Applicant is not a State-level entity, they typically must use the lesser of their own rate or FEMA's rate.
- ☐ No rate is available, but the Applicant would like FEMA to calculate an Equipment Rate. For all equipment where a rate is requested, please provide the original purchase price and documentation, the year purchased, and the total useful lifetime hours.
- ☐ Other. Please describe:

If purchase or rental was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

Please enter the estimated future cost of equipment. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate.

Please add the completed to the future costs and enter result as the total cost.

FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See PAPPG at pp. 26-28.

<input type="checkbox"/> <b>Materials and supplies.</b>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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Please enter the completed cost of materials and supplies. If no materials- or supplies-related costs are complete enter 0. To calculate the completed cost, complete [FEMA Form 009-0-124 Materials Summary Record](#) or provide all information contained therein. Please also answer the following questions:

**How did the Applicant acquire the materials or supplies?**

- ☐ From stock. Please provide cost documentation such as original invoices or other historical cost record, inventory records, and—if available—support documentation such as daily logs.
- ☐ Purchased. Please provide invoices or receipts, and justification if purchased materials or supplies were not used. If purchase was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

Please enter the estimated future cost of materials and supplies. To calculate the future cost, please use the Applicants standard procedures the Applicant would use to create a budget estimate and provide the following information:

Please add the completed costs to the future costs and enter result as the total cost.

The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by COVID-19 or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by COVID-19. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See PAPPG at p. 22 and p. 28.

<input type="checkbox"/> <b>Other costs.</b> Including travel costs, utilities and any other expenses not listed above.	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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Please enter the completed other costs. If no other costs are complete enter 0. To calculate the other costs, please use the cost incurred and describe why it is reasonable:

Please also provide invoices or receipts. If claiming travel costs provide a travel policy.

Please enter the estimated future other costs. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate.

Please add the completed costs to the future costs and enter result as the total cost.

Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See PAPPG at pp. 21-22, and 41-42.

**Subtotal** Please add together costs of labor, equipment, materials and other costs. \$

### 3. DEDUCTIONS

Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction.

<input type="checkbox"/> <b>Insurance Proceeds.</b> This does <u>not</u> include payment from patient insurance; for that, continue to medical payments below.	<b>Deduction</b> \$
<b>Does the Applicant have insurance coverage that might cover any activities reported in Section II?</b>	
<input type="checkbox"/> No. <input type="checkbox"/> Yes, but has not filed a claim yet. <input type="checkbox"/> Yes, the Applicant <i>anticipates</i> receiving a payment from its insurance carrier. <input type="checkbox"/> Yes, the Applicants has <i>actually</i> received a payment from its insurance carrier.	



## FEMA COVID-19 Project Application

Applicant-Assigned Project Application # \_\_\_\_\_

If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.

FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's [Public Assistance Policy on Insurance](#).

☐ **Disposition.**

Deduction
\$

Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000) and answer additional questions in Schedule D.

When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at \$5,000 or more and unused residual supplies and materials that total \$5,000 or more. If the Applicant acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp. 29-30.

☐ **Medical Payments.**

Deduction
\$

Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.

FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: Emergency Medical Care](#). **It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.**

☐ **Other Deductions.**

Deduction
\$

Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

**NET TOTAL** Please subtract all proceed deductions from the subtotal.

\$
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***You have completed this schedule. Return to Section III.***

**SCHEDULE D – Large Project Eligibility Questions**

Instructions: Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than or equal to \$131,100. Additionally, if any of the following activities were reported in Section II, Applicants must answer the corresponding question:

- Purchase of supplies or equipment–Complete part 2.
- Purchase of land or buildings–Complete part 3.
- Purchase and distribution of food, water, ice, or other commodities–Complete part 4
- Purchase of meals for emergency workers–Complete part 5.
- Pre-positioning or movement of supplies, equipment, or other resources–Complete part 6.
- Emergency medical care–Complete part 7 and 8.
- Sheltering–Complete part 9.
- Establishing a temporary facility–Complete part 10.

**1. GENERAL ELIGIBILITY**

**Are all activities reported in Section II only being performed by the Applicant as a result of COVID-19?**

- ☐ Yes.
- ☐ No. *Please explain:*

FEMA can only provide funding for costs that are a result of COVID-19 and above and beyond what the Applicant usually incurs during its normal course of business. See PAPPG at pp. 21-22, and 41-42.

**Is the Applicant legally responsible for performing the activities reported in Section II?**

- ☐ Yes, the Applicant is a government organization and the state's, tribe's, or territory's constitution or laws delegate jurisdictional powers to the Applicant.
- ☐ Yes, a statute, order, contract, articles of incorporation, charter, or other legal document makes the responsible to conduct the activities for the general public. *Please attach and describe:*
- ☐ Yes, for other reasons. *Please attach supporting documentation and describe:*
- ☐ No. *Please describe how the Applicant is eligible for funding:*

To determine legal responsibility for Emergency Protective Measures, FEMA evaluates whether the Applicant requesting the assistance either had jurisdiction over the area in which work was performed or the legal authority to conduct the activities. In general, an Applicant only has legal responsibility to conduct Emergency Protective Measures within its jurisdiction. If an Applicant conducts Emergency Protective Measures outside its jurisdiction, it must demonstrate its legal basis and responsibility to conduct those activities. See PAPPG at pp. 20-21, and 41-42.

**Please describe how the activities reported in Section II address an immediate threat to life, public health, or safety:**

If it is not clear that a direct threat to life, public health or safety exists, or that the activity is necessary to cope with the threat, FEMA may request documentation to demonstrate that the Applicant conducted the activities at the direction or guidance of public health officials.

**Did or will any of the activities reported in Section II require access to residential private property?**

*Leasing a private facility is not considered accessing a residential private property.*

- ☐ No.
- ☐ Yes. *Please identify and describe the activities taking place on private property:*

FEMA may request additional information to demonstrate the Applicant's legal authority and responsibility to enter private property, the basis for the determination that a threat exists to the general public in that community, and copies of the rights-of-entry and agreements to indemnify and hold harmless the Federal Government.

For activities that involve the creation of a new program, please describe or attach the internal control plan the Applicant executed or will execute to ensure costs incurred remain reasonable in accordance with 2 C.F.R. Part 200, the FEMA Public Assistance Program and Policy Guide, and applicable Recipient and Applicant requirements:

## 2. PURCHASE OF SUPPLIES OR EQUIPMENT

Please provide approximate quantities and unit costs for each type of supply or equipment reported in Section II:

Supply or Equipment	Quantity	Unit Cost
<a href="#">In vitro diagnostic</a> supplies		\$
Respirators		\$
<a href="#">N95 Respirators</a>		\$
<a href="#">Medical gloves</a>		\$
<a href="#">Surgical masks</a>		\$
<a href="#">Medical gowns</a>		\$
Coveralls		\$
Face shields		\$
Other Personal Protective Equipment (PPE).		\$
<a href="#">Decontamination systems</a>		\$
<a href="#">Ventilators and products modified for use as ventilators</a>		\$
Therapeutics		\$
Other		\$

Did or will the Applicant purchase equipment or supplies with a total cost of greater than \$5,000?

- ☐ No. Please skip the remaining questions in this part.
- ☐ Yes. Please proceed to the next question.

If yes to the previous question, is the aggregate value or will the aggregate value of unused supplies be greater than \$5,000 after use for federal projects concludes?

- ☐ Unsure. Please skip the remaining question in this part. Please ensure you keep accurate records of unused supplies as the Recipient or FEMA may request this information during an audit or when closing the Applicant's subaward(s).
- ☐ No. Please skip the remaining questions in this part.
- ☐ Yes. Please ensure the Applicant included disposition proceeds in Schedule B or C as applicable.

If the aggregate total of unused supplies is less than \$5,000, FEMA does not reduce funding. See PAPPG at pp. 29-30.

(Tribal, local, and non-profit entities only) Does the Applicant anticipate any piece of equipment they purchased will have fair market value of greater than \$5,000 after its use for federal projects concludes?

- ☐ No.
- ☐ Yes. Please ensure the Applicant included disposition proceeds in Schedule B or C as applicable.

(State- and Territory Applicants only) Did the Applicant dispose of equipment in accordance with state or territorial laws and procedures?

- ☐ No.
- ☐ Yes. Please ensure the Applicant included disposition proceeds in Schedule B or C as applicable.

**Did or will the Applicant distribute supplies or equipment to for-profit entities?**

- ☐ No.
- ☐ Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the supplies or equipment:*

In certain cases, FEMA requires that funding be reduced by the remaining value of supplies and equipment after they are no longer needed for federally funded projects. When equipment or supplies (including materials) purchased with PA funding are no longer needed for response to or recovery from the incident, the Applicant may use the items for other federally funded programs or projects, provided the Applicant informs FEMA. For more information on these requirements, see PAPPG at pp. 29-30.

**3. PURCHASE OF LAND OR BUILDINGS****Did or will the Applicant acquire or improve any real property?**

FEMA defines real property as "Land, including land improvements, structures, and appurtenances thereto." Real property acquired with FEMA funds is subject to specific disposition and reporting requirements.

- ☐ No.
- ☐ Yes. *The Applicant must obtain specific disposition instructions from FEMA. The Applicant should work through their Recipient to obtain specific instructions when the acquired or improved property is no longer needed for the original authorized purpose.*

**4. PURCHASE AND DISTRIBUTION OF FOOD, WATER, ICE, OR OTHER COMMODITIES****When did or will purchase and distribution of food, water, ice or other commodities start and end?**

Activities started \_\_\_\_\_ (MM/DD/YY) and completed \_\_\_\_\_ (MM/DD/YY).

*Please attach any written requests and approvals for the activity given by the FEMA Regional Administrator or Recipient.*

**Please select and describe the work necessary to purchase and distribute food, water, ice or other commodities:**

- ☐ Purchasing and packaging. *Please describe:*
- ☐ Acquiring distribution and storage space. *Please describe:*
- ☐ Delivery and distribution. *Please describe:*
- ☐ Other. *Please describe:*

**Did or will the Applicant distribute food, water, ice or other commodities to for-profit entities?**

- ☐ No.
- ☐ Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the food, water, ice or other commodity:*

**Did or will the Applicant enter into a formal agreement or contract for the provision of food, water, ice or other commodities through a private organization?**

- ☐ No.
- ☐ Yes. *Please ensure contract costs are captured and associated questions answered in Schedule B or C as applicable.*

**If the purchase and distribution involved food, how is food security negatively impacted, making food distribution necessary to protect public health and safety? Please select all that apply.**

- ☐ Reduced mobility of those in need due to government-imposed restrictions.
- ☐ Marked increase or atypical demand for feeding resources.
- ☐ Disruptions to the typical food supply chain within the relevant jurisdiction.
- ☐ Other. *Please describe:*

**5. PURCHASE OF MEALS FOR EMERGENCY WORKERS**

**Why are meals for emergency workers being claimed?** *Please select all that apply.*

- ☐ A labor policy or written agreement requires the provision of meals. *Please attach.*
- ☐ Conditions constituted a level of severity that requires employees to work abnormal, extended work hours without a reasonable amount of time to provide for their own meals. *Please describe:*
- ☐ Food or water was or is not reasonably available for employees to purchase. *Please describe:*
- ☐ Other. *Please describe:*

**Please check here to confirm that meals were provided in accordance with the following FEMA policy.** ☐ No meals claimed for reimbursement were provided:

- To individuals receiving a per diem
- At a restaurant
- For individual meals

For more information on these requirements, see PAPPG at p. 63.

**6. PRE-POSITIONING OR MOVEMENT OF SUPPLIES, EQUIPMENT, OR OTHER RESOURCES**

**Please describe the resources the Applicant pre-positioned or will pre-position:**

**Please describe the activities that were or will be conducted using the pre-positioned resources:**

For more information on these requirements, see PAPPG at p. 60.

**7. EMERGENCY MEDICAL CARE – GENERAL ELIGIBILITY**

**Please describe how the emergency medical care activities in Section II directly relate to the COVID-19:**

**Did or will the Applicant contract for the provision of emergency medical care?**

- ☐ No, the Applicant directly provided the care.
- ☐ Yes. *Please ensure contract costs are captured and associated questions answered in Schedule B or C as applicable.*

**Were the medical supplies & equipment, services, or facilities provided to or used by for-profit entities?**

- ☐ No.
- ☐ Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the emergency medical care:*

**Please describe how the Applicant has, and will continue to pursue payment from patients' private insurance, Medicaid, Medicare, or any other source of funding:**

It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions in Schedule B or C. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.

**8. EMERGENCY MEDICAL CARE – MEDICAL SERVICES**

If the Applicant is claiming anything other than set-up costs for alternate care sites, other temporary medical facilities, or expansion of capacity within an existing medical facility, please provide additional information about the emergency medical care activities.

**When did or will the medical service activities start and end?**

Activities started \_\_\_\_\_ (MM/DD/YY) and completed \_\_\_\_\_ (MM/DD/YY).

*Please attach any written requests and approvals for the activity given by the FEMA Regional Administrator or Recipient.*

**Please describe how the emergency medical delivery system within a declared area was or is destroyed, severely compromised, or overwhelmed:**

When the emergency medical delivery system within a declared area is destroyed, severely compromised, or overwhelmed, FEMA may fund extraordinary costs associated with providing temporary facilities for emergency medical care or expanding existing medical care capacity in response to the declared incident. Temporary facilities and expansions may be used to treat COVID-19 patients or non-COVID-19 patients, as appropriate. For COVID-19 declarations where temporary facilities and expansions require additional health care workers, state, tribal, territorial, and local governments may contract with medical providers to provide medical services in these facilities. FEMA may provide assistance and approve funding for an initial 30 days, from the date that the facility is operational, as an immediate need notwithstanding that the services may be covered by another source. If additional time is needed, the Applicant should request FEMA re-assess before the end of the 30 days and FEMA may grant another 30-day extension as warranted. FEMA cannot duplicate funding provided by another source and will reconcile final funding based on any funding provided by another agency or covered by insurance. Applicable requirements for labor and contracting under federal grants apply. For more information on these requirements, see [fema.gov/coronavirus](https://www.fema.gov/coronavirus) and the PAPPG at pp. 63-64.

**9. SHELTERING****When did or will the sheltering activities start and end?**

Activities started \_\_\_\_\_ (MM/DD/YY) and completed \_\_\_\_\_ (MM/DD/YY).

**Please describe how the sheltering was or is directly related to COVID-19:**

**Please describe how sheltering was or is being conducted in accordance with standards and guidance approved by public health officials including social distancing measures:**

**Was the sheltering conducted in a non-congregate environment?**

Congregate sheltering is sheltering in facilities with large open spaces. Non-congregate sheltering is sheltering in which each individual or household has living space that offers some level of privacy. For more information, see PAPPG at pp. 66-67.

☐ Yes. *Please proceed to the next question.*

☐ No. *Please skip the remaining questions in this part.*

**Did the Applicant receive prior approval for non-congregate sheltering from FEMA?**

☐ Yes. *Please attach your request, all supporting documentation, and a copy of the FEMA approval.*

☐ No. *This activity requires the FEMA approval. Please submit a request through the Recipient directly to the FEMA Regional Administrator.*

For more information on these requirements, see [fema.gov/coronavirus](https://www.fema.gov/coronavirus).

**Are the non-congregate sheltering activities completed?**

- ☐ No.
- ☐ Yes. The Applicant needs to provide sufficient documentation to establish eligibility, including the following information:
- Specific need for each individual sheltered
  - Length of stay for each individual sheltered
  - Age of each individual sheltered
  - If applicable, number of meals provided for each individual sheltered. *Please also answer questions in part 4 related to the purchase and distribution of food, water, ice, or other commodities*
  - If applicable, number of individuals with access or functional needs sheltered
  - If applicable, number of household pets sheltered
  - If applicable, number of assistance and service animals sheltered
  - If applicable, type of shelter provided for animals as stand-alone, co-located, co-habitational
  - Description of services provided to sheltered individuals

For more information on these requirements, see PAPPG at p. 67 and FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: Non-Congregate Sheltering- FAQ](#).

**10. ESTABLISHING A TEMPORARY FACILITY**

Applicants must complete this part if the activities conducted or to be conducted include the set-up or operation of a temporary facility. The Applicant must either submit a separate project application for each facility or submit the information in this part for each facility. For more information on these requirements, see the *FEMA Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures Fact Sheet* and the PAPPG at pp. 76-80.

**What is the name of this temporary facility?****What dates were or will the temporary facility used?**

Start date: \_\_\_\_\_ (MM/DD/YY)

End date: \_\_\_\_\_ (MM/DD/YY)

**What services did or will this temporary facility provide?**

- ☐ Emergency medical care
- ☐ Sheltering
- ☐ Other. *Please describe:*

**Why was or is this temporary facility needed?**

- ☐ Existing facilities were or are forecasted to become overloaded and cannot accommodate the need.
- ☐ Quarantine of COVID-19 affected individuals.
- ☐ Additional space needed to accommodate COVID-19 related response activities.
- ☐ Other. *Please describe:*

**Please indicate how the Applicant did or will establish the temporary facility and attach a cost analysis justifying the selection. Please select all that apply.**

- ☐ Rent a facility. *Please provide a lease agreement.*
- ☐ Purchase a facility. *Please provide documentation to support the purchase price.*
- ☐ Construct a new facility.
- ☐ Modify/expand an existing facility.

**If purchasing or constructing a new facility, has the Applicant completed its use of this temporary facility?**

☐ No.

☐ Yes. If the Applicant purchased or constructed a temporary facility, it must return to FEMA the federal share of the equity in the facility. The Applicant must report the equity to FEMA when the approved deadline has expired or when the facility is no longer needed for the authorized purpose, whichever occurs first. For more information on this requirement, see PAPPG at pp. 79-80. *Please ensure disposition proceeds are captured and associated questions answered in Schedule B or C as applicable.*

**Is or will the temporary facility be accessible to and usable by disabled persons, as required by the Americans with Disabilities Act?**

☐ Yes, the existing facility is in compliance with the Americans with Disabilities Act and no alterations were or will be required to make the facility ADA-compliant.

☐ Yes, the Applicant has made or will make all required alterations to ensure that the facility is in compliance with the Americans with Disabilities Act.

☐ No. *Please describe why compliance is not applicable to this facility:*

For additional information on Americans with Disabilities Act, see PAPPG at pp. 95-96.

***You have completed this schedule. Return to Section II.***



**Schedule EZ – Small Project Estimate**

Instructions: Applicants must complete this schedule if the total project cost is less than \$131,100 and provide the costs of the activities reported in Section II.

**1. BUDGET ESTIMATE**

**Please attach a budget estimate created using standard procedures the Applicant would use absent federal funding.** The estimate should be broken down by the resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs).

**If the activities are complete, please attach the corresponding summary records:**

- ☐ FEMA Public Assistance COVID-19 Contracts Report (attached)
- ☐ [FEMA Form 009-0-123 Force Account Labor Summary](#)
- ☐ [FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet](#)
- ☐ [FEMA Form 009-0-127 Force Account Equipment Summary](#)
- ☐ [FEMA Form 009-0-125 Rented Equipment Summary Record](#)
- ☐ [FEMA Form 009-0-124 Materials Summary Record](#)

**If the activities are not yet complete, what is the basis for the estimate? (select all that apply)**

- ☐ Extrapolation of completed costs.
- ☐ Historical unit costs.
- ☐ Average costs for similar work in the area.
- ☐ Published unit costs from national cost estimating database.
- ☐ Contractor or vendor quotes.
- ☐ Other. *Please describe:*

**2. PROJECT COST**

**Please select the resources necessary to complete the activities reported in Section II. For each resource selected, please provide the cost.**

☐ **Contracts.**

**Cost**  
\$

*Please enter the total cost of contracts from your estimate.*

FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See PAPPG at pp. 30-33. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules that apply depending on whether you are a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#) and FEMA Fact Sheet: [Procurement Under Grants: Under Exigent or Emergency Circumstances](#).

☐ **Labor.** Including the Applicant's own staff, Mutual Aid, prison labor, National Guard.

**Cost**  
\$

*Please enter the total cost of labor from your estimate.*

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See PAPPG at pp. 23-26 and 33-35.

☐ **Equipment.** Including applicant owned, purchased, or rented.

**Cost**  
\$

*Please enter the total cost of equipment from your estimate.*

FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See PAPPG at pp. 26-28.

☐ **Materials and Supplies.**

**Cost**  
\$

Please enter the total cost of materials and supplies from your estimate.

The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by COVID-19 or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by COVID-19. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See PAPPG at p. 22 and p. 28.

<input type="checkbox"/> <b>Other costs.</b> Including travel costs, utilities and any other expenses not listed above.	<b>Cost</b> \$
---	-------------------

Please enter any other costs from your estimate and describe:

Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See PAPPG at pp. 21-22.

<b>Subtotal</b> Please add together costs of labor, equipment, materials and other costs.	\$
---	----

### 3. DEDUCTIONS

Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction.

<input type="checkbox"/> <b>Insurance Proceeds.</b> This does <u>not</u> include payment from patient insurance; for that, continue to medical payments below.	<b>Deduction</b> \$
---	------------------------

**Does the Applicant have insurance coverage that might cover any activities reported in Section II?**

- ☐ No.
- ☐ Yes, the Applicant *anticipates* receiving a payment from its insurance carrier.
- ☐ Yes, the Applicants has *actually* received a payment from its insurance carrier.

If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.

FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's [Public Assistance Policy on Insurance](#).

<input type="checkbox"/> <b>Disposition.</b>	<b>Deduction</b> \$
--	------------------------

Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000).

When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at \$5,000 or more and unused residual supplies and materials that total \$5,000 or more. If the Applicant acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp. 29-30.

<input type="checkbox"/> <b>Medical Payments.</b>	<b>Deduction</b> \$
---	------------------------

Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.

FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: Emergency Medical Care](#). **It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.**

<input type="checkbox"/> <b>Other Deductions.</b>	<b>Deduction</b> \$
---	------------------------

Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

<b>NET TOTAL</b> Please subtract all proceed deductions from the subtotal.	\$
--	----

**You have completed this schedule. Return to Section III, Part 2.**

## SCHEDULE F – Environmental and Historic Preservation Questions

Instructions: Applicants must complete this schedule if any of the following activities are reported in Section II:

- Staging resources at an undeveloped site–Complete part 1.
- Medical waste disposal–Complete part 3.
- Storage of human remains or mass mortuary services–Complete part 2.
- Decontamination systems–Complete part 4.
- Establishment of temporary facilities–Complete part 5.

For additional information on EHP requirements, see the *Environmental and Historic Preservation (EHP) and Emergency Protective Measures for COVID-19 Fact Sheet*.

### 1. STAGING RESOURCES AT AN UNDEVELOPED SITE

**Please describe the staging activities:**

The description should include if an asphalt or concrete pad was built or if other ground disturbing occurred. If ground disturbing occurred, provide a general description of the disturbance, the general area and depth of the ground disturbing and the equipment used. Ground disturbing activities may also include site preparation and clearing.

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

### 2. STORAGE OF HUMAN REMAINS OR MASS MORTUARY SERVICES

**Please describe activities related to the storage or treatment of human remains or mass mortuary services:**

**Please select the locations where the activities reported above were or will be conducted:**

- ☐ Jurisdiction-wide
- ☐ Geographic area(s). *Please attach a list of all areas.*
- ☐ Specific sites. *Please attach a list of all addresses or GPS coordinates.*

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

### 3. MEDICAL WASTE DISPOSAL

**What is the intended method of disposal?**

- ☐ Using an existing licensed disposal site.

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

- ☐ Creating a new disposal site. *Please select one of the following:*

- ☐ Landfill

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

- ☐ Incinerator

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

### 4. DECONTAMINATION SYSTEMS

**Please describe decontamination activities:**

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

**5. ESTABLISHMENT OF TEMPORARY FACILITIES**

**Please confirm the method(s) of work the Applicant used or will use in establishing a temporary facility:**

- ☐ Repurposing, renovating, or reusing existing facilities.
- ☐ Placing prefabricated facilities on a site.
- ☐ Constructing new temporary medical or sheltering facilities.

**Please describe the temporary facilities established:**

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

**Will the Applicant only repurpose or reuse an existing facility?**

- ☐ Yes, and the temporary use is the same as the most recent use of the facility. *Please skip the remaining questions in this part.*
- ☐ Yes, but the temporary use is not the same as the most recent use of the facility. *Please describe the temporary use and the most recent use of the facility:*

*Please skip the remaining questions in this part.*

- ☐ No, the temporary use required renovation, placing prefabricated facilities or new construction.

**If not new construction, what year was the facility built?**

*Please provide year built and note whether the date is approximate or exact:* \_\_\_\_\_ ☐ Approximate ☐ Exact

**Please describe the work in detail or attach plans or other documentation describing the work:**

The description should include a description of the following: For existing buildings, interior and exterior modification descriptions including quantities, dimensions, and material types; and utility upgrade descriptions. For construction of new facilities, a description of site activities and new construction. For placement of prefabricated facilities on sites, a description of the prefabricated facility and any site work to be carried out.

**Will the activity occur entirely within an already-developed area?**

*Examples of developed areas include an existing parking lot, a lot previously developed for construction with existing utility tie-ins, or an existing asphalt or concrete pad.*

- ☐ Yes.
- ☐ No. **If no, will the activity require the construction of a concrete or asphalt pad?**
  - ☐ No.
  - ☐ Yes. **If yes, will the pad be removed when the temporary facility is no longer needed?**
    - ☐ No.
    - ☐ Yes. *Please describe planned demolition activities:*

**Will any ground disturbing activities occur as part of construction?**

Ground disturbing activities may include site clearing and preparation, laying utilities, or expanding of existing utilities.

- ☐ No.
- ☐ Yes. *Please attach a site plan for the temporary facility, including GPS coordinates and dimensions (length, width,*

and depth) of the ground disturbance.

**If yes, will the ground disturbance occur outside of an existing footprint or previously disturbed Right-of-Way?**

☐ No.

☐ Yes.

**If yes, will rooted vegetation be removed or cleared?**

☐ No.

☐ Yes. *Provide the GPS coordinates (decimal degrees with five decimal places):*

**If yes, will trees be removed?**

☐ No.

☐ Yes. *Provide the GPS coordinates (decimal degrees with five decimal places):*

*Number of trees:*

*Diameter of trees (approximate):                      units:*

**Will the activities include the use of staging areas for equipment or materials?**

☐ No.

☐ Yes. *Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

*Latitude:*

*Longitude:*

**What surface does each staging area have (paved, gravel, grass field, etc.)?**

**Will the activities include expansion of parking facilities?**

☐ No.

☐ Yes.

**Will the activities involve the disposal of any existing materials as part of site preparation or construction?**

☐ No.

☐ Yes. **If yes, what are the types of debris?** *Please select all that apply.*

☐ Vegetative

☐ Construction and demolition

☐ Hazardous Materials

☐ Large Appliances

☐ Electronics

☐ Other. *Please describe:*

**How will debris be removed?**

☐ Using a contractor. *Please provide the name of the vendor:*

☐ Using other non-contracted resources.

**Will there be any temporary staging of debris?**

☐ No.

☐ Yes. *Please provide permits (if available) and the GPS coordinates (decimal degrees with five decimal places):*

*Latitude:*

*Longitude:*

**If vegetative was selected above, will any vegetative debris be burned?**

☐ No.

☐ Yes. **What is the method of ash disposal?** *Please provide permits, if available.*

☐ Disposing in a Landfill.

☐ Spreading.

☐ Burying.

☐ Other. *Please describe:*

**Will fill or borrow material be used for site preparation?**

☐ No.

☐ Yes. **What is the quantity of fill?** \_\_\_\_\_ Units: ☐ Cubic yards ☐ Tons ☐ Other:

**If yes, what is the type of fill and borrow material?**

☐ Soil

☐ Sand

☐ Gravel

☐ Rock

☐ Other material. *Please describe:*

**If yes, what is the source of the fill and borrow material?**

☐ Commercial, please provide name of vendor:

☐ Private

☐ Municipal

☐ Other location. *Please describe:*

Please provide the GPS coordinates (decimal degrees with five decimal places) of the fill and borrow sources:

Latitude:

Longitude:

**Are there any large, undeveloped or undisturbed areas on, or near, the site?**

*Select yes if there are large tracts of forestland, farmland, grassland, or naturally preserved areas, etc.*

☐ No.

☐ Yes. *Please describe:*

**Are any of the following environmental issues associated with the site or facility?** *Select all that apply.*

☐ Conservation Area or Wildlife Refuge

☐ Non-Attainment Area (Clean Air Act)

☐ Underground storage tanks

☐ Old gas stations or other potential toxic substance generators like dry cleaning, laboratories, landfills, dumps, industrial sites

☐ Brownfield or Superfund sites

☐ Fuel or oil spills

☐ Other. *Please describe:*

☐ None apply

☐ Unsure if any apply

**Are there any of the following known hazardous materials at or adjacent to the site?** *If any are selected, please attach applicable permits, if available.*

☐ Solvents (thinners, cleaners, varnishes, and adhesives)

☐ Oil/Fuel/Hydraulics

☐ Chemical, pesticide or fuel storage tanks (above or below ground)

☐ Lead based paints, solder, flashing

☐ Pesticides

☐ Mercury containing waste (mercury switches, fluorescent bulbs, thermostats, etc.)

☐ PCB containing materials (transformers, caulking, etc.)

- ☐ Hazardous Medical Waste
- ☐ Asbestos containing products (sealants, insulation, tile, etc.)
- ☐ No.
- ☐ Unsure

**Will any of the activities described in Section II be performed on any of the following?** *Select all that apply.*

- ☐ A facility listed in or eligible for listing in a local, state, or national register. *Please describe:*
- ☐ A site in or adjacent to a historic district. *Please describe:*
- ☐ A locally recognized landmark. *Please describe:*
- ☐ A National Historic Landmark. *Please describe:*
- ☐ No.
- ☐ Unsure

**If the Applicant selected any of the facility types listed above, and/or the facility is more than 45 years old: Will the Applicant be requiring interior installations or exterior modifications?**

- ☐ No.
- ☐ Unsure
- ☐ Yes. *Please describe:*

**Please provide the following documentation, if available, to aid FEMA's review of temporary facility activities.** *Check each box if the referenced documentation is provided.*

- ☐ Permits and correspondence with regulatory agencies, if applicable.
- ☐ Site map showing the location of all proposed areas where the Applicant will conduct site work or construction and the extent of ground disturbance (including staging areas, access roads, parking, landscaping, grading or utilities)
- ☐ Photographs of the site

***You have completed this schedule. Return to Section II.***

## FEMA Public Assistance COVID-19 Contracts Report

Instructions: Applicants should complete one form for each PA COVID-19 project application.

### Section I – Project Application Information

Declaration #:	Applicant Name:	FEMA PA Code:	Applicant-Assigned Project Application #:
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### Section II – Contract Information

Instructions: Applicants must complete this section to provide contract information for contract costs reported on the project application indicated in Section I of this form.

#### 1. CONTRACT INFORMATION

Name of Contractor	Contractor EIN	Contract Award Date	Contract Start Date	Contract End Date	Was the contract awarded through a competitive bidding process?	If not competitively bid, please provide justification. Please select one of the following and write in the box below:	Type of Contract Please select one of the following options and write in the box below:	Scope of Contract For example, construction of temporary facility or emergency medical transport.	Total Contract Award Please indicate dollar amount.	Amount requested for funding on this project application Please indicate dollar amount.
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
<b>TOTAL</b>										

#### 2. CERTIFICATION

*I certify that the above information is accurate and was obtained from documents that are available for audit.*

Applicant Authorized Representative	Title	Signature
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# Coronavirus (COVID-19): FEMA Assistance for Tribal Governments

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Based on the President's nationwide emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, tribal governments have the option to request Public Assistance from FEMA as either a Recipient or Subrecipient. This fact sheet provides additional information about the assistance FEMA can provide to tribal governments as either Recipients or Subrecipients during the nationwide COVID-19 emergency and replaces FEMA's March 22, 2020 Coronavirus (COVID-19) Response: Tribal Recipients Fact Sheet. Additional information on the Federal government's Coronavirus (COVID-19) Response can be found at: <https://www.fema.gov/coronavirus>.

## Tribal Options for Assistance

- Under the President's national emergency declaration, states, territories, and tribes are not required to request individual Emergency Declarations, which is typically the case, in order to receive FEMA assistance.
- A tribal government may choose to receive assistance:
  1. **As a Subrecipient under a state:** All states are Recipients for Public Assistance; tribes have the option of working with the state(s) that they are located in and requesting assistance as a Subrecipient; or
  2. **As a Recipient:** Each tribe has the option of signing a FEMA-Tribe Agreement and becoming a Recipient.
    - Tribes that are Recipients will have a direct relationship with FEMA and will receive assistance autonomously from the state or states in which they are located.
    - Tribes may choose to request their own emergency number from FEMA, if desired. However, having a different emergency number will have no practical effect on the provision of assistance or FEMA's relationship with the tribe.
- A tribal Subrecipient of FEMA Public Assistance works through the state or states in which the tribal government is located to coordinate assistance.
  - The tribal government will also need to work with the state to complete a [Request for Public Assistance](#) and submit it to FEMA through the PA Grants Portal.



FEMA

- A Recipient of FEMA Public Assistance, whether they have their own emergency number or not, has direct interactions with FEMA and has additional requirements and responsibilities for program and grant administration.
  - Tribes that have never been Recipients of FEMA assistance should review [FEMA's New Recipients of Disaster Grants Guide](#) and consult with FEMA regional Recovery Division staff to understand the typical administrative requirements of being a Recipient.
  - Currently, due to the incredible burden and stress on all American citizens from this unprecedented event, FEMA is looking to consolidate resources and processes in order to serve as many communities as quickly and efficiently as possible.
  - If appropriate, FEMA encourages tribal governments to work with their respective state or states for assistance. This in no way diminishes the important tribal government role of serving tribal members during this emergency.
  - FEMA understands that for some tribes this may not be possible, and FEMA respects a tribes' sovereign right of self-governance and will continue to work closely with tribes during this important time.
- More information on the Public Assistance grant process can be found in the [Coronavirus \(COVID-19\) Pandemic: Public Assistance Simplified Application Fact Sheet](#).
- On March 20, 2020, the Department of Health and Human Services (HHS) announced upcoming actions by the [Centers for Disease Control and Prevention \(CDC\) to provide \\$80 million in funding to tribes and tribal organizations](#) for resources in support of the COVID-19 response.
  - The [Indian Health Service \(IHS\)](#) is working closely with HHS and CDC to determine how the funds will be allocated and to distribute these funds to IHS/Tribal/Urban facilities in a timely manner.
  - As part of this upcoming funding action, CDC announced that it will issue a new non-competitive grant Notice of Funding Opportunity to reach all tribes that are eligible to apply.

## FEMA Role in COVID-19 Pandemic Response

- FEMA, in coordination with the [Department of Health and Human Services \(HHS\)](#), will assist state, local, tribal, territorial governments and other eligible entities with the health and safety actions they take on behalf of the American public.
- Tribal governments can express their intent to seek FEMA Public Assistance by notifying the FEMA Regional Administrator in the FEMA regional office in which the tribal government seat is located.

- As part of the tribal expression of intent, tribal governments should indicate that their emergency plan was executed.
- Each of the ten FEMA regions has Regional Tribal Liaisons to coordinate with tribes located within that respective region.
  - Regional Tribal Liaisons can connect tribes with FEMA leadership and program subject matter experts, as needed, for information, technical assistance and resources.

## Federal Assistance

- FEMA Public Assistance as a Recipient requires execution of a FEMA-Tribe Agreement (FTA) and execution of an emergency plan.
  - An FTA is submitted to the FEMA Regional Administrator and contains the understandings, commitments, and conditions under which federal disaster assistance will be provided.
  - FEMA regional offices can provide a draft copy to tribal governments for review. Once all parties have reviewed and made edits, a final version will be distributed for signature.
- A tribal government must confirm activation of its emergency plan to receive assistance as a Recipient. FEMA regulations do not specify legal requirements for emergency plan; only that a tribal government has one and activates it before requesting a declaration.
  - As indicated in the President's national emergency declaration, FEMA Public Assistance for this nationwide emergency will be provided at a 75 percent Federal/25 percent non-Federal cost share. As direct recipients, Tribal governments, like state and territorial recipients, will be responsible for the 25 percent cost share. Some states choose to share the 25 percent cost share with their Subrecipients to reduce the financial burden on local and tribal governments.
- Eligible emergency protective measures taken at the direction or guidance of public health officials in response to this emergency, and not provided or funded by the authorities of another federal agency, may be reimbursed under the FEMA Public Assistance program.
  - FEMA encourages officials to take appropriate actions that are necessary to protect public health and safety pursuant to public health guidance.
  - Reimbursable activities for the COVID-19 pandemic fall under Category B of the FEMA Public Assistance program—Emergency Protective Measures—and typically include the activation of State or Tribal Emergency Operations Centers, law enforcement and other measures necessary to protect public health and safety.

- The [Public Assistance Program and Policy Guide \(PAPPG\)](#) combines FEMA Public Assistance policy into a single volume and provides overview of program implementation process with links to other publications and documents that provide additional process details.
- More information on reimbursable activities may be found in the PAPPG and in the [Coronavirus \(COVID-19\) Pandemic: Eligible Emergency Protective Measures Fact Sheet](#).
- Federal disaster assistance grant programs have additional requirements to complete before FEMA allocates and dispenses grant funds. The [FEMA New Recipients of Disaster Grants Guide](#) describes requirements for Recipients in requesting and receiving FEMA disaster assistance grant funding.
  - A tribal government must have a FEMA-approved [Public Assistance Administrative Plan](#) before FEMA is able to provide assistance. A tribal-government specific template is available.
  - A Hazard Mitigation Plan is *not* required for FEMA Emergency Assistance. More information on FEMA's Hazard Mitigation Plan requirement, a condition for receiving certain types of *non-emergency* disaster assistance, can be found here: <https://www.fema.gov/hazard-mitigation-plan-requirement>.
- Tribal governments that choose to be a Subrecipient to a state(s) for FEMA Public Assistance should coordinate with the state(s).
- FEMA recognizes that some tribal governments have greater capacity than others. In order to streamline resource requests, it may be more efficient to maintain close coordination with county and state officials. However, tribal assistance can be provided across states and FEMA Regions.

## Definitions

*Applicant:* A non-federal entity that applies to be a Subrecipient of assistance under a Recipient's federal award (e.g., local government agency, housing authority, or private nonprofit organization).

*Subrecipient:* An Applicant that receives a sub-award from a Recipient to carry out part of a federal program.

*Recipient:* A non-federal entity that receives an award from a federal agency (e.g., state, territorial, or tribal government) to carry out an activity under a federal program.

## More Information

For more information, visit the following websites:

1. [Public Assistance Program and Policy Guide](#)
2. [Coronavirus \(COVID-19\) Pandemic: Eligible Emergency Protective Measures Fact Sheet](#)
3. [New Recipients of Disaster Grant Guide](#)
4. [Coronavirus \(COVID-19\) Pandemic: Public Assistance Simplified Application Fact Sheet](#)
5. [FEMA.gov/Coronavirus](#)
6. [Coronavirus \(COVID-19\)](#) (CDC)

# Coronavirus (COVID-19) Pandemic: Private Nonprofit Organizations

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All 50 states, the District of Columbia, five territories, and numerous tribes are working directly with FEMA under President Trump's March 13, 2020, nationwide emergency declaration for COVID-19. Under this emergency declaration, and subsequent major disaster declarations, certain private non-profit (PNP) organizations are eligible to apply for funding through FEMA's Public Assistance program. This fact sheet provides guidance for determining the eligibility of PNP applicants and work performed in accordance with the COVID-19 emergency and major disaster declarations.

## PNP Applicant Eligibility

To be eligible for Public Assistance, a PNP applicant must show that it has:

- A ruling letter from the Internal Revenue Service granting tax exemption under sections 501(c), (d), or (e) of the Internal Revenue Code of 1954; or
- Documentation from the state substantiating that the non-revenue producing organization or entity is a nonprofit entity organized or doing business under state law.<sup>1</sup>

Eligible PNPs must also own or operate an eligible facility.<sup>2</sup> For PNPs, an eligible facility is one that provides an eligible service, which includes education, utilities, emergency, medical, custodial care, and other essential social services.<sup>3</sup>

Private entities, including for profit hospitals or restaurants, are not eligible for assistance from FEMA under Public Assistance. However, state, local, tribal, and territorial government entities may contract with private entities to carry out eligible emergency protective measures. In these cases, FEMA will reimburse the eligible applicant for the cost of eligible work, and the applicant will then pay the private entity for the provision of services.

## PNP Work Eligibility

In accordance with sections 403 and 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 et seq. (the "Stafford Act"), eligible emergency protective measures taken to respond to the COVID-

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<sup>1</sup> 44 C.F.R. 206.221(f)

<sup>2</sup> 44 C.F.R. 206.222(b), 206.223(b)

<sup>3</sup> Stafford Act, Section 102(11); 44 C.F.R. 206.221(e). For non-critical PNP facilities, services must be provided to the general public.



19 emergency at the direction or guidance of public health officials may be eligible for reimbursement under category B of FEMA's Public Assistance program.<sup>4</sup> Emergency work is that which is necessary to save lives or protect public health and safety. To be eligible, work must be the legal responsibility of an eligible applicant.<sup>5</sup>

Measures to protect life, public health, and safety are generally the responsibility of state, local, tribal, and territorial governments. In some cases, a government entity may be legally responsible to provide services and enter into an agreement with a PNP to provide those services (e.g., sheltering or food distribution). In these cases, Public Assistance funding is provided to the legally responsible government entity, which then pays the PNP for the cost of providing those services under the agreement.<sup>6</sup>

In limited circumstances, essential components of a facility are urgently needed to save lives or protect health and safety, such as an emergency room of a PNP hospital. In these cases, PNPs that own or operate an eligible facility and perform eligible work, such as providing emergency, medical or custodial care services for which they are legally responsible in response to the COVID-19 incident, may be eligible for reimbursement of costs as a Public Assistance applicant.

For PNPs, operating costs (such as patient care and administrative activities) are generally not eligible even if the services are emergency services, unless the PNP performs an emergency service at the request of and certified by the legally responsible government entity. In such case, FEMA provides Public Assistance funding through that government entity as the eligible applicant.

## More Information

Further information about PNP eligibility can be found in the "Public Assistance Program and Policy Guide," FP 104-009-2, dated April 2018.

For more information, visit the following websites:

1. [FEMA Public Assistance Program and Policy Guide](#)
2. [U.S. Department of Health and Human Services](#)  
[Centers for Disease Control and Prevention](#)  
[Centers for Medicare & Medicaid Services](#)

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<sup>4</sup> For more information on eligible emergency protective measures see *Fact Sheet: Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures* (March 19, 2020), and the *Public Assistance Program and Policy Guide*, FP 104-009-2, (April 2018). FEMA will not duplicate assistance provided by the U.S. Department of Health and Human Services (HHS), to include the Centers for Disease Control and Prevention (CDC), or other federal agencies.

<sup>5</sup> 44 C.F.R. 206.223(a)(3)

<sup>6</sup> *Public Assistance Program and Policy Guide*, FP 104-009-2, at pg. 60 (April 2018)







FEMA

March 17, 2020

MEMORANDUM FOR: All States, Territories, Tribal Governments, Local Governments, and All Other Non-Federal Entities Receiving FEMA Financial Assistance

FROM: David Bibo   
Acting Associate Administrator  
Office of Response and Recovery

Bridget E. Bean   
Assistant Administrator  
Grant Programs Directorate

SUBJECT: Procurement Under Grants Conducted Under Emergency or Exigent Circumstances for COVID-19

Subsequent to the President's March 13, 2020 Nationwide Emergency Declaration for Coronavirus Disease 2019 (COVID-19), the Department of Homeland Security's Federal Emergency Management Agency (FEMA) is issuing the attached Fact Sheet addressing procurements made during periods of exigent or emergency circumstances. FEMA recognizes that noncompetitive procurements may be necessary to save lives, to protect property and public health, and to ensure public safety, as well as to lessen or avert the threat of a catastrophe. The attached Fact Sheet provides answers and guidance surrounding the need for such measures.

Current Federal procurement standards (found at 2 C.F.R. § 200.320(f)(2)) allow non-state entities to noncompetitively procure contracts (i.e., sole-sourcing) under certain emergency or exigent circumstances. FEMA defines an emergency or exigent circumstances as unexpected and unusually dangerous situations requiring immediate action or an urgent need for assistance or relief. Emergencies typically involve a threat to life, public health or safety, improved property, or some other form of dangerous situation. Exigencies, on the other hand, typically involve an urgent need to avoid, prevent, or alleviate serious harm or injury, financial or otherwise. Under both an emergency and exigency, using a competitive procurement process would prevent a non-state entity from taking immediate action required to address the situation. However, use of the emergency/exigency exception is only permissible during the actual emergency or exigent circumstances.

The President's unprecedented Nationwide Emergency Declaration, and the Secretary of Health and Human Services' (HHS) declaration of a Public Health Emergency for COVID-19 establish that exigent and emergency circumstances currently exist.



[For the duration of the Public Health Emergency](#), which began January 27, 2020 as determined by HHS, local governments, tribal governments, nonprofits, and other non-state entities may proceed with new and existing noncompetitively procured contracts in order to protect property and public health and safety, or to lessen or avert the threats created by emergency situations for 1) Emergency protective measures under FEMA's Public Assistance Program and 2) Use of FEMA non-disaster grant funds by non-state recipients and sub-recipients to respond to or address COVID-19.

Attachment:

(1) Fact Sheet: *Procurement Under Grants Conducted Under Exigent or Emergency Circumstances*



## Procurement Under Grants Conducted Under Exigent or Emergency Circumstances

The Federal Emergency Management Agency (FEMA) provides financial assistance to states, territories, tribes, local governments, nonprofits, institutions of higher education, and other non-Federal entities. All FEMA grant programs are subject to the Federal procurement standards found at 2 C.F.R. §§ 200.317 – 200.326. Recognizing that FEMA’s recipients and subrecipients may face exigencies or emergencies when carrying out a FEMA award, this Fact Sheet provides key information to consider when utilizing contracted resources under exigent or emergency circumstances.

### What Rules Apply to State Entities?

States are required to follow their own procurement procedures as well as the Federal requirements for procurement of recovered materials and inclusion of required contract provisions per 2 C.F.R. §§ 200.317, 200.322, and 200.326.

For purposes of the Federal procurement requirements, states are defined as the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of Northern Mariana Islands, and any agency or instrumentality thereof except for local governments. Tribal governments are not considered to be states when applying Federal procurement standards required by 2 C.F.R. Part 200.

### What Rules Apply to Non-State Entities?

For all other types of entities, referred to as “non-state entities” in this Fact Sheet, Federal regulations (2 C.F.R. Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards) establish requirements for the exigency or emergency exception that permits the use of noncompetitive procurements, frequently referred to as “sole-source contracting.” This exception and associated procurement requirements are discussed further below. In general, it will be fact-specific and entity-specific as to when exigent or emergency circumstances necessitate the use of noncompetitive procurements. The answers to the frequently asked questions below provide additional guidance on the acceptable use of noncompetitive proposals under exigent or emergency circumstances, which is described in regulation at 2 C.F.R. § 200.320(f)(2).

It is essential that all non-state entities understand that both FEMA and the U.S. Department of Homeland Security’s Office of Inspector General (OIG) closely review procurement actions and contract selections, with a particular emphasis on noncompetitive procurement actions, to evaluate compliance with Federal requirements. ***Failure to follow Federal contracting and procurement requirements puts non-state entities at risk of not receiving reimbursement or not being able to use FEMA grant funds for otherwise eligible costs.***

### What is the exigency or emergency exception?

Non-state entities must follow the procurement requirements found at 2 C.F.R. §§ 200.317 – 200.326. However, Federal regulations allow for noncompetitive procurements under certain circumstances, including when a non-state entity determines that immediate actions required to address the public exigency or emergency cannot be delayed by a competitive solicitation. This represents an exception to requirements for full and open competition. FEMA approval is not required for use of noncompetitive

procurements under the emergency or exigency exception; however, the non-state entity must document its justification for using noncompetitive procurements and must still comply with other procurement requirements and ensure that costs are reasonable.

When referring to procurement activity, FEMA defines both exigency and emergency as situations that demand immediate aid or action. The difference between the two is that:

- In the case of an **exigency**, there is a need to avoid, prevent, or alleviate serious harm or injury, financial or otherwise, to the non-state entity, and use of competitive procurement proposals would prevent the urgent action required to address the situation. Thus, a noncompetitive procurement may be appropriate.
- In the case of an **emergency**, a threat to life, public health or safety, or improved property requires immediate action to alleviate the threat.

While emergency conditions generally are short-lived, exigent circumstances can exist for a period of weeks or months.

**Exigency Example:** A tornado impacts a city in June and causes widespread and catastrophic damage, including damage to a city school. The city wants to repair the school and have it ready for use by the beginning of the school year in September. The city estimates, based on past experience, that awarding a contract using a sealed bidding process would require at least 90 days, and the city's engineer estimates that the repair work would last another 60 days. This would extend the project beyond the beginning of the school year. Rather than conducting a sealed bidding process, the city—in compliance with state and local law—wants to sole source with a contractor it has contracted with previously. The city can demonstrate that this constitutes an “exigent circumstance” because use of a sealed bidding process would cause an unacceptable delay and thus procurement by noncompetitive methods was necessary based on the particular situation.

**Emergency Example #1 (Disaster Grants):** Severe weather impacts a city and causes widespread and catastrophic damage, including loss of life, widespread flooding, loss of power, damage to public and private structures, and millions of cubic yards of debris across the city, leaving almost the entire jurisdiction inaccessible. The city needs to begin debris removal activities immediately to restore access to the community, support search and rescue operations, power restoration, and address health and safety concerns. Under these circumstances, the city may find it necessary to award noncompetitive contracts to address threats to life, property, and public health.

**Emergency Example #2 (Non-Disaster Grants):** The weather in a city has been below freezing for the past 2 weeks, causing a pipe in the city's emergency operations center to burst and flood the first floor. This flood destroyed half of the city's radios that its emergency workers use to communicate with police and fire personnel. The city documented and demonstrated that it needed to replace these radios right away to avert an immediate threat to life, safety, or property as the city needed a full supply of radios in order to respond to emergencies. Under these circumstances, the city may find it necessary to award noncompetitive contracts to address threats to life, property, and public health.

### **When does the exigency or emergency exception apply and for how long?**

Use of the public exigency or emergency exception *is only permissible during the actual exigent or emergency circumstances*. Exigency or emergency circumstances will vary for each incident, making it difficult to determine in advance or assign a particular time frame when noncompetitive procurements may be warranted. Exigent or emergency circumstances may exist for two days, two weeks, two months, or even longer in some cases. Non-state entities must ensure that work performed under the noncompetitively procured contracts is specifically related to the exigent or emergency circumstance in

effect at the time of procurement. Importantly, because the exception to competitive procurement is available only while the exigent or emergency circumstances exist, non-state entities should, upon awarding a noncompetitive contract, immediately begin the process of competitively procuring similar goods and services in order to transition to the competitively procured contracts as soon as the exigent or emergency circumstances cease to exist.

FEMA may review a non-state entity's justification that exigent or emergency circumstances warrant an exception to competitive procurement. If the agency determines that exigent or emergency circumstances did not exist or did not preclude a non-state entity from adhering to competitive procurement requirements, FEMA may disallow all or part of the non-state entity's cost related to the contract or take other actions permitted by statute and regulation. (*See* 2 C.F.R. § 200.338).

**What documentation is required to support the use of the exigency or emergency exception?**

While FEMA approval is not required for a non-state entity to use noncompetitive procurement proposals under the emergency or exigency exception, non-state entities must document and provide justification for the use of the exigent or emergency exception. A list of elements that non-state entities may wish to include as part of their written justifications can be found at the end of this Fact Sheet. The justification must be included in the non-state entity's records for each FEMA award, subaward, or project.

**Do any Federal procurement requirements apply if a non-state entity is sole-sourcing a contract under exigent or emergency circumstances?**

Yes, non-state entities must comply with the following requirements even when exigent or emergency circumstances exist:

- Contracts must include the required contract clauses (2 C.F.R. § 200.326 & Appendix II) (also applicable to states).
- Contracts exceeding the Federal simplified acquisition threshold must include the Federal bonding requirements if the contract is for construction or facility improvement (2 C.F.R. § 200.325).
- Contracts must be awarded to a responsible contractor (2 C.F.R. § 200.318(h)).
- The non-state entity must complete a cost or price analysis to determine that the cost or price of the contract is fair and reasonable if the contract exceeds or is expected to exceed the Federal simplified acquisition threshold (2 C.F.R. § 200.323(a) and (b)).
- The use of cost-plus-percentage-of-cost contracting is prohibited (2 C.F.R. § 200.323(c)).
- Use of time and materials contracts must comply with 2 C.F.R. § 200.318(j).
- The non-state entity must follow documentation, oversight, and conflict of interest requirements among other general procurement requirements in 2 C.F.R. § 200.318. If a conflict of interest is unavoidable due to the exigent/emergency circumstances, the non-state entity must explain that in the procurement documentation.

**What if the non-state entity wants to use a pre-awarded or pre-existing contract in an exigency or emergency and that contract does not comply with the Federal procurement requirements?**

If a pre-awarded or pre-existing contract is not in compliance with the Federal procurement requirements (e.g., the contract was not fully and openly competed (*see* 2 C.F.R. §§ 200.319, 200.320), the six affirmative socioeconomic contracting steps were not completed (2 C.F.R. § 200.321), there is a conflict of interest involved (2 C.F.R. § 200.318)), it may still be possible to use the contract for the duration of the exigency or emergency. FEMA recommends that non-state entities review the list of procurement requirements above and take actions to modify pre-awarded or pre-existing contracts where applicable. In addition, non-state entities must prepare the appropriate documentation to justify the use

of a noncompetitively procured contract.

**Can non-state entities use time and materials (T&M) contracts in an exigency or emergency?**

Yes, but only under certain circumstances. FEMA advises against the use of T&M contracts and generally limits the use of these contracts to a short time period where the scope or duration of the work is unclear. T&M contracts do not incentivize contractors to control costs or maximize labor efficiency. FEMA may reimburse costs incurred under a T&M contract only if all of the following apply:

- No other contract was suitable;
- The contract has a ceiling price that the contractor exceeds at its own risk; and
- The non-state entity can demonstrate it provided a high degree of oversight to obtain reasonable assurance that the contractor used efficient methods and effective cost controls.

**Can a non-state entity award cost-plus-a-percentage-of-cost contracts or contracts with a percentage-of construction-cost method in an exigency or emergency?**

No. This prohibition applies to all work, regardless of the circumstances (2 C.F.R. § 200.323(d)).

**Can non-state entities use *piggyback* contracts in an exigency or emergency?**

Piggyback contracting occurs when one entity with an existing contract assigns some or all of its contractual rights to another entity that was not previously party to the contract. Generally, FEMA discourages piggyback contracts because the original contract pertains to the needs of the original entity with a specific scope of work for that entity. While there may be circumstances when piggybacking is permissible, in almost all instances, the scope of work would need to be changed to include the needs of a non-state entity, and changes to the scope of work are generally not permitted as there is not likely to be full and open competition for the expanded scope of work. However, during emergency and exigency circumstances, non-state entities may be able to piggyback another entity's contract and expand the scope of a contract for the period of the emergency or exigency circumstance.

Note that a non-state entity may choose to enter into a separate contract with the same contractor as another entity, using the same terms and conditions as in that other entity's contract, with only a change in the scope of work and the associated costs. However, this is sole-source contracting rather than piggyback contracting, and it must meet the requirements for noncompetitive procurement under exigency or emergency circumstances as described elsewhere in this Fact Sheet.

***If a non-state entity is contemplating the use of piggyback contracting, it should contact its state or territory liaison, or the applicable FEMA Program Office to request FEMA assistance with contract review. For assistance with FEMA contact information, the entity should contact the Centralized Scheduling and Information Desk (CSID) help line at (800) 368-6498 or [askcsid@fema.dhs.gov](mailto:askcsid@fema.dhs.gov). CSID hours of operation are from 9 a.m. to 5 p.m. ET, Monday through Friday.***

**Can states use time and materials (T&M) or cost-plus-percentage-of-cost (CPPC) contracts in an exigency or emergency?**

While the Federal procurement rules do not prohibit the use of T&M contracts and CPPC contracts by states, FEMA discourages states from using these contracts because they generally lack provisions that control costs and maximize efficiency in performing work. FEMA and the OIG closely scrutinize these types of contracts for cost reasonableness.

Although T&M contracts are discouraged, there may be instances where T&M contracts are appropriate in the short term for activities such as debris removal, emergency power restoration, or other immediate actions required to address emergency health and safety threats under a Public Assistance award. States

entering into T&M contracts are encouraged to include language in the contract that specifies a ceiling price and limits the duration of the contract to a short time period, thus providing the state time to develop a scope of work and transition to the more competitive procurement procedures.

As a reminder, 2 C.F.R. § 200.317 requires states to follow: (1) the same policies and procedures they use for procurements using non-Federal funds; (2) 2 C.F.R. § 200.322 (procurement of recovered materials); and (3) 2 C.F.R. § 200.326 (required contract provisions). These requirements apply regardless of whether exigency or emergency circumstances exist. States must ensure that they are also in compliance with the cost principles in 2 C.F.R. §§ 200.400 – 200.474, including ensuring that costs are reasonable, as defined in 2 C.F.R. § 200.404.

### **Additional Information and Resources**

Non-state entities should consult as soon as possible with all appropriate parties, including their own legal counsel, to review their procurement policies, actions, and contracts and compare them to the Federal procurement requirements. Non-state entities also should contact their state or territory liaisons, or applicable FEMA Program Office to request assistance with any procurement activity concerns. For assistance with FEMA contact information, the entity should contact the Centralized Scheduling and Information Desk (CSID) help line at (800) 368-6498 or [askcsid@fema.dhs.gov](mailto:askcsid@fema.dhs.gov). CSID hours of operation are from 9 a.m. to 5 p.m. ET, Monday through Friday.

Detailed procurement and contracting information is available on the FEMA website at [www.fema.gov/procurement-disaster-assistance-team](http://www.fema.gov/procurement-disaster-assistance-team). While the guidance available at that website is specifically applicable to FEMA's Public Assistance Program, it is a useful resource for FEMA's other grant programs as the procurement requirements in 2 C.F.R. Part 200 apply to all of FEMA's grant programs. The current Code of Federal Regulations referenced in this guidance can be accessed at [www.eCFR.gov](http://www.eCFR.gov). The annual Code of Federal Regulations is available at <https://www.govinfo.gov/app/collection/cfr>, and the applicable regulations will be the ones in place at the time FEMA issued the declaration or made the award.

## Suggested Elements for Noncompetitive Procurement Justification

1. Identify which of the four circumstances listed in 2 C.F.R. § 200.320(f) justify a noncompetitive procurement:
  - (1) The item is available only from a single source;
  - (2) The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
  - (3) The Federal awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; or
  - (4) After solicitation of a number of sources, competition is determined inadequate.
2. Provide a brief description of the product or service being procured, including the expected amount of the procurement.
3. Explain why a noncompetitive procurement is necessary. If utilizing the exigency/emergency exception, the justification should explain the nature of the public exigency or emergency, including specific conditions and circumstances that clearly illustrate why procurement other than through noncompetitive proposals would cause unacceptable delay in addressing the public exigency or emergency. (Failure to plan for transition to competitive procurement cannot be the basis for continued use of noncompetitive procurement based on public exigency or emergency).
4. State how long the noncompetitively procured contract will be used for the defined scope of work and the impact on that scope of work should the noncompetitively procured contract not be available for that amount of time (e.g., how long do you anticipate the exigency or emergency circumstances will continue; how long will it take to identify your requirements and award a contract that complies with all procurement requirements; or how long would it take another contractor to reach the same level of competence).
5. Describe the specific steps taken to determine that full and open competition could not have been used, or was not used, for the scope of work (e.g., research conducted to determine that there were limited qualified resources available that could meet the contract provisions).
6. Describe any known conflicts of interest and any efforts that were made to identify possible conflicts of interest before the noncompetitive procurement occurred. If no efforts were made, explain why. If a conflict of interest is unavoidable, such as due to exigent/emergency circumstances, explain how it was unavoidable and any steps taken to address the impact of that conflict of interest.
7. Include any other information justifying the use of noncompetitive procurement in the specific instance.

*NOTE: A separate justification is required for each instance of noncompetitive procurement.*



# Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures

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Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA urges officials to, without delay, take appropriate actions that are necessary to protect public health and safety pursuant to public health guidance and conditions and capabilities in their jurisdictions. FEMA provides the following guidance on the types of emergency protective measures that may be eligible under FEMA's Public Assistance Program in accordance with the COVID-19 Emergency Declaration in order to ensure that resource constraints do not inhibit efforts to respond to this unprecedented disaster.

## FEMA Public Assistance Program

In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under Category B of FEMA's Public Assistance program. *FEMA will not duplicate assistance provided by the [U.S. Department of Health and Human Services](#) (HHS), to include the [Centers for Disease Control and Prevention](#) (CDC), or other federal agencies.*

State, territorial, tribal, and local government entities and certain private non-profit organizations are eligible to apply for [Public Assistance](#). FEMA assistance will be provided at a 75 percent federal cost share. This assistance will require execution of a FEMA-State/Tribal/Territory Agreement, as appropriate, and execution of an applicable emergency plan. Local governments and other eligible PA applicants will apply through their respective state, tribal or territorial jurisdictions.

## Eligible Assistance

Under the COVID-19 Emergency Declaration described above, FEMA may provide assistance for emergency protective measures including, but not limited to, the following, if not funded by the HHS/CDC or other federal agency. *While some activities listed may be eligible for funding through HHS/CDC, final reimbursement determinations will be coordinated by HHS and FEMA. FEMA will not duplicate any assistance provided by HHS/CDC:*

- Management, control and reduction of immediate threats to public health and safety:
  - Emergency Operation Center costs



# FEMA



- Training specific to the declared event
- Disinfection of eligible public facilities
- Technical assistance to state, tribal, territorial or local governments on emergency management and control of immediate threats to public health and safety
- Emergency medical care:
  - Non-deferrable medical treatment of infected persons in a shelter or temporary medical facility
  - Related medical facility services and supplies
  - Temporary medical facilities and/or enhanced medical/hospital capacity (for treatment when existing facilities are reasonably forecasted to become overloaded in the near term and cannot accommodate the patient load or to quarantine potentially infected persons)
  - Use of specialized medical equipment
  - Medical waste disposal
  - Emergency medical transport
- Medical sheltering (e.g. when existing facilities are reasonably forecasted to become overloaded in the near future and cannot accommodate needs)
  - All sheltering must be conducted in accordance with standards and/or guidance approved by HHS/CDC and must be implemented in a manner that incorporates social distancing measures
  - Non-congregate medical sheltering is subject to prior approval by FEMA and is limited to that which is reasonable and necessary to address the public health needs of the event, is pursuant to the direction of appropriate public health officials and does not extend beyond the duration of the Public Health Emergency
- Household pet sheltering and containment actions related to household pets in accordance with CDC guidelines
- Purchase and distribution of food, water, ice, medicine, and other consumable supplies, to include personal protective equipment and hazardous material suits
- Movement of supplies and persons
- Security and law enforcement
- Communications of general health and safety information to the public
- Search and rescue to locate and recover members of the population requiring assistance
- Reimbursement for state, tribe, territory and/or local government force account overtime costs

## More Information

Further information about eligible emergency protective measures can be found in the [Public Assistance Program and Policy Guide](#), FP 104-009-2 (April 2018).

For more information, visit the following federal government websites:

- [Coronavirus \(COVID-19\) \(CDC\)](#)
- [Centers for Medicare & Medicaid Services](#)

# Accessible Public Service

## Announcements Category B: Emergency Protective Measures

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On Friday, March 13, 2020 President Trump declared a nationwide emergency pursuant to *Sec. 501(b) of the Stafford Act*<sup>1</sup>. Pursuant to this declaration, the Federal Emergency Management Agency, in coordination with the Department of Health and Human Services, is assisting state, local, tribal and territorial governments, and other eligible entities, with the health and safety actions they take on behalf of the American public. All 50 states, the District of Columbia, five territories and one tribe are working directly with FEMA under the Nationwide Emergency Declaration for COVID-19.

Under the national emergency, state, local, tribal, and territorial government entities and certain private non-profit organizations are eligible to apply for assistance for eligible activities as indicated in the [Fact Sheet: Coronavirus \(COVID-19\) Pandemic: Eligible Emergency Protective Measures](#). These include critical actions to save lives and protect public health and safety<sup>2</sup>. The Fact Sheet clarifies FEMA's policy as articulated in Chapter 2 of the Public Assistance Program and Policy Guide (PAPPG)<sup>3</sup>.

The COVID-19 pandemic affects the entire nation, and access to communication is critical for all individuals, including persons with disabilities with rights to accessible communication. Under Title II of the Americans with Disabilities Act (ADA), all state, local, tribal and territorial governments are required to take steps to ensure that their communications with people with disabilities are as effective as communications with others.<sup>4</sup>

### ACCESSIBLE COMMUNICATION THROUGH CATEGORY B EMERGENCY PROTECTIVE MEASURES

Under Category B of FEMA's Public Assistance Program, state, local, tribal, and territorial entities can request assistance for providing communications of general health and safety information to the public. Expenses associated with making those communications accessible and effective for the whole community, including people with disabilities, people with limited English proficiency, and others with access and functional needs, may also be eligible for assistance as Category B emergency protective measures.

Dissemination of information to the public to provide warnings and guidance about health and safety hazards using various strategies, such as flyers, public service announcements, or newspaper campaigns are listed as eligible costs under [Emergency Protective Measures \(Category B\)](#)<sup>5</sup>. Costs associated with providing effective

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<sup>1</sup>Robert T. Stafford Disaster Relief and Emergency Assistance Act, *Procedure for Declaration* (§42 U.S.C. 5191)

<sup>2</sup> Public Assistance Program and Policy Guide FP 104-009-2 / April 2018, Page 57

<sup>3</sup> Public Assistance Program and Policy Guide FP 104-009-2 / April 2018, Page 9

<sup>4</sup> Americans with Disabilities Act (ADA) 28 C.F.R. [§35.160(b)(1)]

<sup>5</sup> Public Assistance Program and Policy Guide FP 104-009-2 / April 2018, Page 58



FEMA

communication<sup>6</sup> through the provision of auxiliary aids or services such as qualified sign language interpreters, Communication Access Real-Time Translation (CART), Braille, or large print materials can be eligible costs for reimbursement if the costs are directly tied to the performance of eligible work and adequately documented<sup>7</sup>.

For more information, visit the following websites:

1. [Public Assistance Program and Policy Guide](#)
2. [Coronavirus \(COVID-19\) Response \(FEMA\)](#)
3. [Coronavirus \(COVID-19\)](#) (CDC)

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<sup>6</sup> Americans with Disabilities Act (ADA) 28 C.F.R. [§35.160(b)(1)]

<sup>7</sup> Public Assistance Program and Policy Guide FP 104-009-2 / April 2018, Page 21



# Coronavirus (COVID-19) Pandemic: Purchase and Distribution of Food Eligible for Public Assistance

## FEMA Policy FP 104-010-03

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### BACKGROUND

Under the President's March 13, 2020, COVID-19 emergency declaration<sup>1</sup> and subsequent major disaster declarations for COVID-19, state, local, tribal, and territorial (SLTT) government entities and certain private non-profit (PNP) organizations are eligible to apply for assistance under the FEMA Public Assistance (PA) Program. This policy is applicable to eligible PA applicants only and is exclusive to emergency and major disaster declarations for the COVID-19 pandemic.

As of April 9, 2020, 51 states and territories had "stay at home" orders in place.<sup>2</sup> The population at high-risk for severe illness from COVID-19 includes people 65 years and older and people of any age who have serious underlying medical conditions, including people with chronic lung disease or moderate to severe asthma, people with serious heart conditions, people who are immunocompromised (e.g., those undergoing cancer treatment, smokers, those with HIV or AIDs), and people with severe obesity, diabetes, or liver disease, and people undergoing kidney dialysis.<sup>3</sup> Due to the impact of the COVID-19 pandemic, there may be areas where it will be necessary as an emergency protective measure to provide food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.

### PURPOSE

This policy defines the framework, policy details, and requirements for determining eligible work and costs for the purchase and distribution of food in response to the COVID-19 Public Health Emergency to ensure consistent and appropriate implementation across all COVID-19 emergency and major disaster declarations. Except where specifically stated otherwise in this policy, assistance is subject to PA Program requirements as defined in Version 3.1 of the Public Assistance Program and Policy Guide (PAPPG).<sup>4</sup>

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<sup>1</sup> Proclamation 9994 of March 13, 85 FR 15337 (Mar. 18, 2020); see also [www.fema.gov/news-release/2020/03/13/covid-19-emergency-declaration](https://www.fema.gov/news-release/2020/03/13/covid-19-emergency-declaration).

<sup>2</sup> <https://www.nga.org/coronavirus/#states>

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>.

<sup>4</sup> The current version of the Public Assistance Program and Policy Guide (PAPPG), Version 3.1, is available on the FEMA website at [www.fema.gov/media-library/assets/documents/111781](https://www.fema.gov/media-library/assets/documents/111781).



## PRINCIPLES

- A. FEMA will provide flexibility to applicants to protect the health and safety of impacted communities in response to the COVID-19 Public Health Emergency through the purchase and distribution of food.
- B. FEMA will responsibly implement this policy and any assistance provided in a consistent manner through informed decision-making and accountable documentation.
- C. FEMA will engage with interagency partners, including the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), and U.S. Department of Housing and Urban Development (HUD), to ensure this assistance does not duplicate other available assistance. Engagement with USDA will include coordination with USDA's efforts on food bank response.

## REQUIREMENTS

### A. APPLICABILITY

Outcome: To establish the parameters of this policy and ensure it is implemented in a manner consistent with program authorities and appropriate to the needs of the COVID-19 Public Health Emergency.

- 1. This policy applies to:
  - a. All Presidential emergency and major disaster declarations under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended, issued for the COVID-19 Public Health Emergency.
  - b. Eligible PA applicants under the COVID-19 emergency declaration or any subsequent COVID-19 major disaster declaration.
  - c. This policy does not apply to any other emergency or major disaster declaration.

### B. GENERAL ELIGIBILITY CONSIDERATIONS

Outcome: To define the overarching eligibility framework for purchasing and distributing food in response to COVID-19 declarations.

- 1. Legal Responsibility.
  - a. To be eligible for PA, an item of work must be the legal responsibility of an eligible applicant.<sup>5</sup> Measures to protect life, public health, and safety are generally the responsibility of state, local, tribal, and territorial (SLTT) governments.

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<sup>5</sup> 44 CFR §206.223.



- b. Legally responsible SLTT governments may enter into formal agreements or contracts with private organizations, including private nonprofit (PNP) organizations such as food banks, to purchase and distribute food when necessary as an emergency protective measure in response to the COVID-19 Public Health Emergency. In these cases, PA funding is provided to the legally responsible government entity, which would then reimburse the private organization for the cost of providing those services under the agreement or contract.

## 2. Work Eligibility.

- a. In accordance with sections 403 and 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 et seq. (the “Stafford Act”), emergency protective measures necessary to save lives and protect public health and safety, including the purchase and distribution of food, may be reimbursed under the PA program.
- b. When necessary as an emergency protective measure, eligible work related to the purchase and distribution of food in response to the COVID-19 pandemic includes:
  - i. Purchasing, packaging, and/or preparing food, including food commodities, fresh foods, shelf-stable food products, and prepared meals;
  - ii. Delivering food, including hot and cold meals if necessary, to distribution points and/or individuals, when conditions constitute a level of severity that food is not easily accessible for purchase; and
  - i. Leasing distribution and storage space, vehicles, and necessary equipment.
- c. Several indicators may demonstrate the need to purchase and distribute food in response to the COVID-19 pandemic:
  - i. Reduced mobility of people in need due to government-imposed restrictions, including “stay-at-home” orders, which prevent certain populations from accessing food;
  - ii. Marked increase or atypical demand for feeding resources; or
  - iii. Disruptions to the typical food supply chain within a given jurisdiction.
- d. Populations in an impacted community that may need the provision of food as a lifesaving and life-sustaining commodity, may include:
  - i. Those who test positive for COVID-19 or have been exposed to COVID-19, but who do not require hospitalization;<sup>6</sup>
  - ii. High-risk individuals, such as people over 65 or with certain underlying health conditions;<sup>7</sup> and

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<sup>6</sup> Any collection or handling of information with regard to the health status of individuals must be compliance with applicable privacy laws, including the Health Insurance Portability and Accountability Act of 1996. FEMA will not be collecting any health information.

<sup>7</sup>The distribution of supplies and other relief and assistance activities shall be accomplished without discrimination on the grounds of race, color, religion, nationality, sex, age, disability, English proficiency, or economic status. Section 308 of the Stafford Act, 42 U.S.C. § 5151, as amended.



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- iii. Other populations based on the direction or guidance of the appropriate public health official.

### 3. Cost Eligibility.

- a. All claimed costs must be necessary and reasonable in order to respond to the COVID-19 Public Health Emergency and are subject to standard program eligibility and other Federal requirements, including the prevailing cost-share for the respective declaration.<sup>8</sup>
- b. Applicants must follow applicable cost principles and procurement requirements.<sup>9</sup>
  - i. Costs claimed by SLTT governments must be reasonable pursuant to Federal regulations and Federal cost principles.<sup>10</sup> A cost is considered reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
  - ii. States and territorial governments are required to follow their own procurement procedures, comply with 2 CFR §200.322, and include any clauses required by 2 CFR §200.326. Local and tribal governments must follow their own procedures and comply with 2 CFR §200.318.
  - iii. In accordance with the March 17, 2020, memorandum from David Bibo, Acting Associate Administrator for the Office of Response and Recovery, and Bridget E. Bean, Assistant Administrator for the Grants Program Directorate, for the duration of the Public Health Emergency, as determined by U.S. Department of Health and Human Services (HHS), local governments, tribal governments, PNPs, and other non-state entities may proceed with new and existing non-competitively procured contracts. The March 17, 2020 memorandum and other information related to procurement specific to COVID-19 declarations are available on the FEMA website at [www.fema.gov/media-library/assets/documents/186350](https://www.fema.gov/media-library/assets/documents/186350).
- c. Pursuant to Section 312 of the Stafford Act, FEMA is prohibited from providing financial assistance where such assistance would duplicate funding available from another program, insurance, or any other source for the same costs.<sup>11</sup>

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<sup>8</sup> In certain circumstances, the Regional Administrator may require the submission of an internal control plan, pursuant to 2 CFR §200.303, in particular when the SLTT government is implementing residential delivery of meals to targeted groups of individuals who are need of such assistance.

<sup>9</sup> See, *COVID-19 Guidance: Procurements Under Grants During Periods of Exigent or Emergency Circumstances*, March 17, 2020. (<https://www.fema.gov/media-library/assets/documents/186350>.)

<sup>10</sup> 2 CFR §200.404; OMB Circular 87.

<sup>11</sup> 42 U.S.C. § 5155.





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4. Time Limitations.

- a. FEMA may provide funding for an initial 30-day time period.
- b. SLTT governments may request a 30-day time extension from the Regional Administrator (RA) with documentation showing continued need.
- c. Work may not extend beyond the duration of the COVID-19 Public Health Emergency, as determined by HHS.

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Keith Turi  
Assistant Administrator, Recovery Directorate

April 11, 2020

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Date



**FEMA**

## **ADDITIONAL INFORMATION**

### **REVIEW CYCLE**

This policy will be reviewed periodically during the COVID-19 Public Health Emergency. The Assistant Administrator of Recovery is responsible for authorizing any changes or updates. This policy will sunset with the closure of the national emergency for COVID-19 and any subsequent major disaster declarations for COVID-19.

### **AUTHORITIES and REFERENCES**

#### **Authorities**

- Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121, et seq., as amended
- Title 44 of the Code of Federal Regulations, Part 206, Subparts G and H

#### **References**

- Public Assistance Program and Policy Guide, Version 3.1

### **MONITORING AND EVALUATION**

FEMA will closely monitor the implementation of this policy through close coordination with regional and field staff, as appropriate, as well as interagency partners and SLTT stakeholders. Various planning calls are conducted daily related to COVID-19 declarations. Additionally, FEMA has set up a mailbox for COVID-19 questions and concerns at [covid19paoperations@fema.dhs.gov](mailto:covid19paoperations@fema.dhs.gov).

### **QUESTIONS**

Direct questions to [covid19paoperations@fema.dhs.gov](mailto:covid19paoperations@fema.dhs.gov).

# FEMA Announces \$200 Million for the Emergency Food and Shelter Program

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FEMA announced that the Emergency Food and Shelter Program (EFSP) National Board will allocate \$200 million to communities across the country to assist organizations providing critical resources to people with economic emergencies, including our nation's hungry and homeless populations.

These funds were appropriated in the Coronavirus Aid, Relief and Economic Security (CARES) Act to ease financial hardship caused by the coronavirus (COVID-19) pandemic. Funding will go to organizations dedicated to feeding, sheltering, and providing critical resources to people experiencing, or at-risk of experiencing, hunger and homelessness. In addition to the \$200 million supplemental funding from the CARES Act, Congress also appropriated \$120 million in FY 2019 annual funding to the EFSP. The funding, totaling \$320 million, will be distributed beginning in early June 2020 to human service organizations assisting those in need throughout the country.

The National Board is chaired by FEMA with representatives from American Red Cross, Catholic Charities USA, The Jewish Federations of North America, National Council of the Churches of Christ in the USA, The Salvation Army, and United Way Worldwide. The National Board administers the program, establishing its policies, procedures, and guidelines. United Way Worldwide, selected by the National Board to serve as its Secretariat and Fiscal Agent, carries out the work of the EFSP daily.

EFSP funding is allocated to qualifying local jurisdictions (counties and cities) based on a formula using the most recent national population, unemployment, and poverty data. Each funded jurisdiction establishes a Local Board that awards the grant funds to local social service organizations, both nonprofit and governmental, that can best address the identified needs of the community. With the FY 2019 and CARES Act funding, and the FY 2020 funding of \$125 million that is to be allocated to jurisdictions a couple months later, the total aid disbursed in the EFSP's 38-year history will be more than \$5 billion.

A state-by-state list of the eligible jurisdictions and allocation amounts is available on the [EFSP Website](#).

## Contact Us

If you have any questions, please contact FEMA Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at [FEMA-Congressional-Affairs@fema.dhs.gov](mailto:FEMA-Congressional-Affairs@fema.dhs.gov)
- Intergovernmental Affairs at (202) 646-3444 or at [FEMA-IGA@fema.dhs.gov](mailto:FEMA-IGA@fema.dhs.gov)



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## FEMA ANNOUNCES \$200 MILLION FOR THE EMERGENCY FOOD AND SHELTER PROGRAM

- Tribal Affairs at (202) 646-3444 or at [FEMA-Tribal@fema.dhs.gov](mailto:FEMA-Tribal@fema.dhs.gov)
- Private Sector Engagement at (202) 646-3444 or at [nbeoc@max.gov](mailto:nbeoc@max.gov)

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## FEMA Mission

To help people before, during, and after disasters.

# Coronavirus (COVID-19) Pandemic: Emergency Medical Care

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The FEMA *COVID-19 Emergency Protective Measures Fact Sheet* included a list of eligible emergency medical care activities. This fact sheet provides additional guidance related to the eligibility of emergency medical care activities as an emergency protective measure under the Emergency Declaration and any Major Disaster Declaration authorizing Public Assistance (PA) for COVID-19.

## General Eligibility Considerations for Emergency Medical Care

Under the President's March 13 emergency declaration, and subsequent major disaster declarations, state, local, tribal, and territorial (SLTT) government entities and certain private non-profit (PNP) organizations are eligible to apply for PA.

Eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under the PA program. On March 19, 2020, FEMA released the *COVID-19 Emergency Protective Measures Fact Sheet* which outlines the types of emergency protective measures that may be eligible under the PA program in accordance with the COVID-19 Emergency Declaration.

General eligibility considerations for emergency medical care activities apply to all claimed work and associated costs. They include Applicant, Facility, Work, and Cost eligibility to which all claims are subject under the PA program.

## Applicant Eligibility

SLTT government entities are eligible to apply for PA. Certain PNP organizations are eligible to apply for PA, including those that own and/or operate medical care facilities.

Private for profit entities, including for profit hospitals, are not eligible for assistance from FEMA under PA. SLTT government entities may contract with for profit hospitals to carry out eligible emergency protective measures. FEMA will reimburse the eligible Applicant for the cost of eligible work, and the Applicant will then pay the private entity for the provision of services.

## Facility Eligibility

For SLTT governments, evaluating facility eligibility is not necessary for most emergency work. PNPs are generally



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not eligible for reimbursement for emergency services because they are not legally responsible for providing those services.

PNPs that own or operate a medical or custodial care facility are eligible for:

- reimbursement of costs from FEMA related to patient evacuation when such an action is needed.
- in limited circumstances, reimbursement when essential components of a facility are urgently needed to save lives or protect health and safety, such as an emergency room of a PNP hospital.
- reimbursement of costs for emergency medical care, as outlined in the Eligible Emergency Medical Care Activities section.

## Work Eligibility

Work must be necessary as a direct result of the emergency or major disaster (44 CFR §206.223(a)(1)).

Costs must be directly related to COVID-19 cases. For example, emergency medical care costs related to a non-COVID-19 illness or injury are not eligible.

Costs for personal protective equipment (PPE) for health care providers who are working in a hospital treating COVID-19 patients are eligible, as it is necessary to prevent further spread of the virus and protect health care workers and other patients.

## Cost Eligibility

All assistance provided under PA is subject to standard program eligibility requirements, including reasonable cost, procurement, and duplication of benefits requirements.

Procurement requirements differ between state versus non-state entities and by normal versus emergency/exigent circumstances. Procurement requirements for the COVID-19 Declarations are:

- States and territorial governments are required to follow their own procurement procedures as well as the Federal requirements for procurement of recovered materials and inclusion of required contract provisions per 2 C.F.R. §§ 200.317, 200.322, and 200.326.
- In accordance with the March 17, 2020, memorandum from David Bibo, Acting Associate Administrator for the Office of Response and Recovery, for the duration of the Public Health Emergency, as determined by the U.S. Department of Health and Human Services (HHS), local governments, tribal governments, nonprofits, and other non-state entities may proceed with new and existing non-competitively procured contracts.
- SLTT governments may contract with medical providers, including private for-profit hospitals, to carry out any eligible activity described in the Eligible Emergency Medical Care Activities section below.
- The aforementioned memorandum and other information related to exigent and emergency circumstances procurement is available on the FEMA website at [www.fema.gov/news-](https://www.fema.gov/news-)

## FEMA cannot:

- Provide assistance under PA that is covered by another funding source.
- Duplicate assistance provided by HHS, including the Centers for Disease Control and Prevention (CDC), or other federal agencies.
  - This includes funding provided by the Public Health Emergency Preparedness Cooperative Agreement Program; the Public Health Crisis Response Cooperative Agreement; the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases; and grants available from the HHS Office of the Assistant Secretary for Preparedness and Response.
- Provide PA funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement.
  - The Applicant must be able to provide documentation verifying that insurance coverage or any other source of funding, including private insurance, Medicaid, or Medicare, has been pursued or does not exist for the costs associated with emergency medical care and emergency medical evacuations.
  - Each applicant will need to agree to the stipulation in the grant conditions of all FEMA awards that funding is not also being received from another funding source. FEMA is coordinating with HHS to share information about funding from each agency to assist in the prevention of duplication of benefits.

## Other Considerations for Emergency Medical Care Eligibility

When the emergency medical delivery system within a declared area is destroyed, severely compromised, or overwhelmed, FEMA may fund extraordinary costs associated with operating emergency rooms and with providing temporary facilities for emergency medical care or expanding existing medical care capacity in response to the declared incident. Costs associated with emergency medical care should be customary for the emergency medical services provided. Other eligibility considerations specific to emergency medical care activities as an emergency protective measure under the COVID-19 Declarations are provided in this section.

### Time Limitations for Completion of Work

- Emergency medical care costs are typically only eligible for up to 30 days from the declaration date unless extended by FEMA.
- Under the COVID-19 Declarations, eligible emergency medical care costs are eligible for the duration of the Public Health Emergency, as determined by HHS.

### Public versus PNP Facility

- Emergency medical care is eligible as an emergency protective measure for public and PNP medical facilities, as long as the facility provides an emergency medical service necessary to save lives and/or

protect public health and safety. In this case, emergency medical care related to COVID-19 cases is eligible as an emergency protective measure.

## Emergency Medical Care versus Long-Term Medical Treatment

- Only emergency medical care that is necessary to save lives and/or protect public health and safety is eligible.

Long-term medical treatment is not eligible. This includes:

- Medical care costs incurred once a COVID-19 patient is admitted to a medical facility on an inpatient basis.
- Costs associated with follow-on treatment of COVID-19 patients beyond the duration of the Public Health Emergency, as determined by HHS.
- Administrative costs associated with the treatment of COVID-19 patients.

## Eligible Emergency Medical Care Activities

Emergency medical care activities under the COVID-19 Declarations include, but are not limited to:

- Triage and medically necessary tests and diagnosis related to COVID-19 cases
- Emergency medical treatment of COVID-19 patients
- Prescription costs related to COVID-19 treatment
- Use or lease of specialized medical equipment necessary to respond to COVID-19 cases
- Purchase of PPE, durable medical equipment, and consumable medical supplies necessary to respond to COVID-19 cases (note that disposition requirements may apply)
- Medical waste disposal related to eligible emergency medical care
- Emergency medical transport related to COVID-19
- Temporary medical facilities and expanded medical care facility capacity for COVID-19 for facilities overwhelmed by COVID-19 cases and/or to quarantine patients infected or potentially infected by COVID-19.
  - Temporary facilities and expansions may be used to treat COVID-19 patients or non-COVID-19 patients, as appropriate.

Medical sheltering (e.g., when existing facilities are reasonably forecasted to become overloaded in the near future and cannot accommodate needs)

- All sheltering must be conducted in accordance with standards and/or guidance approved by HHS/CDC



and must be implemented in a manner that incorporates social distancing measures.

- Non-congregate medical sheltering may also be eligible, subject to prior approval by FEMA.
  - Examples include sheltering for those who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals); those who have been exposed to COVID-19 who do not require hospitalization; and asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease).
- Sheltering specific populations in non-congregate shelters should be determined by a public health official's direction or in accordance with the direction or guidance of health officials by the appropriate state or local entities. The request should specify the populations to be sheltered.

## More Information

For more information, visit the following websites:

1. [Public Assistance Program and Policy Guide](#)

See PAPPV V3.1, Chapter 2:VI. Emergency Work Eligibility; Chapter 2:VI.B.9. Emergency Medical Care; and Chapter 2:VI.B.17. Temporary Relocation of Essential Services

2. [U.S. Department of Health and Human Services](#)

Centers for Disease Control and Prevention: [Coronavirus \(COVID-19\)](#)

[Centers for Medicare & Medicaid Services](#)

3. FEMA: [www.fema.gov/coronavirus](http://www.fema.gov/coronavirus)



# Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance

## FEMA Policy FP 104-010-04

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### BACKGROUND

Under the President's March 13, 2020 COVID-19 emergency declaration<sup>1</sup> and subsequent major disaster declarations for COVID-19, state, local, tribal, and territorial (SLTT) government entities and certain private non-profit (PNP) organizations are eligible to apply for assistance under the FEMA Public Assistance (PA) Program. This policy is applicable to eligible PA Applicants only and is exclusive to emergency and major disaster declarations for the COVID-19 pandemic.

### PURPOSE

This policy defines the framework, policy details, and requirements for determining the eligibility of medical care costs under the PA Program to ensure consistent and appropriate implementation across all COVID-19 emergency and major disaster declarations. Except where specifically stated otherwise in this policy, assistance is subject to PA Program requirements as defined in Version 3.1 of the Public Assistance Program and Policy Guide (PAPPG).<sup>2</sup>

### PRINCIPLES

- A. FEMA will provide assistance for medical care provided under COVID-19 declarations to improve the abilities of communities to effectively respond to the COVID-19 Public Health Emergency.
- B. FEMA will implement this policy and any assistance provided in a consistent manner through informed decision making and review of an Applicant's supporting documentation.
- C. FEMA will engage with interagency partners, including the U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC), the Health Resources

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<sup>1</sup> [www.fema.gov/news-release/2020/03/13/covid-19-emergency-declaration](https://www.fema.gov/news-release/2020/03/13/covid-19-emergency-declaration).

<sup>2</sup> The current version of the Public Assistance Program and Policy Guide (PAPPG), Version 3.1, is available on the FEMA website at [www.fema.gov/media-library/assets/documents/111781](https://www.fema.gov/media-library/assets/documents/111781).



and Services Administration (HRSA), and the Centers for Medicare and Medicaid Services (CMS) to ensure this assistance is provided in a coordinated manner without duplicating assistance.

## REQUIREMENTS

### A. APPLICABILITY

Outcome: To establish the parameters of this policy and ensure it is implemented in a manner consistent with program authorities and appropriate to the needs of the COVID-19 Public Health Emergency.

1. This policy applies to:
  - a. All Presidential emergency and major disaster declarations under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended, issued for the COVID-19 Public Health Emergency.
  - b. Eligible PA Applicants under the COVID-19 emergency declaration or any subsequent COVID-19 major disaster declaration, including:
    - i. SLTT government entities; and
    - ii. PNP organizations that own and/or operate medical facilities, as defined in Title 44 of the Code of Federal Regulations (44 C.F.R.) §206.221(e)(5).
  - c. This policy does not apply to any other emergency or major disaster declaration.

### B. GENERAL ELIGIBILITY CONSIDERATIONS FOR COVID-19 MEDICAL CARE

Outcome: To define the overarching framework for all eligible medical care work related to COVID-19 declarations.

1. All work must be necessary as a direct result of the emergency or major disaster in accordance with 44 C.F.R. §206.223(a)(1).
2. Medical care and associated costs refer to assistance to support the provision of medical care, including eligible facility, equipment, supplies, staffing, and wraparound services (as defined in the **Definitions** section at the end of this document), as well as assistance for clinical care of patients not covered by another funding source as described throughout this policy.

### C. ELIGIBLE MEDICAL CARE WORK AND COSTS BY FACILITY TYPE

Outcome: To establish parameters for eligible medical care work and costs for COVID-19 declarations based on the type of facility providing medical care.

1. Primary Medical Care Facility.

For medical care provided in a primary medical care facility (as defined in the **Definitions** section at the end of this document), work must be directly related to the treatment of



COVID-19 patients. Work may include both emergency and inpatient treatment of COVID-19 patients; this includes both confirmed and suspected cases of COVID-19. Medical care related to treatment of a non-COVID-19 illness or injury in a primary medical care facility is not eligible. The following medical care activities and associated costs are eligible in primary medical care facilities:

- a. Emergency and inpatient clinical care for COVID-19 patients, including, but not limited to:
  - i. Emergency medical transport related to COVID-19;
  - ii. Triage and medically necessary tests and diagnosis related to COVID-19 patients;
  - iii. Necessary medical treatment of COVID-19 patients; and
  - iv. Prescription costs related to COVID-19 treatment.
- b. Purchase, lease, and delivery of specialized medical equipment necessary to respond to COVID-19 (equipment purchases are subject to disposition requirements<sup>3</sup>);
- c. Purchase and delivery of PPE, durable medical equipment, and consumable medical supplies necessary to respond to COVID-19 (supply purchases are subject to disposition requirements<sup>4</sup>);
  - i. This includes the costs of eligible SLTT government Applicants providing PPE to any public or private medical care facility that treats COVID-19 patients.
- d. Medical waste disposal related to COVID-19; and
- e. Certain labor costs associated with medical staff providing treatment to COVID-19 patients may be eligible as outlined below. Any labor costs for medical staff that are included in patient billing and/or otherwise covered by another funding source (as described in **Section D.4 Duplication of Benefits** of this policy) are not eligible for PA. Otherwise, the following labor costs may be eligible:
  - i. Overtime for budgeted medical staff providing treatment to COVID-19 patients;
  - ii. Straight time and overtime for temporary medical staff providing treatment to COVID-19 patients; and
  - iii. Straight time, overtime, and other necessary costs for contract medical staff providing treatment to COVID-19 patients. Work and associated costs must be consistent with the scope of the contract and may include costs for travel, lodging, and per diem for contract medical staff from outside the local commuting area.

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<sup>3</sup> As described in Chapter 2:V.E. Disposition of Purchased Equipment and Supplies of the PAPPG (V3.1).

<sup>4</sup> Id.



- f. For primary medical care facilities, increased operating costs for administrative activities (such as medical billing) are not eligible.<sup>5</sup>

## 2. Temporary and Expanded Medical Facilities.<sup>6</sup>

FEMA may approve work and costs associated with temporary medical facilities or expanded medical facilities when necessary in response to the COVID-19 Public Health Emergency. These facilities may be used to treat COVID-19 patients, non-COVID-19 patients, or both, as necessary. Medical care activities and associated costs related to treating both COVID-19 and non-COVID-19 patients in a temporary or expanded medical facility may be eligible.

- a. Costs must be reasonable and necessary based on the actual or projected need. The projected needs (i.e., capacity and capability) for a temporary or expanded medical facility must be supported by predictive modeling or other substantiating information used to determine the projected need.
- b. Eligible costs for temporary and expanded medical facilities include:
  - i. All eligible items and stipulations included in **Section C.1 Primary Medical Care Facility**, but applicable to both COVID-19 and non-COVID-19 patients;
  - ii. Lease, purchase, or construction costs, as reasonable and necessary, of a temporary facility as well as reasonable alterations to a facility necessary to provide medical care services;<sup>7</sup>
  - iii. Mobilization and demobilization costs associated with setting up and closing the temporary or expanded medical facility;
  - iv. Operating costs including equipment, supplies, staffing, wraparound services (as defined in the **Definitions** section at the end of this document), and clinical care not covered by another funding source; and
  - v. Maintenance of a temporary or expanded medical facility in an operationally ready but unused status available for surge capacity for COVID-19 readiness and response when necessary to eliminate or lessen an immediate threat to public health and safety, based on public health guidance, location of areas expected to be impacted, and local/state hospital bed/ICU capacity.
- c. For contract costs related to establishing and/or operating a temporary or expanded medical facility, contracts must include a termination for convenience clause that will be implemented if the site is ultimately not needed, or the needs are less than projected, as determined by the legally responsible entity.
  - i. Ongoing and projected needs regarding continuing operations at a temporary or expanded medical facility should be based on regular assessments and the Applicant must document the review process to support its decision making.

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<sup>5</sup> See Chapter 2:VI.B.2. Expenses Related to Operating a Facility or Providing a Service of the PAPPG (V3.1).

<sup>6</sup> Temporary medical facilities may include Alternate Care Sites or Community Based Testing Sites if eligible work and costs related to these facilities are incurred by eligible PA Applicants.

<sup>7</sup> As described in Chapter 2:VI.B.17(e) and (g) of the PAPPG (V3.1).



- ii. The assessments should include adjustments to projected needs based on guidance from public health officials, caseload trends, and/or other predictive modeling or methodologies; lead times and associated costs for scaling up or down based on projected needs; and any other supporting information.
  - iii. The assessments and supporting information are necessary to determine eligibility of claimed costs and should align with PA reasonable cost guidance provided in the PAPPG<sup>8</sup> and the *Public Assistance Reasonable Cost Evaluation Job Aid*.<sup>9</sup>
- d. Costs related to expanding a primary medical care facility to effectively respond to COVID-19 must be feasible and cost effective. In most cases, permanent renovations are not eligible unless the Applicant can demonstrate that the work can be completed in time to address COVID-19 capacity needs and is the most cost-effective option. Permanent renovations and other improvements to real property with PA funds are subject to real property disposition requirements.<sup>10</sup>
- e. For temporary and expanded medical facilities, and the specific type of temporary medical facilities known as Alternate Care Sites, administrative activities and associated costs necessary for the provision of essential medical services are eligible.

## D. GENERAL ELIGIBILITY CONSIDERATIONS FOR COVID-19 COSTS

Outcome: To provide additional information about eligible costs and cost-related considerations.

1. Eligible claimed costs must be necessary in order to respond to the COVID-19 Public Health Emergency and reasonable pursuant to Federal regulations and Federal cost principles.<sup>11</sup> A cost is considered reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. All costs are subject to standard PA program eligibility and other Federal requirements. For COVID-19 declarations, FEMA will use Medicare rates<sup>12</sup> as the basis to determine reasonable costs for eligible clinical care not covered by another funding source. Both patient payments and insurance payments are considered another funding source; clinical care for which providers have received or will receive payments from patients or insurance is not eligible.
2. Cost Share for COVID-19 Declarations. PA funding authorized under COVID-19 declarations is subject to the following cost share provisions:

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<sup>8</sup> As described in Chapter 2:V. Cost Eligibility of the PAPPG (V3.1).

<sup>9</sup> The Public Assistance Reasonable Cost Evaluation Job Aid is available on the FEMA website at [www.fema.gov/media-library/assets/documents/90743](http://www.fema.gov/media-library/assets/documents/90743).

<sup>10</sup> As described in Chapter 2:V.F. Disposition of Real Property of the PAPPG (V3.1).

<sup>11</sup> 2 CFR §200.404.

<sup>12</sup> FEMA will use standard Medicare rates that do not include the 20 percent increase in COVID-19 Medicare DRG rates implemented by the CARES Act.





- a. Eligible costs incurred by an eligible Applicant claiming reimbursement through PA are subject to the non-federal cost share established for the respective emergency or major disaster declaration. Pursuant to sections 403(b) and 503(a) of the Stafford Act, the federal share for FEMA PA funding is not less than 75 percent of eligible costs.
  - b. Direct Federal Assistance provided under Stafford Act authorities is also subject to the cost share established for the respective emergency or major disaster declaration, unless otherwise stipulated.
  - c. Federal assistance provided by other federal departments and agencies, including instances in which provision of the assistance is facilitated by FEMA, is funded at the cost share of the other federal department or agency, some of which may be provided at 100 percent federal funding.
  - d. In most cases, federal assistance provided by other federal departments and agencies cannot be used to cover the non-federal cost share. The Applicant can only apply other federal award funds toward the PA non-federal cost share if the other federal award has specific statutory authority allowing it to be utilized to meet cost-share requirements, or is otherwise allowable under the other federal source of funding.
  - e. The Applicant cannot apply PA funds toward the non-federal cost share of other federal agency funding. For example, States may not use PA funding to meet the State share of Medicaid or the Children's Health Insurance Program (CHIP).<sup>13</sup>
3. Procurement Requirements for COVID-19 Declarations.<sup>14</sup>
- a. States and territorial governments are required to follow their own procurement procedures as well as the Federal requirements for procurement of recovered materials and inclusion of required contract provisions per 2 C.F.R. §§ 200.317, 200.322, and 200.326 and Appendix II to 2 CFR Part 200.<sup>15</sup>
  - b. Tribal governments, local governments, and PNPs must comply with the requirements of 2 C.F.R. §§ 200.318-200.326.
  - c. In accordance with the March 17, 2020, memorandum from David Bibo, Acting Associate Administrator for the Office of Response and Recovery, and Bridget E. Bean, Assistant Administrator, Grant Programs Directorate, for the duration of the Public Health Emergency, as determined by HHS, local governments, tribal

<sup>13</sup> See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

<sup>14</sup> Additional guidance regarding procurement standards is available at <https://www.fema.gov/procurement-disaster-assistance-team>.

<sup>15</sup> For additional guidance regarding required contract clauses, see the Procurement Disaster Assistance Team's "FEMA Contract Provisions Template" (2019 ed.), available online at [https://www.fema.gov/media-library-data/1569959119092-92358d63e00d17639d5db4de015184c9/PDAT\\_ContractProvisionsTemplate\\_9-30-19.pdf](https://www.fema.gov/media-library-data/1569959119092-92358d63e00d17639d5db4de015184c9/PDAT_ContractProvisionsTemplate_9-30-19.pdf).



governments, nonprofits, and other non-state entities may proceed with new and existing non-competitively procured contracts using the exigent/emergency circumstances exception in 2 C.F.R. § 200.320(f)(2). The March 17, 2020 memorandum and other information related to procurement specific to COVID-19 declarations are available on the FEMA website at [www.fema.gov/media-library/assets/documents/186350](http://www.fema.gov/media-library/assets/documents/186350). Additional resources on COVID-19 specific to grants are also available at [www.fema.gov/grants](http://www.fema.gov/grants) under “News and Announcements” and [www.fema.gov/coronavirus](http://www.fema.gov/coronavirus).

- d. SLTT governments may contract with medical providers, including private entities, to carry out any eligible activity described in **Section C. Eligible Medical Care by Facility** of this policy.
- e. Contracts must include an actionable termination for convenience clause that will be implemented if any part of the scope of the contract is ultimately not needed, or the needs are less than projected, as determined by the legally responsible entity. Ongoing and projected needs should be based on regular reviews and the Applicant must document the review process to support its decision making. All claimed contract costs must be necessary and reasonable pursuant to applicable Federal regulations and Federal cost principles.

#### 4. Duplication of Benefits.

Pursuant to Section 312 of the Stafford Act, FEMA is prohibited from providing financial assistance where such assistance would duplicate funding available from another program, insurance, or any other source for the same purpose.

- a. FEMA cannot duplicate assistance provided by HHS or other federal departments and agencies. This includes, but is not limited to, funding provided by the programs listed below. FEMA is providing this list as a helpful reference, but SLTT government entities and PNPs should consult with the appropriate federal agency and the terms and conditions of each program or source of funding to determine what funding may be considered duplicative.
  - i. The Public Health Emergency Preparedness Cooperative Agreement Program;
  - ii. The Public Health Crisis Response Cooperative Agreement;
  - iii. The Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases;
  - iv. The Hospital Preparedness Program Cooperative Agreement;
  - v. The Regional Ebola and Other Special Pathogen Treatment Centers Cooperative Agreement;
  - vi. The National Emerging Special Pathogens Training and Education Center Cooperative Agreement;
  - vii. The Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement;
  - viii. The Coronavirus Relief Fund and the Provider Relief Fund;





- ix. The COVID-19 Uninsured Program; and
  - x. The Paycheck Protection Program.
- b. FEMA cannot provide PA funding for clinical care costs funded by another source, including private insurance, Medicare, Medicaid/CHIP, other public insurance, a pre-existing private payment agreement, or the COVID-19 Uninsured Program for uninsured patients.<sup>16</sup> The Applicant will certify that it has not received and does not anticipate receiving assistance from these sources or any other source for the same work or costs. FEMA will deobligate any PA funding that has been provided in the event that another source provides funds to the Applicant for the same clinical care costs.
- c. At no time will FEMA request or accept any Personally Identifiable Information related to the medical care of individual COVID-19 patients.
- d. FEMA will reconcile final funding based on any funding provided by another agency or covered by insurance or any other source for the same purpose. FEMA will coordinate with HHS to share information about funding from each agency to assist in preventing duplication of benefits.
5. Time Limitations for the Completion of Work.
- a. Costs for eligible medical care for COVID-19 declarations are limited to those incurred within six months of the date of the declaration in accordance with regulatory timeframes for emergency work at 44 C.F.R. §206.204(c) or until the end of the COVID-19 Public Health Emergency, whichever comes first.
- b. For all COVID-19 declarations, FEMA may extend the deadline in accordance with 44 C.F.R. §206.204(d) if the duration of the COVID-19 Public Health Emergency extends beyond six months or for work required after the end of the Public Health Emergency, such as demobilization of temporary medical facilities, or to address localized needs as appropriate.

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Keith Turi  
Assistant Administrator, Recovery Directorate

May 9, 2020

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Date

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<sup>16</sup> The COVID-19 Uninsured Program reimburses for testing and clinical care costs for the uninsured which is being provided at Medicare rates.

## ADDITIONAL INFORMATION

### REVIEW CYCLE

This policy will be reviewed periodically during the COVID-19 Public Health Emergency period. The Assistant Administrator for the Recovery Directorate is responsible for authorizing any changes or updates. This policy will sunset with the closure of the national emergency declaration for COVID-19 and any subsequent major disaster declarations for COVID-19.

### AUTHORITIES and REFERENCES

#### Authorities

- Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121-5207, as amended
- Title 44 of the Code of Federal Regulations, Part 206, Subpart H
- Title 2 of the Code of Federal Regulations, Part 200

#### References

- Public Assistance Program and Policy Guide, Version 3.1

### DEFINITIONS

To establish consistent terminology for purposes of implementing this policy, the following definitions are provided below. These definitions are specific to this policy and may differ from definitions prescribed for the same or similar terms in other policies.

1. **Medical Care:** Medical Care refers both to assistance provided to support the provision of medical care and assistance for clinical care. Examples of medical care support include eligible facility, equipment, supplies, and staffing costs.
2. **Clinical Care:** Clinical Care refers to medical treatment of individual patients including testing, diagnosis, treatment, hospitalization, prescriptions, and other costs associated with individual patient treatment typically billed to individual patients, their insurance carriers, Medicare, Medicaid, or other pre-existing payment agreements.
3. **Primary Medical Care Facility:** A primary medical care facility is the facility owned and/or operated by an eligible PA Applicant that provides medical care services. This includes any licensed hospital, outpatient facility, rehabilitation facility, or facility for long-term care.
4. **Temporary Medical Facility:** A temporary medical facility is a facility separate from the primary medical care facility that is used to provide medical care services when the primary medical care facility is overwhelmed by the declared event.



5. **Expanded Medical Facility:** An expanded medical facility is part of the primary medical care facility and refers to an expansion of the primary medical care facility to increase its capacity when the primary medical care facility is overwhelmed by the declared event.
6. **Alternate Care Sites:** Alternate Care Site is a type of Temporary Medical Facility and broadly describes any building or structure of opportunity converted for healthcare use. It provides additional healthcare capacity and capability for an affected community separate from a traditional, established healthcare institution, though healthcare institutions may partner with eligible Applicants operating an Alternate Care Site.
7. **Community-Based Testing Sites:** Community-Based Testing Sites are strategically located sites within a community operated by a SLTT government for the purpose of providing COVID-19 testing to members of the community.
8. **Wraparound Services:** Wraparound services in the context of this policy are the same as those defined in the Alternate Care Site Toolkit. The services will differ at each temporary medical facility. Such services include, but are not limited to, the following: linen and laundry services; food preparation and delivery; biomedical waste removal, including contaminated items such as personal protective equipment; perimeter fencing; contracted security guards; professional cleaning; and other related services. The toolkit and other Alternate Care Site resources are available on the HHS website at <https://asprtracie.hhs.gov/technical-resources/111/covid-19-alternate-care-site-resources>.

## MONITORING AND EVALUATION

FEMA will closely monitor the implementation of this policy through close coordination with regional and field staff, as appropriate, as well as interagency partners and SLTT stakeholders.

## QUESTIONS

Applicants should direct questions to their respective FEMA regional office.

# Coronavirus (COVID-19) Pandemic: Alternate Care Site (ACS) “Warm Sites”

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To address immediate and projected needs from the coronavirus (COVID-19) pandemic, state, local, tribal, and territorial (SLTT) governments may, under certain conditions, be reimbursed through FEMA’s Public Assistance (PA) Program for costs associated with keeping Alternate Care Sites (ACS), including temporary and expanded medical facilities, minimally operational when COVID-19 cases diminish and the facilities are no longer in use.

## FEMA Public Assistance Program

In accordance with sections 403 and 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 et seq. (the “Stafford Act”), emergency protective measures taken by SLTT governments to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under the PA program. Under this authority, FEMA may approve work and costs associated with maintaining minimal operational readiness at ACS facilities when necessary in response to the COVID-19 Public Health Emergency.

Public health experts have warned of the potential for a second wave of COVID-19 cases, the severity and timing of which are uncertain. ACS facilities that are unused but remain operationally ready and available for potential medical surge capacity for COVID-19 response are referred to as “warm sites.”

## Work to Eliminate or Lessen an Immediate Threat

FEMA has the authority to provide funding for activities that eliminate or lessen immediate threats to lives, public health, or safety, such as operating an ACS facility.<sup>1</sup> To determine whether work related to ACS warm sites is necessary to eliminate or lessen an immediate threat, FEMA may consider SLTT assessments of need based on:

- Public health guidance, including the continued declaration of a Public Health Emergency by the U.S. Department of Health and Human Services (HHS), and other information on the likelihood of a resurgence of COVID-19 cases;
- Whether the ACS facility is strategically located for areas projected to be most impacted by a resurgence (e.g., if the ACS facility needs to be relocated to better address the most impacted areas, it may not be prudent to maintain the facility as a warm site); and
- SLTT hospital bed capacity relative to the projected need.

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<sup>1</sup> 42 U.S.C. § 5170b; 44 CFR § 206.225(a).



FEMA regions will work with the state, territory, or tribe acting as the Recipient to:

- Identify ACS warm sites based on SLTT projections of need as supported by predictive modeling or other supporting information and in accordance with federal, state, and/or local public health guidance;
- Provide support for ACS warm sites to either suspend medical care activities while maintaining minimal operational readiness for future rapid activation, or to demobilize the ACS and store necessary medical equipment and supplies for future rapid activation; and/or
- Reduce excess capacity by demobilizing and closing ACS facilities that are no longer in use and not anticipated to be required in future planning scenarios based on the projected needs.

## Eligible Costs to Maintain ACS Warm Sites

All claimed costs must be necessary and reasonable in order to effectively respond to the COVID-19 Public Health Emergency, in accordance with public health guidance, and are subject to standard program eligibility, the applicable cost share for the declaration, and other federal requirements.<sup>2</sup> Pursuant to Section 312 of the Stafford Act, FEMA is prohibited from providing financial assistance where such assistance would duplicate funding available from another program, insurance, or any other source for the same purpose. FEMA will reconcile final funding based on any funding provided by another agency or covered by insurance or any other source for the same purpose. FEMA will coordinate with HHS to share information about funding from each agency to assist in preventing duplication of benefits. Costs that may be necessary to maintain the minimum operational level of an ACS warm site include:

- Renting/leasing the space for an ACS facility and/or the necessary equipment to operate the facility and provide adequate medical care in the event of a COVID-19 resurgence;
- Other facility costs such as utilities, maintenance, and/or security;
- Keeping the necessary equipment and supplies (including PPE) in stock, including inspection and maintenance of equipment and supplies, and replacement of non-functioning equipment and expired supplies and commodities;
- Demobilization of ACS facilities when it is more cost effective than maintaining a warm site, and remobilizing in the event of a COVID-19 resurgence based on projected needs;
- Storage of equipment and supplies for ACS warm sites or demobilized ACS facilities which can be re-deployed for future rapid activation;
- Wraparound services, as defined in the ACS Toolkit,<sup>3</sup> necessary for minimal operational readiness;
- Minimal level of medical and/or non-medical staffing, if necessary;
- Site restoration to allow a facility that was/is being used as an ACS to return to normal operations until such time as the facility is needed as an ACS again in the event of a COVID-19 resurgence; and/or

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<sup>2</sup> In accordance with regulations at 2 CFR Part 200 and 44 CFR Part 206 and applicable guidance in the Public Assistance Program and Policy Guide, FP 104-009-2, April 2018.

<sup>3</sup> Such services include, but are not limited to linen and laundry services; food preparation and delivery; biomedical waste removal, including contaminated items such as personal protective equipment; perimeter fencing; contracted security guards; professional cleaning; and other related services. The toolkit and other ACS resources are available on the HHS website at <https://asprtracie.hhs.gov/technical-resources/111/covid-19-alternate-care-site-resources>.

- Other costs necessary to maintain a minimum level of operational readiness.

## Time Limitations

Funding for ACS warm sites is limited to maintaining the site no longer than is necessary and reasonable based on projected needs and in accordance with public health guidance.

- The continued need for an ACS warm site should be assessed on a monthly basis by FEMA and SLTTs and based on the latest federal and/or SLTT COVID-19 projections of the likelihood of a COVID-19 resurgence in the area and the subsequent capacity and capability needs.
- FEMA will not reimburse costs related to maintaining ACS warm sites for more than 30 days after the end of the COVID-19 Public Health Emergency, as determined by HHS.

# Public Assistance: Non-Congregate Sheltering Delegation of Authority

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Under President Trump's March 13, 2020, national emergency declaration for the coronavirus (COVID-19) pandemic, FEMA's Regional Administrators have been delegated authority to approve requests for non-congregate sheltering for the duration of the Secretary of Health and Human Services' declaration of a Public Health Emergency for COVID-19.

In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of state, local, tribal, and territorial public health officials may be reimbursed under Category B of FEMA's Public Assistance program.

FEMA recognizes that non-congregate sheltering may be necessary in this Public Health Emergency to save lives, to protect property and public health, and to ensure public safety, as well as to lessen or avert the threat of a catastrophe. States, tribes and territories should work with their regional administrators for approval of non-congregate sheltering and procure the necessary support services needed to meet the needs of the public health emergency. The following criteria must be considered before setting up non-congregate sheltering and support services:

- The non-congregate sheltering must be at the direction of and documented through an official order signed by a state, local, tribal, or territorial public health official.
- Any approval is limited to that which is reasonable and necessary to address the public health needs of the event and should not extend beyond the duration of the Public Health Emergency.
- Applicants must follow FEMA's Procurement Under Grants Conducted [Under Exigent or Emergency Circumstances](#) guidance and include a termination for convenience clause in their contracts
- Prior to approval, the applicant must provide an analysis of the implementation options that were considered and a justification for the option selected.
- The funding for non-congregate sheltering to meet the needs of the Public Health Emergency cannot be duplicated by another federal agency, including the U.S. Department of Health and Human Services or Centers for Disease Control and Prevention.
- Applicable Environmental and Historic Preservation laws, regulations, and executive orders apply and must be adhered to as a condition of assistance.

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FEMA



# Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering

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Subsequent to President Trump's March 13, 2020, Nationwide Emergency Declaration for Coronavirus 2019 (COVID-19), the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) recognizes that non-congregate sheltering may be necessary in this Public Health Emergency to protect public health and save lives.

This document provides answers to frequently asked questions about non-congregate sheltering during the Secretary of Health and Human Services' (HHS') declaration of a Public Health Emergency for COVID-19.

## **1. What is the difference between medical sheltering, quarantine facilities, and non-congregate sheltering? Do alternative medical care facilities count as non-congregate shelters?**

The term "medical sheltering" is meant to address the specific needs directly resulting from this Public Health Emergency. For purposes of eligibility under the COVID-19 declarations, FEMA will consider non-congregate sheltering for health and medical-related needs, such as isolation and quarantine resulting from the public health emergency. Alternate care sites and temporary hospitals are not considered non-congregate sheltering and such requests should be routed through the proper channels. Please refer to the [Emergency Medical Care for COVID-19 Fact Sheet](#).

## **2. Who is the target population for non-congregate sheltering?**

Examples of target populations include those who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals); those who have been exposed to COVID-19 who do not require hospitalization; and asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease). Sheltering specific populations in non-congregate shelters should be determined by a public health official's direction or in accordance with the direction or guidance of health officials by the appropriate state or local entities. The request should specify the populations to be sheltered. Non-congregate sheltering of healthcare workers and first responders who require isolation may be eligible when determined necessary by the appropriate state, local, tribal, or territorial public health officials and



**FEMA**



when assistance is not duplicated by another federal agency.

### **3. What forms of non-congregate sheltering will FEMA support?**

Sheltering solutions should be determined by the Applicant requesting assistance, such as hotels, motels, dormitories, or other forms of non-congregate sheltering. The solutions should meet the criteria of non-congregate sheltering for the COVID-19 emergency, including what is necessary to protect public health and safety, be in accordance with guidance provided by appropriate health officials, and be reasonable and necessary to address the threat to public health and safety.

### **4. Must the Centers for Disease Control and Prevention (CDC) or state/local public health officials direct the use of non-congregate sheltering? Is it okay if another state/local official (e.g., emergency management office) directs the use?**

The non-congregate sheltering must be at the direction of and documented through an official order signed by a state, local, tribal, or territorial public health official or be done in accordance with the direction or guidance of health officials by the appropriate state or local entities, in accordance with applicable state and local laws.

### **5. Does the non-congregate sheltering delegation apply to both emergency and major disaster declarations?**

Yes, the delegation applies to all incidents declared as a result of COVID-19.

### **6. Can you provide a template for non-congregate sheltering requests?**

Yes, there is a template request letter that the Applicant can use. In addition, Template Project Worksheets are currently being developed. Please contact your Regional point of contact for additional information concerning the template.

### **7. Can approval be state-wide? Could a FEMA Regional Administrator approve a state-wide strategy rather than individual requests?**

Requests should be submitted based on the state and/or local public health orders, along with relevant public health guidance that recommends sheltering be conducted in the manner that is being requested for reimbursement and must meet the criteria of the guidance issued by FEMA for COVID-19. In instances where the state is issuing the public health order along with relevant public health guidance for non-congregate sheltering for the state, it is possible for FEMA to approve a state-wide request.

A state-wide non-congregate sheltering request should outline the state's non-congregate sheltering plan with options that will be utilized in the state by local governments. Upon pre-approval of non-congregate sheltering, the state can be the sub-recipient, or a county/local government can be a sub-recipient.

Tracking mechanisms must be in place to provide data and documentation to establish the eligibility of costs for which the Applicant is requesting Public Assistance funding (including the need for non-congregate

sheltering of each individual, length of stay, and costs). As with any activity, lack of support documentation may result in FEMA determining that some or all of the costs are ineligible.

## **8. Can a FEMA Regional Administrator approve non-congregate sheltering after it has already begun?**

In limited circumstances where the nature of the emergency did not make a request feasible prior to beginning non-congregate sheltering, the Regional Administrator may approve non-congregate sheltering after it has already commenced.

## **9. Can a FEMA Regional Administrator allowed to delegate approval of non-congregate sheltering?**

No, this delegation may not be re-delegated. The Regional Administrator should approve, partially approve, or deny the request in writing. This documentation should be uploaded to the project in FEMA Grants Manager.

## **10. What wrap-around services are eligible? For example, are food or mental health counseling eligible?**

Eligible costs related to sheltering should be necessary based on the type of shelter, the specific needs of those sheltered, and determined necessary to protect public health and safety and in accordance with guidance provided by appropriate health officials. However, support services such as case management, mental health counseling, and others are not eligible.

## **11. How long can an individual to stay in non-congregate sheltering? How long can a non-congregate sheltering mission last?**

The length of non-congregate sheltering depends on the needs in each area and will be in accordance with the guidance and direction from appropriate health officials. Sheltering eligibility for sheltering activities may not extend beyond the state or local public health order or the HHS Public Health Emergency for COVID-19. Length of sheltering for individuals is based on health guidance and be limited to what is needed to address the immediate threat to public health and safety. The mission will depend on the level of community transmission in each area. Areas with high rates of community transmission, hospital admissions, and fatalities may need up to eight weeks. Reassessment at periodic intervals is necessary.

Regional Administrators should approve non-congregate sheltering in 30-day increments, or less if a re-assessment determines there is no longer a public health need, but not to exceed the duration of the order of the state or local public health officer. The state or local will need to provide a re-assessment of the continuing need for emergency non-congregate sheltering from a state public health official, as well as a detailed justification for the continuing need for emergency non-congregate sheltering. The non-congregate sheltering for an individual should be in accordance with the guidance and direction from appropriate health officials.

## **12. How will we handle congregate and non-congregate sheltering missions**

## **for future disasters in areas impact by COVID-19?**

Sheltering in future events will need to conform to current guidelines in place, including considerations for shelter operations in a pandemic environment. If there are additional costs incurred for such shelter operations, FEMA may reimburse those costs as eligible under the subsequent declaration requiring the shelter operations.

### **13. Can you provide additional clarity on avoiding duplication of benefits between FEMA and HHS?**

FEMA cannot duplicate assistance provided by another Federal agency. In this case, HHS is providing funding for certain costs in response to the COVID-19 pandemic. Each Applicant will need to agree to the stipulation in the grant conditions of all FEMA awards that funding is not also being received from another funding source. FEMA is coordinating with HHS to share information about funding from each Agency to assist in the prevention of duplication of benefits.

## **References**

For more information, visit the following websites:

1. [Public Assistance Program and Policy Guide](#)
2. [U.S. Department of Health and Human Services](#)  
[Centers for Disease Control and Prevention](#)  
[Coronavirus \(COVID-19\) \(CDC\)](#)  
[Centers for Medicare & Medicaid Services](#)

**Date**

Lee dePalo, FEMA Region VIII Administrator  
Federal Emergency Management Agency  
Denver Federal Center BLDG 710  
PO BOX 25267  
Denver, CO 80225

Thru: GAR/State Emergency Manager Emergency Manager

RE: Request for Approval of Non-Congregate Sheltering Activities  
Disaster:  
Subrecipient: **XXY**  
PA ID: **XXX-XXXXXX-XX**

Mr. dePalo:

**[List name of requestor, ie State of X Division of XYZ]** requests the approval for emergency non-congregate sheltering activities under [Insert EM or DR #] to respond to the Coronavirus Disease 2019 (COVID-2019) and in accordance with the Public Assistance program.

**[Requestor, ie- The State]** requests approval of the activities as eligible emergency protective measures that may be reimbursed under Public Assistance category B – Emergency Protective Measures if necessary to save lives or protect public health and safety. This request is being made to ensure **[1-2 high-level points about urgency and rationale]**.

**Background:**

*Requestor to provide key information to describe contextual and geographic details, and explanation of situation that could potentially warrant non-congregate shelter reimbursement. Be sure to include numbers of people affected or in need of the sheltering, the specific situations that warrant non-congregate shelter, and other implementation options that were assessed and justification for the option ultimately selected.*

*Describe the specific situation in question*

*Explain options considered assessed to address problem, and the justification for the option selected*

**Cost Analysis:**

Pursuant to the Public Assistance Program and Policy Guide (PAPPG), Chapter 2: VI.B.10.b *Sheltering*, the **[Requestor]** finds that non-congregate sheltering is the best available option for meeting the urgent needs of individuals affected by the Covid-19 emergency and to protect health and safety in the community. Initially, the sheltering will not extend beyond a 30-day duration as per PAPPG guidance. As the situation evolves, we will communicate with FEMA regarding any potential need for extension.

*Describe key financial considerations.*

Therefore, the estimated costs associated with the use of individual rooms (hotels, dorms, or other) for emergency sheltering from [initial dates of expected sheltering support] totals [\$XX] for [X# people].

Therefore the estimated cost associated with the use of Non-Congregate sites from [initial dates of expected sheltering support] totals [\$XX] for [X# people].

*Insert Table with financial information to include at minimum: number of people supported, cost per hotel room, number of days needed, and total costs estimated*

### **Conclusion:**

*Provide summary version of critical context that should be taken into consideration*

[Requestor] actively chose non-congregate sheltering to address the immediate public health and safety needs of individuals that were [situation causing displacement]. [Requestor] conducted assessments to review [best alternative possibilities]. But due to [quick points of context to justify this option], [shelter option, i.e. hoteling] for the affected population is ultimately the best way forward to preserve the health and safety of the community.

We confirm our review of the Regional Administrator's Memo re: Non-Congregate Sheltering Delegation of Authority and accept all criteria. Specifically, [Requestor] confirms that funding to support non-congregate sheltering has not been received by any other federal agency [insert any relevant information if needed]. [Requestor] will follow FEMA's Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance; and include a termination for convenience clause in contracts. And applicable Environmental and Historic Preservation laws, regulations, and executive orders apply and will be adhered to as a condition of assistance.

Thank you for your consideration of this request.

If you have any questions, please contact [Person's Name] at [Phone and Email].

Sincerely,

[Signature]

[Requesting Representative's Name]

[Requesting Representative's Title]

### **Attachments:**

#### **1) Official order(s)**

[Non-congregate sheltering must be at the direction of and documented through an official order signed by a state, local, tribal, or territorial public health official. Please provide official order with your request.]

#### **2) Any other documentation supporting the request**



FEMA

OFFICE OF ENVIRONMENTAL PLANNING AND HISTORIC PRESERVATION  
PARTNERS IN SHAPING RESILIENT COMMUNITIES



# COVID-19 Fact Sheet

## Environmental and Historic Preservation (EHP) and Emergency Protective Measures for COVID-19

### Environmental and Historic Preservation (EHP) Compliance and Conditions

The Office of Environmental Planning and Historic Preservation (OEHP) is committed to facilitating timely and prompt compliance reviews for COVID-19 activities. This includes identifying activity types where the Applicant will need to provide minimal information or documentation in order to conduct an environmental and historic preservation (EHP) review.

Although certain emergency protective measures are statutorily exempted from review under the National Environmental Policy Act (NEPA), these actions may still require review for compliance with other EHP laws, regulations, and executive orders. For activities where there is potential to adversely affect natural, historic, and/or archaeological resources, OEHP is working with our other federal agency partners to streamline EHP compliance through a programmatic approach.

Applicants are responsible for completing activities in a manner that complies with all state and local guidelines and for obtaining all necessary permits. Work in violation of local, State, or Federal laws, regulations, and executive orders may be ineligible for FEMA funding. Additionally, non-compliance with EHP conditions associated with individual projects may jeopardize receipt of federal funding.

### COVID-19 EHP Considerations

FEMA's Public Assistance Program will fund eligible emergency protective measures taken by a community to save lives, protect property and public health and safety, and lessen or avert the threat of a catastrophe. While the list of eligible activities includes actions that do not affect the environment (such as provision of personnel, supplies, and equipment), there are activities associated that do have the potential to adversely affect natural, historic, and/or archaeological resources. Examples are:

- Repurposing, renovating, or reusing existing facilities as temporary medical or sheltering facilities
- Placement of prefabricated facilities on a site
- Construction of new temporary medical or sheltering facilities
- Storage of human remains and mass mortuary services
- Staging resources on an undeveloped site
- Proper disposal of medical waste

### EHP Information Requirements

For projects that do have the potential to adversely affect natural, historic, and/or archaeological resources, Applicants should be prepared to provide the following:

- Location of the work, including and latitude/longitude in decimal degrees (to the fifth decimal point) and site address. Maps or aerial imagery of the project area is also helpful.
- Description of any ground-disturbing activities, including site preparation, laying new or expanding existing utilities, and expansion of existing footprints.
- Dates of construction for facilities that are being reused, repurposed, or renovated.
- Description of modifications made to existing facilities.
- Photographs of the project site or facility.





## EHP Best Practices for Temporary Facilities

Responding to the COVID-19 pandemic may require repurposing, renovating, or reusing existing facilities, the placement of prefabricated facilities on a site, or the construction of new temporary facilities. In order to minimize potential impacts or effects to natural and cultural resources, minority populations, and low-income populations, States, Tribes, communities, and Applicants should consider the following:

- Avoid placement of temporary facilities in flood hazard areas and wetlands. While we recognize that the construction of temporary facilities may be necessary, the disruption of relocating these facilities in the future due to flooding—especially when occupants may not be sufficiently mobile—is too great of a risk.
- Avoid placement of temporary facilities in brownfields and other use restricted sites. While we recognize that the construction of temporary medical facilities may be necessary, we also recognize the health risks of the occupants, medical providers, and construction workers and short- and long-term health risks associated with exposure to chemicals.
- Ensure accessibility across the full range of clients and/or customers that need to utilize the services being provided by these facilities, including elements of the population with less capacity or mobility.
- Select pre-disturbed sites or existing hardened surfaces, such as parking lots, concrete pads, or artificial playing fields, whenever possible. Previously disturbed areas typically have critical infrastructure such as electricity, water, sewer, and other amenities already onsite or easily accessible nearby, which will minimize ground disturbance.
- Avoid new ground disturbance when possible. Should ground disturbance reveal archaeological resources, notify FEMA and State Historic Preservation Officer/Tribal Historic Preservation Officer immediately.
- If renovation of a facility is required, consider the impacts of renovation (e.g. exposure to asbestos, lead-based paint, or other environmental contaminants associated with past use of the property) on the health of occupants, medical providers, and construction workers.
- Document conditions by taking photographs before and after any work is carried out.

## Best Practices for Disposal of Medical Waste

FEMA recognizes that the COVID-19 response may result in the need for the disposal of medical waste. FEMA advises States, Tribes, and communities, and Applicants to:

- Follow state and local laws for disposal of medical waste.
- If disposing of medical waste, indicate if an existing site will be used.
- If a new disposal site is created, indicate if the waste will be landfilled or incinerated.

## Best Practices for Decontamination Activities

FEMA recognizes that decontamination activities such as spraying down of facilities and the operation of decontamination stations may be necessary for public health and safety. FEMA advises States, Tribes, communities, and Applicants to:

- Avoid/minimize run-off/disposal that enters stormwater systems or open waters.

## Additional Resources

For more information on the Office of Environmental Planning and Historic Preservation and EHP review, visit <https://www.fema.gov/office-environmental-planning-and-historic-preservation>.

For more information on FEMA Public Assistance and the COVID-19 response, contact your State Emergency Management Agency or tribal office or visit <https://www.fema.gov/public-assistance-local-state-tribal-and-non-profit> or <https://www.fema.gov/coronavirus>.



FEMA

OFFICE OF ENVIRONMENTAL PLANNING AND HISTORIC PRESERVATION  
PARTNERS IN SHAPING RESILIENT COMMUNITIES



## COVID-19 Fact Sheet

### Floodplain Considerations for Temporary Critical Facilities

#### Floodplain Considerations for Temporary Critical Facilities

Even a slight chance of flooding can pose too great a threat to the delivery of services provided by a critical facility (such as those that provide temporary medical services, including, but not limited to hospitals, medical sheltering, and mortuary facilities). Further, these critical facilities are likely to have occupants who may not be sufficiently mobile to evacuate in order to avoid injury or death during a flood. Site considerations for such facilities must include an evaluation of flood risk.

All critical facilities—including those of a temporary nature—should be located outside all high-risk flood hazard areas, including Zones V and A and Shaded X. Specifically, these facilities or uses should not be located in the Coastal High Hazard Area (including Zone V), the entire Special Flood Hazard Area (SFHA, or 1-percent-annual-chance flood hazard area), or the 0.2-percent-annual-chance flood hazard area (including shaded X zones).

For assistance provided for emergency work, FEMA complies with the spirit of Executive Order 11988, Floodplain Management to the extent practicable. To minimize the impacts of floods on human health, safety, and welfare, if a critical facility must be located in a high-risk flood hazard area, it should be designed to higher protection standards (if possible, for a temporary facility) and have flood evacuation plans.

The following steps should be taken when considering the placement of a temporary facility providing medical services or other critical facility to determine if the function, building systems, and equipment can remain operational in the event of a flood:

- Determine if the site, as well as ingress and egress to the site, is in a Coastal High Hazard Area (Zone V), the Special Flood Hazard Area (SFHA, or 1-percent-annual-chance flood hazard area), or the 500-year floodplain (0.2-percent-annual-chance flood hazard area);
- If the site is located in any of these high-risk flood hazard areas, the facility should not be located at that site.
- If no practicable alternative sites exist, and the site must be used, an assessment of the type of flood hazards at the site should be conducted (e.g., flood velocity, flood depth, wave action, etc.), practicable opportunities for flood mitigation assessed, and a flood evacuation plan/emergency plan developed.
- The emergency plan should include a plan for site evacuation and contingency for loss of facility's function in the event the facility is damaged and can no longer serve its intended purpose.

#### Additional Resources

For more information on the Office of Environmental Planning and Historic Preservation, visit <https://www.fema.gov/office-environmental-planning-and-historic-preservation>.

For more information on FEMA Public Assistance and the COVID-19 response, contact your State Emergency Management Agency or tribal office or visit <https://www.fema.gov/public-assistance-local-state-tribal-and-non-profit> or <https://www.fema.gov/coronavirus>.



## **ANNEX B: Other Federal Agencies Memos, Fact Sheets and FAQs**

- [Coronavirus Relief Fund FAQ \(05.04.20\)](#)
- [DOD National Guard Fiscal FAQ \(04.08.20\)](#)
- [DOJ CESF Solicitation \(03.30.20\)](#)
- [DOT FTA FAQ \(04.07.20\)](#)
- [HHS ASPR TRACIE ACS Funding Summary](#)
- [HHS CDC FAQ \(03.23.20\)](#)
- [HHS CMS ACS Fact Sheet \(05.26.20\)](#)
- [HHS CMS Increased FMAP FAQ](#)
- [HUD CDBG Quick Guide \(03.19.20\)](#)
- [HUD CDBG Staff and Facility FAQ \(03.25.20\)](#)
- [HUD CDBG-DR Fact Sheet \(03.31.20\)](#)
- [USDA Emergency Animal Mortality Management](#)
- [USDA SFSP & SSO FAQ](#)
- [USDT Coronavirus Relief Fund FAQ \(05.28.20\)](#)

**Coronavirus Relief Fund  
Frequently Asked Questions  
Updated as of May 4, 2020**

The following answers to frequently asked questions supplement Treasury’s Coronavirus Relief Fund (“Fund”) Guidance for State, Territorial, Local, and Tribal Governments, dated April 22, 2020, (“Guidance”).<sup>1</sup> Amounts paid from the Fund are subject to the restrictions outlined in the Guidance and set forth in section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”).

**Eligible Expenditures**

***Are governments required to submit proposed expenditures to Treasury for approval?***

No. Governments are responsible for making determinations as to what expenditures are necessary due to the public health emergency with respect to COVID-19 and do not need to submit any proposed expenditures to Treasury.

***The Guidance says that funding can be used to meet 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. How does a government determine whether payroll expenses for a given employee satisfy the “substantially dedicated” condition?***

The Fund is designed to provide ready funding to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise.

***The Guidance says that a cost was not accounted for in the most recently approved budget if the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. What would qualify as a “substantially different use” for purposes of the Fund eligibility?***

Costs incurred for a “substantially different use” include, but are not necessarily limited to, 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. This would include, for example, the costs of redeploying corrections facility staff to enable compliance with COVID-19 public health precautions through work such as enhanced sanitation or enforcing social distancing measures; the costs of redeploying police to support management and enforcement of stay-at-home orders; or the costs of diverting educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty’s ordinary responsibilities.

Note that a public function does not become a “substantially different use” merely because it is provided from a different location or through a different manner. For example, although developing online

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<sup>1</sup> The Guidance is available at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>.

instruction capabilities may be a substantially different use of funds, online instruction itself is not a substantially different use of public funds than classroom instruction.

***May a State receiving a payment transfer funds to a local government?***

Yes, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act. Such funds would be subject to recoupment by the Treasury Department if they have not been used in a manner consistent with section 601(d) of the Social Security Act.

***May a unit of local government receiving a Fund payment transfer funds to another unit of government?***

Yes. For example, a county may transfer funds to a city, town, or school district within the county and a county or city may transfer funds to its State, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, a transfer from a county to a constituent city would not be permissible if the funds were intended to be used simply to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure.

***Is a Fund payment recipient required to transfer funds to a smaller, constituent unit of government within its borders?***

No. For example, a county recipient is not required to transfer funds to smaller cities within the county's borders.

***Are recipients required to use other federal funds or seek reimbursement under other federal programs before using Fund payments to satisfy eligible expenses?***

No. Recipients may use Fund payments for any expenses eligible under section 601(d) of the Social Security Act outlined in the Guidance. Fund payments are not required to be used as the source of funding of last resort. However, as noted below, recipients may not use payments from the Fund to cover expenditures for which they will receive reimbursement.

***Are there prohibitions on combining a transaction supported with Fund payments with other CARES Act funding or COVID-19 relief Federal funding?***

Recipients will need to consider the applicable restrictions and limitations of such other sources of funding. In addition, expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds, are not eligible uses of Fund payments.

***Are States permitted to use Fund payments to support state unemployment insurance funds generally?***

To the extent that the costs incurred by a state unemployment insurance fund are incurred due to the COVID-19 public health emergency, a State may use Fund payments to make payments to its respective state unemployment insurance fund, separate and apart from such State's obligation to the unemployment insurance fund as an employer. This will permit States to use Fund payments to prevent expenses related to the public health emergency from causing their state unemployment insurance funds to become insolvent.

***Are recipients permitted to use Fund payments to pay for unemployment insurance costs incurred by the recipient as an employer?***

Yes, Fund payments may be used for unemployment insurance costs incurred by the recipient as an employer (for example, as a reimbursing employer) 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.

***The Guidance states that the Fund may support a “broad range of uses” including payroll expenses for several classes of employees whose services are “substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” What are some examples of types of covered employees?***

The Guidance provides examples of broad classes of employees whose payroll expenses would be eligible expenses under the Fund. These classes of employees include 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. Payroll and benefit costs associated with public employees who could have been furloughed or otherwise laid off but who were instead repurposed to perform previously unbudgeted functions substantially dedicated to mitigating or responding to the COVID-19 public health emergency are also covered. Other eligible expenditures include payroll and benefit costs of educational support staff or faculty responsible for developing online learning capabilities necessary to continue educational instruction in response to COVID-19-related school closures. Please see the Guidance for a discussion of what is meant by an expense that was not accounted for in the budget most recently approved as of March 27, 2020.

***In some cases, first responders and critical health care workers that contract COVID-19 are eligible for workers’ compensation coverage. Is the cost of this expanded workers compensation coverage eligible?***

Increased workers compensation cost to the government due to the COVID-19 public health emergency incurred during the period beginning March 1, 2020, and ending December 30, 2020, is an eligible expense.

***If a recipient would have decommissioned equipment or not renewed a lease on particular office space or equipment but decides to continue to use the equipment or to renew the lease in order to respond to the public health emergency, are the costs associated with continuing to operate the equipment or the ongoing lease payments eligible expenses?***

Yes. To the extent the expenses were previously unbudgeted and are otherwise consistent with section 601(d) of the Social Security Act outlined in the Guidance, such expenses would be eligible.

***May recipients provide stipends to employees for eligible expenses (for example, a stipend to employees to improve telework capabilities) rather than require employees to incur the eligible cost and submit for reimbursement?***

Expenditures paid for with payments from the Fund must be limited to those that are necessary due to the public health emergency. As such, unless the government were to determine that providing assistance in the form of a stipend is an administrative necessity, the government should provide such assistance on a reimbursement basis to ensure as much as possible that funds are used to cover only eligible expenses.

***May Fund payments be used for COVID-19 public health emergency recovery planning?***

Yes. Expenses associated with conducting a recovery planning project or operating a recovery coordination office would be eligible, if the expenses otherwise meet the criteria set forth in section 601(d) of the Social Security Act outlined in the Guidance.

***Are expenses associated with contract tracing eligible?***

Yes, expenses associated with contract tracing are eligible.

***To what extent may a government use Fund payments to support the operations of private hospitals?***

Governments may use Fund payments to support public or private hospitals to the extent that the costs are necessary expenditures incurred due to the COVID-19 public health emergency, but the form such assistance would take may differ. In particular, financial assistance to private hospitals could take the form of a grant or a short-term loan.

***May payments from the Fund be used to assist individuals with enrolling in a government benefit program for those who have been laid off due to COVID-19 and thereby lost health insurance?***

Yes. To the extent that the relevant government official determines that these expenses are necessary and they meet the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance, these expenses are eligible.

***May recipients use Fund payments to facilitate livestock depopulation incurred by producers due to supply chain disruptions?***

Yes, to the extent these efforts are deemed necessary for public health reasons or as a form of economic support as a result of the COVID-19 health emergency.

***Would providing a consumer grant program to prevent eviction and assist in preventing homelessness be considered an eligible expense?***

Yes, assuming that the recipient considers the grants to be a necessary expense incurred due to the COVID-19 public health emergency and the grants meet the other requirements for the use of Fund payments under section 601(d) of the Social Security Act outlined in the Guidance. As a general matter, providing assistance to recipients to enable them to meet property tax requirements would not be an eligible use of funds, but exceptions may be made in the case of assistance designed to prevent foreclosures.

***May recipients create a “payroll support program” for public employees?***

Use of payments from the Fund to cover payroll or benefits expenses of public employees are limited to those employees whose work duties are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

***May recipients use Fund payments to cover employment and training programs for employees that have been furloughed due to the public health emergency?***

Yes, this would be an eligible expense if the government determined that the costs of such employment and training programs would be necessary due to the public health emergency.

***May recipients use Fund payments to provide emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency?***

Yes, if a government determines such assistance to be a necessary expenditure. Such assistance could include, for example, a program to assist individuals with payment of overdue rent or mortgage payments to avoid eviction or foreclosure or unforeseen financial costs for funerals and other emergency individual needs. Such assistance should be structured in a manner to ensure as much as possible, within the realm of what is administratively feasible, that such assistance is necessary.

***The Guidance provides that eligible expenditures may include expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. What is meant by a “small business,” and is the Guidance intended to refer only to expenditures to cover administrative expenses of such a grant program?***

Governments have discretion to determine what payments are necessary. A program that is aimed at assisting small businesses with the costs of business interruption caused by required closures should be tailored to assist those businesses in need of such assistance. The amount of a grant to a small business to reimburse the costs of business interruption caused by required closures would also be an eligible expenditure under section 601(d) of the Social Security Act, as outlined in the Guidance.

***The Guidance provides that expenses associated with the provision of economic support in connection with the public health emergency, such as expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, would constitute eligible expenditures of Fund payments. Would such expenditures be eligible in the absence of a stay-at-home order?***

Fund payments may be used for economic support in the absence of a stay-at-home order if such expenditures are determined by the government to be necessary. This may include, for example, a grant program to benefit small businesses that close voluntarily to promote social distancing measures or that are affected by decreased customer demand as a result of the COVID-19 public health emergency.

***May Fund payments be used to assist impacted property owners with the payment of their property taxes?***

Fund payments may not be used for government revenue replacement, including the provision of assistance to meet tax obligations.

***May Fund payments be used to replace foregone utility fees? If not, can Fund payments be used as a direct subsidy payment to all utility account holders?***

Fund payments may not be used for government revenue replacement, including the replacement of unpaid utility fees. Fund payments may be used for subsidy payments to electricity account holders to the extent that the subsidy payments are deemed by the recipient to be necessary expenditures incurred due to the COVID-19 public health emergency and meet the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, if determined to be a necessary expenditure, a government could provide grants to individuals facing economic hardship to allow them to pay their utility fees and thereby continue to receive essential services.

***Could Fund payments be used for capital improvement projects that broadly provide potential economic development in a community?***

In general, no. If capital improvement projects are not necessary expenditures incurred due to the COVID-19 public health emergency, then Fund payments may not be used for such projects.

However, Fund payments may be used for the expenses of, for example, establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity or improve mitigation measures, including related construction costs.

***The Guidance includes workforce bonuses as an example of ineligible expenses but provides that hazard pay would be eligible if otherwise determined to be a necessary expense. Is there a specific definition of “hazard pay”?***

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19.

***The Guidance provides that ineligible expenditures include “[p]ayroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” Is this intended to relate only to public employees?***

Yes. This particular nonexclusive example of an ineligible expenditure relates to public employees. A recipient would not be permitted to pay for payroll or benefit expenses of private employees and any financial assistance (such as grants or short-term loans) to private employers are not subject to the restriction that the private employers’ employees must be substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

***May counties pre-pay with CARES Act funds for expenses such as a one or two-year facility lease, such as to house staff hired in response to COVID-19?***

A government should not make prepayments on contracts using payments from the Fund to the extent that doing so would not be consistent with its ordinary course policies and procedures.

## **Questions Related to Administration of Fund Payments**

***Do governments have to return unspent funds to Treasury?***

Yes. Section 601(f)(2) of the Social Security Act, as added by section 5001(a) of the CARES Act, provides for recoupment by the Department of the Treasury of amounts received from the Fund that have not been used in a manner consistent with section 601(d) of the Social Security Act. If a government has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the Department of the Treasury.

***What records must be kept by governments receiving payment?***

A government should keep records sufficient to demonstrate that the amount of Fund payments to the government has been used in accordance with section 601(d) of the Social Security Act

***May recipients deposit Fund payments into interest bearing accounts?***

Yes, provided that if recipients separately invest amounts received from the Fund, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. If a government deposits Fund payments in a government’s general account, it may use those funds to meet immediate cash management needs provided that the full amount of the payment is used to cover necessary

expenditures. Fund payments are not subject to the Cash Management Improvement Act of 1990, as amended.

***May governments retain assets purchased with payments from the Fund?***

Yes, if the purchase of the asset was consistent with the limitations on the eligible use of funds provided by section 601(d) of the Social Security Act.

***What rules apply to the proceeds of disposition or sale of assets acquired using payments from the Fund?***

If such assets are disposed of prior to December 30, 2020, the proceeds would be subject to the restrictions on the eligible use of payments from the Fund provided by section 601(d) of the Social Security Act.



# National Guard COVID-19 Response – Fiscal Guidance and FAQs

## FEMA Mission Assignments have special fiscal constraints as provided below:

- Meals and lodging to sustain Service Members is authorized, as required.
- Purchase of commodities, with the exception of commodities required for sustainment, is not authorized as part of this mission assignment.
- All equipment and supply purchases must be coordinated through NGB-J8 and submitted by the State to FEMA Project Manager for pre-approval. If approved, documentation is necessary to ensure reimbursement.
- The mission assigned state is responsible for ensuring that all activity is properly authorized, goods are received, services are provided, and that costs are reasonable and supported by documentation maintained on file.
- Personal Protective Equipment (PPE) required for mission support requires pre-approval and/or a waiver from the FEMA Project Manager for reimbursement. State governments may procure PPE for T32 mission support Service Members and seek reimbursement through major disaster declaration and Stafford Act reimbursement.
- Schedule of Reimbursement Rates: Equipment, Pay and Allowances and Aviation.
  - [2019 Equipment Schedule](#) Information regarding the use of the Schedule is contained in 44 CFR § 206.228 *Allowable Costs*. Rates for equipment not listed will be furnished by FEMA upon request. Any appeals shall be in accordance with 44 CFR § 206.206 *Appeals*.
  - Pay and Allowances  
[https://comptroller.defense.gov/Portals/45/documents/rates/fy2020/2020\\_k.pdf](https://comptroller.defense.gov/Portals/45/documents/rates/fy2020/2020_k.pdf)
  - Aviation  
[https://comptroller.defense.gov/Portals/45/documents/rates/fy2020/2020\\_b\\_c.pdf](https://comptroller.defense.gov/Portals/45/documents/rates/fy2020/2020_b_c.pdf)

## **Criteria for reimbursing DOD under T-32 Direct Federal Assistance Mission Assignments for COVID-19** (As of April 20, 2020)

1. DOD funded or reimbursed the specific cost to the state national guard, AND
  - *Costs not funded by DOD may still be eligible for reimbursement under Public Assistance directly to the state.*
2. The cost is attributable exclusively to an individual or unit on DOD Title 32 502(F) orders by DOD in response to the FEMA Mission Assignment, AND
  - *For example, state contracts, equipment, supplies, etc. procured and utilized to support multiple recipients (e.g. base camp contract to support T-32, State Active Duty, and non-National Guard personnel) are not attributable to the T-32 MA*
3. The mission and specific work being conducted by the unit or personnel falls within the Scope of Work of the MA, AND
  - *For example, if a unit conducted law enforcement or cybersecurity mission, that would be ineligible as it falls outside the scope of the MA*
4. The cost is an appropriate COVID-19 emergency protective measure eligible under the [PA Policy and Program Guide](#), and specific [PA COVID-19 Policy and Fact Sheets](#)
  - *For example, eligible supply costs may be found on PAPPG Section V.D Supplies (pp 28): “The cost of supplies, including materials, is eligible if: purchased and justifiably needed to effectively respond to and/or recover*

# National Guard COVID-19 Response – Fiscal Guidance and FAQs

*from the incident; or Taken from the Applicant's stock and used for the incident. The Applicant needs to track items taken from stock with inventory withdrawal and usage records."*

DOD will be responsible for providing documentation supporting the above criteria when requesting reimbursement from FEMA.

FEMA regions may provide technical assistance to Defense Coordinating Elements and states regarding eligibility of specific costs as they pertain to criterion #4 this guidance.

## National Guard Fiscal Guidelines and FAQs

- Total expenditures may not exceed the funded reimbursable authority issued by the Army and Air Comptroller for Military Pay and Allowance (2060/3850) and Operations and Maintenance (2065/3840).
- Expenditures may not exceed approved Mission Assignment personnel strength ceiling.
- Equipment Reimbursement Rates: reimbursement is for *actual cost*, not the federal reimbursement rate.
- Contracted Sustainment: meals and lodging require detailed receipts and rosters identifying Service Members receiving meals and lodging. Lodging receipts must include the number of rooms and price per room with the total cost.
- Reasonable laundry services are reimbursable. Must maintain detailed supporting documents.

## Realignment Requests Process Flow

Overview, the Mission Assignment grants top line funded authority. States provide the RBA Cost Estimate for distribution in the form of a Reimbursable Budget Authority (RBA) and DSCA Reimbursable Authority Document (DRAD). States may move available (uncommitted, obligated, executed) funding between Army and Air, and within the same with proper documentation. Realignment requests between funding categories identified on the funded RBA/DRAD require a new RBA Adjustment and corresponding DRAD.

(1) States request realignment from NGB-J8 by funded category and amount, using the RBA Realignment Request form.

(2) NGB-J8 confirms availability of funding with Army and/or Air Guard Comptrollers.

(3) NGB-J8 issues the Realignment Request form in PDF.

(4) Approved Realignment Request provided to Army and/or Air Guard Comptrollers for execution of realignment request.

(5) Army and/or Air Guard Comptrollers notify the State when request is action complete.

U.S. Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance



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## Coronavirus Emergency Supplemental Funding Program Solicitation FY 2020 Formula Grant Solicitation

CFDA #16.034

**Solicitation Release Date: March 30, 2020**

**Application Deadline: 11:59 p.m. eastern time on May 29, 2020**

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The [U.S. Department of Justice](#) (DOJ), [Office of Justice Programs](#) (OJP), [Bureau of Justice Assistance](#) (BJA) is seeking applications for the Coronavirus Emergency Supplemental Funding Program.

This solicitation incorporates the [OJP Grant Application Resource Guide](#) by reference. The OJP Grant Application Resource Guide provides guidance to applicants on how to prepare and submit applications for funding to OJP. **If this solicitation expressly modifies any provision in the OJP Grant Application Resource Guide, the applicant is to follow the guidelines in this solicitation as to that provision.**

### Eligibility

The following entities are eligible to apply:

- States, U.S. Territories, the District of Columbia, units of local government, and federally recognized tribal governments that were identified as eligible for funding under the Fiscal Year (FY) 2019 State and Local Edward Byrne Memorial Justice Assistance Grant (JAG) Program are eligible to apply under the Coronavirus Emergency Supplemental Funding (CESF) Program solicitation. NOTE: Only the State Administering Agency that applied for FY 2019 JAG funding for a state/territory may apply for the state allocation of CESF funding.

The eligible allocations for the FY 2020 CESF Program can be found at:  
<https://bja.ojp.gov/program/fy20-cesf-allocations>.

For the purposes of the CESF Program, please note the following:

- The term “states” includes the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, Guam, and American Samoa. (Throughout this solicitation, each reference to a “state” or “states” includes all 56 jurisdictions.)

- The term “units of local government” includes a town, township, village, parish, city, county, borough, or other general purpose political subdivision of a state, or a federally recognized Indian tribal government that performs law enforcement functions (as determined by the Secretary of the Interior). A unit of local government also may be any law enforcement district or judicial enforcement district established under applicable state law with authority to independently establish a budget and impose taxes; for example, in Louisiana, a unit of local government means a district attorney or parish sheriff.
- All recipients and subrecipients (including any for-profit organization) must forgo any profit or management fee.

## Contact information

For technical assistance with submitting an application, contact the Grants Management System (GMS) Support Hotline at 888–549–9901, option 3, or via email at [GMS.HelpDesk@usdoj.gov](mailto:GMS.HelpDesk@usdoj.gov). The GMS Support Hotline operates 24 hours a day, 7 days a week, including federal holidays.

An applicant that experiences unforeseen GMS technical issues beyond its control that prevent it from submitting its application by the deadline must email the NCJRS Response Center contact identified below **within 24 hours after the application deadline** to request approval to submit its application after the deadline. Additional information on reporting technical issues appears under “Experiencing Unforeseen GMS Technical Issues” in the **How to Apply (GMS)** section in the [OJP Grant Application Resource Guide](#).

For assistance with any other requirement of this solicitation, applicants may contact the NCJRS Response Center by telephone at 1–800–851–3420; via TTY at 301–240–6310 (hearing impaired only); by email at [grants@ncjrs.gov](mailto:grants@ncjrs.gov); by fax to 301–240–5830; or by web chat at <https://webcontact.ncjrs.gov/ncjchat/chat.jsp>. The NCJRS Response Center hours of operation are 10:00 a.m. to 6:00 p.m. eastern time, Monday through Friday, and 10:00 a.m. to 8:00 p.m. eastern time on the solicitation close date.

## Post-Award Legal Requirements Notice

If selected for funding, in addition to implementing the funded project consistent with the OJP-approved application, the recipient must comply with all award conditions, and all applicable requirements of federal statutes and regulations (including applicable requirements referred to in the assurances and certifications executed in connection with award acceptance). OJP strongly encourages prospective applicants to review information on post-award legal requirements and common OJP award conditions **prior** to submitting an application.

For additional information on these legal requirements, see the “Administrative, National Policy, and Other Legal Requirements” section in the [OJP Grant Application Resource Guide](#).

## Deadline details

Applicants must register in GMS at <https://grants.ojp.usdoj.gov/> prior to submitting an application under this solicitation. All applicants must register, even those that previously registered in GMS. Select the “Apply Online” button associated with the solicitation title. All registrations and applications are due by 11:59 p.m. eastern time May 29, 2020.

For additional information, see the “How to Apply (GMS)” section in the [OJP Grant Application Resource Guide](#).

## Contents

A. Program Description .....	4
Overview .....	4
Permissible uses of Funds .....	4
B. Federal Award Information .....	5
Type of Award .....	5
Financial Management and System of Internal Controls .....	5
Budget Information .....	5
Cost Sharing or Match Requirement .....	6
Pre-agreement Costs (also known as Pre-award Costs) .....	6
Prior Approval, Planning, and Reporting of Conference/Meeting/Training Costs .....	6
Costs Associated with Language Assistance (if applicable) .....	6
C. Eligibility Information .....	6
D. Application and Submission Information .....	6
What an Application Should Include .....	6
How to Apply .....	7
E. Application Review Information .....	7
Review Process .....	7
F. Federal Award Administration Information .....	8
Federal Award Notices .....	8
Administrative, National Policy, and Other Legal Requirements .....	8
Information Technology (IT) Security Clauses .....	8
General Information about Post-Federal Award Reporting Requirements .....	8
G. Federal Awarding Agency Contact(s) .....	9
H. Other Information .....	9
Freedom of Information and Privacy Act (5 U.S.C. 552 and 5 U.S.C. 552a) .....	9
Provide Feedback to OJP .....	9
Appendix A: Application Checklist .....	10

# Coronavirus Emergency Supplemental Funding Program Solicitation CFDA # 16.034

## A. Program Description

### Overview

The Coronavirus Emergency Supplemental Funding (CESF) Program will provide funding to assist eligible states, local units of government, and tribes in preventing, preparing for, and responding to the coronavirus.

**Statutory Authority:** The CESF Program is authorized by Division B of H.R. 748, Pub. L. No. 116-136 (Emergency Appropriations for Coronavirus Health Response and Agency Operations); 28 U.S.C. 530C.

### Permissible uses of Funds

Funds awarded under the CESF Program must be utilized to prevent, prepare for, and respond to the coronavirus. Allowable projects and purchases include, but are not limited to, overtime, equipment (including law enforcement and medical personal protective equipment), hiring, supplies (such as gloves, masks, sanitizer), training, travel expenses (particularly related to the distribution of resources to the most impacted areas), and addressing the medical needs of inmates in state, local, and tribal prisons, jails, and detention centers.

Expenditures which require prior approval – There are no specific prohibitions under the CESF Program other than the unallowable costs that are identified in the DOJ Grants Financial Guide; however, the following items should be identified during application and appropriately justified as noted:

- **Individual items costing \$500,000 or more** – if the recipient intends to purchase an individual item that costs \$500,000 or more, those item(s) should be identified and thoroughly justified by the grantee and receive written prior approval from BJA post-award through the submission and approval of a Grant Adjustment Notice (GAN). Costs must be reasonable to receive approval.
- **Unmanned Aerial Systems (UAS), Unmanned Aircraft (UA), and/or Unmanned Aerial Vehicles (UAV)** – if the recipient requests to purchase an UAS, UA, and/or UAV, Federal Aviation Administration approval must be obtained as outlined here: [https://www.faa.gov/news/fact\\_sheets/news\\_story.cfm?newsId=22615](https://www.faa.gov/news/fact_sheets/news_story.cfm?newsId=22615). Documentation related to these purchases should be included with the application or the applicant must receive written prior approval from BJA post-award through the submission and approval of a GAN.

Draw-down – Consistent with the CESF Program's purposes, which involve assistance in responding to the present national emergency in connection with the coronavirus, OJP has determined that eligible states (or State Administering Agencies) or units of local government may draw down funds either in advance or on a reimbursable basis. To draw down in advance, funds must be placed in an interest-bearing account, unless one of the exceptions

in 2 C.F.R. § 200.305(b)(8) apply. This interest-bearing account must be dedicated specifically for the CESF Program award, and funds from other awards or sources may not be commingled with the funds in the account established for the CESF Program award. It is not necessary that the interest-bearing account be a “trust fund.” For additional information, see [2 C.F.R. § 200.305](#).

**Prohibition of supplanting** – Funds may not be used to supplant state or local funds but must be used to increase the amounts of such funds that would, in the absence of federal funds, be made available.

**Limitation on direct administrative costs** – Funds may not be used for direct administrative costs that exceed 10 percent of the total award amount.

## B. Federal Award Information

Maximum number of awards BJA expects to make	1,873
Period of performance start date	January 20, 2020
Period of performance duration	2 years

Recipients have the option to request a one-time, up to 12-month extension. The extension must be requested via GMS no fewer than 30 days prior to the end of the performance period.

The expected eligible allocations for the FY 2020 CESF Program can be found at: <https://bja.ojp.gov/program/fy20-cesf-allocations>.

All awards are subject to the availability of appropriated funds and to any modifications or additional requirements that may be imposed by statute.

### Type of Award<sup>1</sup>

BJA expects to make awards under this solicitation as grants. See the “Administrative, National Policy, and Other Legal Requirements” section of the [OJP Grant Application Resource Guide](#) for additional information.

### Financial Management and System of Internal Controls

Award recipients and subrecipients (including recipients or subrecipients that are pass-through entities) must, as described in the Part 200 Uniform Requirements<sup>2</sup> as set out at 2 C.F.R. 200.303, comply with standards for financial and program management. See [OJP Grant Application Resource Guide](#) for additional information.

### Budget Information

This solicitation expressly modifies the OJP Grant Application Resource Guide by not incorporating the “Limitation on Use of Award Funds for Employee Compensation; Waiver” provision in the “Financial Information” section of the OJP Grant Application Resource Guide.

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<sup>1</sup> For purposes of this solicitation, the phrase “pass-through entity” includes any recipient or subrecipient that provides a subaward (“subgrant”) to carry out part of the funded award or program.

<sup>2</sup> The “Part 200 Uniform Requirements” means the DOJ regulation at 2 C.F.R. Part 2800, which adopts (with certain modifications) the provisions of 2 C.F.R. Part 200.



## Cost Sharing or Match Requirement

The CESF Program does not require a match.

Please see the [OJP Grant Application Resource Guide](#) for information on the following:

[Pre-agreement Costs \(also known as Pre-award Costs\)](#)

[Prior Approval, Planning, and Reporting of Conference/Meeting/Training Costs](#)

[Costs Associated with Language Assistance](#) (if applicable)

## C. Eligibility Information

For eligibility information, see the title page.

For information on cost sharing or match requirements, see [Section B. Federal Award Information](#).

## D. Application and Submission Information

### What an Application Should Include

See the “Application Elements and Formatting Instructions” section of the [OJP Grant Application Resource Guide](#) for information on what happens to an application that does not contain all the specified elements. (This solicitation expressly modifies the “Application Elements and Formatting Instructions” section of the OJP Grant Application Resource Guide by **not** incorporating paragraph two of that section (referring to nonresponsive applications or applications missing critical elements not “[proceeding] to peer review”). The solicitation further expressly modifies the “Application Attachments” section of the OJP Grant Application Resource Guide by **not** incorporating the “Applicant Disclosure of Pending Applications,” “Applicant Disclosure and Justification – DOJ High Risk Grantees,” and “Research and Evaluation Independence and Integrity” provisions.)

### 1. Application for Federal Assistance (Standard Form (SF)-424)

The SF-424 is a required standard form used as a cover sheet for submission of pre-applications, applications, and related information. See the [OJP Grant Application Resource Guide](#) for additional information on completing the SF-424.

**Intergovernmental Review:** This solicitation (“funding opportunity”) is subject to [Executive Order 12372](#). An applicant may find the names and addresses of State Single Points of Contact (SPOCs) at the following website: [https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental\\_-Review-\\_SPOC\\_01\\_2018\\_OFFM.pdf](https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf). If the applicant’s state appears on the SPOC list, the applicant must contact the State SPOC to find out about, and comply with, the state’s process under E.O. 12372. In completing the SF-424, an applicant whose state appears on the SPOC list is to make the appropriate selection in response to question 19, once the applicant has complied with its State E.O. 12372 process. (An applicant whose state does not appear on the SPOC list should answer question 19 by selecting the response that the: “Program is subject to E.O. 12372, but has not been selected by the State for review.”)



## 2. Program Narrative

Describe the specific coronavirus prevention, preparation, and/or response efforts that will be addressed with this funding and include a summary of the types of projects or items that will be funded over the 2-year grant period.

## 3. [Budget Information and Associated Documentation](#)

Please note that the budget narrative should include a full description of all costs, including administrative costs or indirect costs (if applicable).

See the Budget Preparation and Submission Information section of the [OJP Grant Application Resource Guide](#) for details on the Budget Detail Worksheet, and on budget information and associated documentation, such as information on proposed subawards, proposed procurement contracts under awards, and pre-agreement costs.

**This solicitation expressly modifies the OJP Grant Application Resource Guide by not incorporating the “Information on proposed subawards” provision in the “Budget Preparation and Submission Information” section of the OJP Grant Application Resource Guide.** Specifically, OJP is suspending the requirements for CESF grant recipients to receive prior approval (either at the time of award or through a Grant Adjustment Notice) before making subawards.

For additional information regarding subawards and authorizations, please refer to the subaward section in the [OJP Grant Application Resource Guide](#).

**Please see the OJP Grant Application Resource Guide for information on the following:**

## 4. [Indirect Cost Rate Agreement](#) (if applicable)

See the Budget Preparation and Submission Information section of the OJP Grant Application Resource Guide for information.

## 5. [Financial Management and System of Internal Controls Questionnaire \(including applicant disclosure of high risk status\)](#)

## 6. [Disclosure of Lobbying Activities](#)

## How to Apply

An applicant must submit its application through [GMS](#), which provides support for the application, award, and management of awards at OJP. Find information, registration, and submission steps on how to apply in [GMS](#) in response to this solicitation under **How to Apply (GMS)** in the [OJP Grant Application Resource Guide](#).

# E. Application Review Information

## Review Process

BJA reviews the application to make sure that the information presented is reasonable, understandable, measurable, achievable, and consistent with the solicitation. See the [OJP Grant Application Resource Guide](#) for information on the application review process.

In addition, if OJP anticipates that an award will exceed \$250,000 in federal funds, OJP also must review and consider any information about the applicant that appears in the nonpublic segment of the

integrity and performance system accessible through the System for Award Management (SAM) (currently, the Federal Awardee Performance and Integrity Information System, FAPIIS).

**Important note on FAPIIS:** An applicant, at its option, may review and comment on any information about itself that currently appears in FAPIIS and was entered by a federal awarding agency. OJP will consider any such comments by the applicant, in addition to the other information in FAPIIS, in its assessment of the risk posed by the applicant.

Absent explicit statutory authorization or written delegation of authority to the contrary, the Assistant Attorney General will make all final award decisions.

## F. Federal Award Administration Information

Please see the [OJP Grant Application Resource Guide](#) for information on the following:

### [Federal Award Notices](#)

#### [Administrative, National Policy, and Other Legal Requirements](#)

OJP strongly encourages prospective applicants to review information on post-award legal requirements and common OJP award conditions **prior** to submitting an application.

In addition to implementing the funded project consistent with the OJP-approved application, the recipient must comply with all award conditions, and all applicable requirements of federal statutes and regulations (including applicable requirements referred to in the assurances and certifications executed in connection with award acceptance).

For additional information on these legal requirements, see the “Administrative, National Policy, and Other Legal Requirements” section in the [OJP Grant Application Resource Guide](#).

### [Information Technology \(IT\) Security Clauses](#)

#### **General Information about** [Post-Federal Award Reporting Requirements](#)

Any recipient of an award under this solicitation will be required to submit the following reports and data:

**Required reports.** Recipients typically must submit quarterly financial status reports, semi-annual progress reports, final financial and progress reports, and, if applicable, an annual audit report in accordance with the Part 200 Uniform Requirements or specific award conditions. Future awards and fund drawdowns may be withheld if reports are delinquent. (In appropriate cases, OJP may require additional reports.)

See the [OJP Grant Application Resource Guide](#) for additional information on specific post-award reporting requirements.

OJP may restrict access to award funds if a recipient of an OJP award fails to report in a timely manner.

## **G. Federal Awarding Agency Contact(s)**

For OJP contact(s), see page 2 of this solicitation.

For contact information for GMS, see page 2.

## **H. Other Information**

Please see the [OJP Grant Application Resource Guide](#) for information on the following:

[Freedom of Information and Privacy Act \(5 U.S.C. 552 and 5 U.S.C. 552a\)](#)

[Provide Feedback to OJP](#)

## Appendix A: Application Checklist

### Coronavirus Emergency Supplemental Funding Program: FY 2020 Solicitation

This application checklist has been created as an aid in developing an application.

#### What an Applicant Should Do:

##### *Prior to Registering in GMS:*

- ☐ Acquire a DUNS Number (see [OJP Grant Application Resource Guide](#))
- ☐ Acquire or renew registration with SAM (see [OJP Grant Application Resource Guide](#))

##### *To Register with GMS:*

- ☐ For new users, acquire a GMS username and password\* (see [OJP Grant Application Resource Guide](#))
- ☐ For existing users, check GMS username and password\* to ensure account access (see [OJP Grant Application Resource Guide](#))
- ☐ Verify SAM registration in GMS (see [OJP Grant Application Resource Guide](#))
- ☐ Search for and select correct funding opportunity in GMS (see [OJP Grant Application Resource Guide](#))
- ☐ Register by selecting the “Apply Online” button associated with the funding opportunity title (see [OJP Grant Application Resource Guide](#))
- ☐ Read OJP policy and guidance on conference approval, planning, and reporting available at [ojp.gov/financialguide/DOJ/PostawardRequirements/chapter3.10a.htm](https://ojp.gov/financialguide/DOJ/PostawardRequirements/chapter3.10a.htm) (see [OJP Grant Application Resource Guide](#))

If experiencing technical difficulties in GMS, contact the NCJRS Response Center (see page 2)

\*Password Reset Notice – GMS users are reminded that while password reset capabilities exist, this function is only associated with points of contact designated within GMS at the time the account was established. Neither OJP nor the GMS Help Desk will initiate a password reset unless requested by the authorized official or a designated point of contact associated with an award or application.

#### Overview of Post-Award Legal Requirements:

- ☐ Review the “[Overview of Legal Requirements Generally Applicable to OJP Grants and Cooperative Agreements - FY 2020 Awards](#)” in the [OJP Funding Resource Center](#).

**Scope Requirement:**

- ☐ The eligible allocations for the FY 2020 CESF Program can be found at:  
<https://bja.ojp.gov/program/fy20-cesf-allocations>.

**Eligibility Requirement:**

States, U.S. Territories, the District of Columbia, units of local government, and federally recognized tribal governments that were identified as eligible for funding under the FY 2019 State and Local JAG Program will be eligible to apply under the CESF Program solicitation. NOTE: Only the State Administering Agency that applied for FY 2019 JAG funding for a state/territory may apply for the state allocation of CESF funding.

**What an Application Should Include:**

- ☐ Application for Federal Assistance (SF-424) (see [OJP Grant Application Resource Guide](#))
- ☐ Intergovernmental Review (see page 6)
- ☐ Program Narrative (see page 7)
- ☐ Budget Detail Worksheet (see page 7)
- ☐ Budget Narrative (see page 7)
- ☐ Indirect Cost Rate Agreement (if applicable) (see page 7)
- ☐ Financial Management and System of Internal Controls Questionnaire (see [OJP Grant Application Resource Guide](#))
- ☐ Disclosure of Lobbying Activities ([SF-LLL](#)) (see [OJP Grant Application Resource Guide](#))



## Frequently Asked Questions from FTA Grantees Regarding Coronavirus Disease 2019 (COVID-19)

These FAQs provide clarity regarding how COVID-19 preparations impact certain FTA requirements. They also contain recommendations from the Centers for Disease Control and Prevention (CDC) to help grantees and subgrantees prepare for COVID-19. (Updated 4/7/2020)

### Coronavirus Aid, Relief, and Economic Security (CARES) Act FAQs

- [Program Eligibility](#)
- [Program Requirements](#)

### Coronavirus Disease 2019 (COVID-19) FAQs

- [FTA Funding & Emergency Relief](#)
- [Civil Rights](#)
- [Transit Agency Responses](#)
- [CDC Recommendations for Workplace Preparedness & Protection](#)

## Coronavirus Aid, Relief, and Economic Security (CARES) Act



### Program Eligibility:

#### **Q: Are all expenses normally eligible under the Urbanized Area Formula Program (49 USC 5307) and the Formula Grants for Rural Area Program (49 USC 5311) eligible under the CARES Act?**

A: Yes, the CARES Act provides funds to prevent, prepare for, and respond to COVID-19. Although the priority for the funding is operational expenses, FTA will generally consider all expenses normally eligible under the Section 5307 and 5311 programs that are incurred on or after January 20, 2020 to be in response to economic or other conditions caused by COVID-19 and thus eligible under the CARES Act.

In addition, CARES Act funds are available for operating expenses for all FTA Section 5307 and 5311 recipients, including those in large urban areas, and including administrative leave for transit workers.

#### **Q: What is eligible as an operating expense?**

A: Funds available under the CARES Act are available for all operating activities (net fare revenues) that occur on or after January 20, 2020 are eligible.

In general, operating expenses are those costs necessary to operate, maintain, and manage a public transportation system. Operating expenses usually include such costs as driver salaries, fuel, and items having a useful life of less than one year, including personal protective equipment and cleaning supplies. See Chapter IV of the Urbanized Area Formula Program circular or Chapter III of the Formula Grants for Rural Areas circular for more information on eligible operating expenses.

The CARES Act funding can be used for administrative leave, such as leave for employees due to reductions in service or leave required for a quarantined worker.

#### **Q: Is there a limit for how much funding can be used for operating expenses?**

A: No. All funds made available under the CARES Act may be used for operating expenses.

#### **Q: What is meant by administrative leave?**

A: Administrative leave is an administratively authorized absence from duty without loss of pay or reduction in an employee's available leave. In the context of the COVID-19 public health emergency, administrative leave could include, but is not limited to, leave for an employee who is not required to work due to a reduction in service or leave for a worker who is quarantined after potential exposure to an individual infected with COVID-19.

#### **Q: Does the limit on using up to 10 or 20 percent of a recipient's apportionment of 5307 and 5311 funds for paratransit service in accordance with the Americans with Disabilities Act apply?**

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A: No. Funds provided under the CARES Act are available at a 100-percent federal share to maintain operations. As such, there is no limit on the amount of funds made available under the CARES Act that may be used to pay for paratransit service provided on or after January 20, 2020, which is typically an operating expense.

**Q: Are operating costs incurred under operations or maintenance service contracts with third parties, and administrative leave for third-party contractors, including intercity bus providers, eligible for FTA reimbursement under the CARES Act?**

A: It depends. Title XII of Division B of the CARES Act provides that administrative leave for public transportation operations personnel is an eligible expense. Expenses under third-party contracts for operations or maintenance services incurred on or after January 20, 2020, including third-party contract employees providing such service who are placed on administrative leave due to reduced service, are eligible for federal reimbursement. Whether an FTA recipient is responsible for such administrative leave will depend on the terms of its third-party contract.

**Q: Are FTA funds available for public transit agencies to reimburse third-party operations and maintenance contractors for the amounts provided in the contracts, even if the levels of service provided by the third-party contractors are reduced because of COVID-19?**

A: No. Federal funds can only be used to reimburse FTA recipients for actual operating or maintenance costs. However, an FTA recipient may use federal funds to reimburse a contracted operations or maintenance provider for employees placed on administrative leave if service levels are reduced, if the FTA recipient is responsible for salaries and benefits under the terms of its contract.

**Program Requirements:**

**Q: Do the normal Urbanized Area Formula Program (49 USC 5307) and the Formula Grants for Rural Area Program (49 USC 5311) requirements apply to these funds?**

A: Yes, all the normal Section 5307 and 5311 requirements apply to funds made available under the CARES Act, with the following exception:

Transportation Improvement Program (TIP) or the Statewide Transportation Improvement Program (STIP): CARES Act funds used to pay for operating expenses do not need to be included in the TIP/STIP. CARES Act funds used to pay for capital expenses for emergency relief do not need to be included in the TIP/STIP unless the projects are for substantial functional, locational, or capacity changes. 23 CFR §§ 450.326(e)(5), 450.218(g)(5).

Note: The Emergency Relief docket remains open and available for requests for relief from FTA statutory and administrative requirements of Section 5307 and 5311 funding in states that have declared an emergency or the President has declared a major disaster under Section 401 of the Stafford Act.

**Q: What is the federal share of a CARES Act grant?**

A: The federal share for all grants awarded under the CARES Act is up to 100 percent, at the discretion of the recipient.

**Q: What is the period of availability to obligate or spend CARES Act funding?**

A: Funds are available until expended. There is no lapse date to obligate funds available under the CARES Act. Transit systems are encouraged to spend funds expeditiously to respond to local needs.

**Q: Is there a deadline by which funds must be used?**

A: No, however grants for operating expenses may not be used for operating expenses incurred prior to January 20, 2020.

**Q: Does the requirement apply that states must use at least 15 percent of the Formula Grants for Rural Area Program (49 USC 5311) funding for intercity bus transportation, unless the Governor certifies, after consultation with affected intercity bus service providers, that the intercity bus service needs of the State are being met adequately?**

A: Yes. All requirements for the Section 5311 program apply unless otherwise noted.

**Q: Do projects have to be in the Transportation Improvement Program (TIP) or the Statewide Transportation Improvement Program (STIP)?**

A: It depends. CARES Act funds used to pay for operating expenses do not need to be included in the [Transportation Improvement Program \(TIP\)](#) or [Statewide Transportation Improvement Program \(STIP\)](#). CARES Act funds used to pay for capital expenses for emergency relief do not need to be included in the TIP/STIP unless the projects are for substantial functional, locational, or capacity changes. 23 CFR §§ 450.326(e)(5), 450.218(g)(5). Accordingly, capital projects to prevent, prepare for, and respond to COVID-19 that involve substantial functional, locational, or capacity changes must be included in the TIP/STIP.

**Q: Do CARES Act grants have to be sent to the Department of Labor (DOL) for certification?**

A: Yes. The CARES Act requires that grants using funds made available under the CARES Act receive DOL certification consistent with current Section 5307 and 5311 procedures.

**Q: Does a new split letter need to be submitted by designated recipients of CARES Act funding?**

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A: Yes. Split and/or sub allocation letters must be updated to include funds made available under the CARES Act. Once suballocation letters for FY 2020 funding are finalized, they should be uploaded as part of the application into TrAMS. Recipients are encouraged to work expeditiously to agree upon the sub allocation of CARES Act funds.

**Q: Can I seek a waiver from requirements under the Emergency Relief docket for CARES Act funds?**

A: Yes. The Emergency Relief docket remains open and available for requests for relief from FTA statutory and administrative requirements of Section 5307 and 5311 funding in states that have declared an emergency or the President has declared a disaster.

## FTA Funding & Emergency Relief

**Q: Is funding available under FTA's Emergency Relief Program for public transportation expenses related to COVID-19?**

A: Capital and operating activities undertaken in response to COVID-19 are eligible for reimbursement under the Urbanized Area Formula Program (49 U.S.C. 5307) and Formula Grants for Rural Areas Program (49 U.S.C. 5311). FTA Acting Administrator K. Jane Williams has issued a [Notice of Concurrence](#) with declarations of emergency issued by Governors that relate to COVID-19. Accordingly, for recipients in states in which the Governor has declared such an emergency (49 U.S.C. 5324), FTA will permit Urbanized Area Formula Program or Formula Grants for Rural Areas Program funding to be used for COVID-19-related public transportation capital or operating expenses at an 80-percent federal share, regardless of whether operating expenses generally are an eligible expense for a recipient.

Pursuant to FTA's [Emergency Relief rule](#) at 49 CFR part 602, eligible activities include emergency protective measures to eliminate or lessen threats to public health and safety, such as performing enhanced cleaning/sanitizing of rolling stock, stations, bus shelters, etc.; placing hand sanitizer dispensers in high-traffic areas; and providing personal protective equipment as appropriate.

**Q: Has FTA waived any federal requirements?**

A: FTA has established an [Emergency Relief docket](#) that allows recipients in states in which the Governor has declared an emergency related to COVID-19 to request temporary relief from federal requirements under 49 U.S.C. Chapter 53 as well as the provisions of any non-statutory FTA requirements. The ER docket should only be used to request a waiver of federal requirements. All other questions regarding COVID-19 should be directed to [FTAresponse@dot.gov](mailto:FTAresponse@dot.gov).

Some federal requirements include specific provisions related to emergencies, and therefore, no FTA waiver is necessary. For example, federal procurement standards established in 2 CFR part 220.317-326 permit the use of a noncompetitive (sole source) procurement when the circumstances of an emergency (or public exigency) would not permit a delay resulting from competitive solicitation.

**Q: How can FTA funding support transit agency response measures?**

A: FTA grantees may use their [Urbanized Area Formula Grants \(Section 5307\)](#) and [Formula Grants for Rural Areas \(Section 5311\)](#) funds to take protective measures to protect health and safety, such as cleaning of rolling stock, which is considered preventive maintenance (a capital expense) and is eligible for an 80-percent federal match. Personal protective equipment (PPE) and other measures are eligible as either a maintenance or operating expense, whichever is appropriate.

**Q: Can Section 5311 Rural Transportation Assistance Program (RTAP) funds reimburse recipients for cancelled training?**

A: Yes, if the training costs are explicit in the award document and the recipient cannot renegotiate or obtain a refund of the costs, Section 5311 RTAP funds may be used to pay the fees.

**Q: When will this emergency relief program eligibility be effective and for how long?**

A: Recipients have pre-award authority effective on the date that the Governor or appropriate state official declared a state of emergency, or an earlier incident date if the declaration specifies one. If the President has also made a major disaster declaration for the state, pre-award authority is effective from the start of the earliest incident period. The flexibility will remain in place for eligible expenses incurred for the duration of the relevant state of emergency. Recipients may use any currently apportioned Section 5307 or 5311 funding for these expenses including funds that may be currently obligated for other purposes but not expended.

**Q: What is the start date for Section 5311 subrecipients to incur expenses at the 80/20 match rate?**

A: Recipients have pre-award authority effective on the date that the Governor or appropriate State official declared a state of emergency, or an earlier incident date if the declaration specifies one. If the President has also made a major disaster declaration for the State, pre-award authority is effective from the start of the earliest incident period. The flexibility will remain in place for eligible expenses incurred for the duration of the relevant state of emergency.

**Q: Does the flexibility for formula funding include Section 5310?**

A: No. By law, only the Urbanized Area Formula Program and the Rural Formula Program funds can be used under the provisions of FTA's Emergency Relief Program.

**Q: Can public transportation assets, such as vehicles and facilities, acquired with FTA funds be used for non-transit activities in response to COVID-19?**

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A: Yes. [FTA Circular 5010.1E](#) provides that such use must not conflict with the approved purposes of the asset and must not interfere with the intended transit uses of the project property. An acceptable incidental use, such as meal or grocery delivery, does not affect a property's transit capacity. In cases where a recipient has reduced service levels in response to COVID-19, the recipient may utilize FTA funded assets for other emergency response activities as long as such use does not interfere with its remaining limited service.

**Q: May recipients add new routes to take schoolchildren to school or other sites for meals?**

A: Yes. Recipients may establish new routes that serve critical community needs at any time. [FTA's charter rule](#) at 49 CFR 604.3(c)(1) defines charter service as the exclusive use of a bus or van for a negotiated price. If a recipient provides exclusive transportation for schoolchildren to meal sites, and the service is funded by a third-party, such service would be categorized as a charter service. Although normally prohibited under FTA formula funding, charter service is eligible for COVID-19 response for up to 45 days from the beginning of each state of emergency incident period. For charter services lasting longer than 45 days, the recipient should submit a request to the [Emergency Relief Docket](#).

**Q: Can Urbanized Area Formula Grant (Section 5307) recipients program operating funding above what is stated in Table 3a of the FY2020 apportionment? Is it simply a shift in COVID-19 operating expenses to eligible capital line items?**

A: Yes. Under FTA's emergency relief authority (49 U.S.C. 5324), recipients of Urbanized Area Formula Grants (5307) may use any of the Section 5307 funding currently allocated to the agency, including unexpended funds in obligated grants, for operations activities in response to COVID-19. Recipients may use as much of that for operating expenses as needed, beyond the maximum specified in the apportionment tables, as long as those expenses are in response to COVID-19. The project sponsor should first contact the FTA Regional Office to discuss the request.

**Q: If a tribal government declared a State of Emergency before the state in which it is located, may the tribal transit provider use that earlier date?**

A: Yes, a transit provider affiliated with the tribal government may use the earlier date.

**Q: Are all operating expenses eligible under the additional flexibilities for existing formula funds?**

A: No. Only those expenses directly related to responding to COVID-19 are considered emergency relief and eligible for Section 5307 or Section 5311 funds under the FTA's Emergency Relief Program. See the [Emergency Relief Manual](#) (49 U.S.C. 5324). Examples of such expenses include:

- Removal of health and safety hazards, such as cleaning of vehicles and facilities
- Costs associated with shutting down or restarting service
- Materials such as hand sanitizer, gloves, soap, and cleaners
- Emergency protective gear relevant to the emergency
- Temporary service, that is not part of regular service, provided in response to the emergency

Section 5307 and section 5311 funds may be used to reimburse operating expenses not directly related to responding to COVID-19, including maintaining regular or reduced service, at the standard Federal share for those recipients that are normally eligible for operating assistance.

**Q: Do agencies have to amend the Statewide Transportation Improvement Program (STIP) and the Metropolitan Transportation Improvement Program (MTIP) before applying for grants using this eligibility?**

A: No. FTA planning regulations at 23 CFR 450.218(g)(5) and 450.326(e)(5) provide that emergency relief projects, such as those eligible under the expanded COVID-19 eligibility, are not required to be in the STIP or MTIP if they do not involve substantial changes to the function, location, or capacity of the asset(s) involved. Expenses related to cleaning vehicles, purchasing cleaning materials or personal protective equipment, and shutting down or restarting service do not need to be included in the STIP/MTIP.

**Q: Will the increased flexibilities have an impact on how Section 5307 formula funds are programmed in the grant application?**

A: Yes, please work with your [FTA Regional Office](#) to determine the proper Transit Award Management System (TrAMS) code to use for COVID-19 related emergency response activities.

**Q: Does a State DOT need to amend all active operating grants in TrAMS and grant agreements with sub-recipients?**

A: Yes, for grants in which the State DOT and/or its subrecipients will use the expanded flexibilities. Active grant award recipients, under programs Section 5307 and 5311, that would like the increased flexibility offered will need to complete an award amendment or submit a new application. Award recipients will need to realign funds provided to sub-recipients specifically for COVID-19 Response Activities to the "ER" Account Classification Code (ACC), which was set up by the recipient for the increased flexibility.

## Civil Rights

**Q: May a transit agency restrict Americans with Disabilities Act (ADA) complementary paratransit trips to essential medical trips?**

A: No. The DOT [ADA regulations](#) at 49 CFR 37.131(d) expressly prohibit paratransit providers from imposing restrictions or priorities based on the trip purpose. Further, medical trips are not the only trips that may be essential to a passenger. An agency may send a request and encouragement to its paratransit customers asking them to cancel all nonessential trips. Transit agencies often use this approach, for

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example, in impending weather events. If a paratransit rider, however, wants to take a trip, the agency cannot deny the request due to the purpose of the trip.

The establishment of trip purpose restrictions or priorities is permitted under 49 CFR 37.133(c) only for subscription service. Further, because DOT ADA regulations do not require subscription service, it may also be suspended or cancelled.

**Q: Are Title VI equity analyses required for emergency service cuts and changes during COVID-19?**

**A:** No. Under [FTA's Title VI Circular](#) 4702.1B, transit providers that operate 50-or-more fixed route vehicles in peak service and are located in an urbanized area (UZA) with a population of 200,000 or more, must perform a service equity analysis whenever they make a major service change. The service equity analysis evaluates the impacts of the proposed service changes on Title VI-protected populations and low-income populations. Temporary service changes in response to an emergency do not rise to the level of a major service change, so a service equity analysis is not required. Similarly, FTA exempts all temporary fare changes enacted as a result of an emergency from the fare equity analysis requirement. However, if a transit agency chooses to make permanent any changes made during an emergency, then the transit agency must perform a service or fare equity analysis.

FTA does expect that all transit agencies take reasonable measures to implement temporary service or fare changes equitably to prevent unintentional discrimination. FTA does not require a transit agency to document this process, get board approval prior to implementing changes, or share documentation on the changes with FTA, but FTA recommends that transit agencies document the rationale for specific service reductions, as well as steps taken to ensure equitable reductions in service, in the event someone files a complaint.

## Transit Agency Responses

**Q: May transit providers post signs requesting those who are sick or who have had contact with COVID-19 not to board the van?**

**A:** Yes, transit providers may post such signs but they are not required to do so. Transit agencies should make decisions about health precautions and how best to implement them in collaboration with local health officials. These are local decisions.

**Q: How should a public transportation system determine whether it should suspend operations in an area with an outbreak?**

**A:** FTA grantees should follow the direction of local and state public health and law enforcement agencies. This local and state information generally is coordinated with the Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security and is the most accurate assessment of the situation locally. A transit agency also should notify FTA before suspending operations.

**Q: What are other transit agencies doing in response to COVID-19?**

**A:** Many transit agencies are responding with safety alerts and documents, including:

- The New York Metropolitan Transportation Authority deployed [health guidance](#) in English, Chinese, Spanish, Russian, and Korean across the system on 3,600 subway screens, 2,000 bus screens, and at 84 subway station street entrances, and issued a press release.
- The Metropolitan Atlanta Rapid Transit Authority's Police Department issued an [Emergency Preparedness Bulletin](#) to employees.
- The Los Angeles County Metropolitan Transportation Authority issued an [interoffice memo](#) to its staff.
- Bay Area Rapid Transit is taking [Emergency Preparedness actions](#), updated their website with messaging to the public, and is utilizing a Public Health Recommendations poster.
- King County Metro is performing daily cleaning of buses and water taxis, and has created an informational page on their website and sent an [email to stakeholders](#).
- Sound Transit issued a [blog post](#) and Community Transit posted [information](#) on their website.

## CDC Recommendations for Workplace Preparedness & Protection

The following were prepared by the CDC for posting by FTA:

**Q: (CDC) Are masks or other protective gear recommended for transit workers?**

**A:** Transit agencies and workers should follow the CDC's recommendations for personal protective equipment (PPE). See more [CDC FAQs](#) on how to protect yourself.

Additionally, transit workers are encouraged to perform regular hand hygiene, including using a hand sanitizer that contains at least 60% alcohol. If hands are visibly soiled, wash hands with soap and water for 20 seconds. Transit workers should avoid touching their eyes, nose, and mouth with unwashed hands and should avoid close contact with people who are sick.

There is no specific Occupational Safety and Health Administration (OSHA) standard for PPE explicitly for COVID-19. However, some OSHA requirements may apply to preventing occupational exposure to COVID-19, including OSHA's PPE standards and General Duty Clause of the Occupational Safety and Health (OSH) Act of 1970. See OSHA [Guidance on Preparing Workplace for COVID-19](#).

**Q: (CDC) How can transit agencies and operators best begin a constructive dialogue about COVID-19 with public health officials in their local community?**

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A: Transit agencies are encouraged to reach out to local public health officials to establish ongoing communications to facilitate access to relevant information before and during an outbreak.

**Q: (CDC) What transit interior surfaces require the most attention and what cleaning solutions are the most effective against the virus? How frequently should cleaning occur?**

A: High touch surfaces should be cleaned and disinfected at least once a day.

- High touch surfaces include kiosks, turnstiles, benches, railings, handrails, garbage cans, door handles, payphones, restroom surfaces (faucets, toilets, counters), poles, handrails, seats, benches, grab bars, and exit buttons.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Products registered with EPA for use against novel coronavirus SARS-CoV-2 (the cause of COVID-19) are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). See this [list of products](#) registered with EPA for use against novel coronavirus SARS-CoV-2.
- For soft or porous surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- Staff should wear PPE in accordance with the disinfectant manufacturer's instructions. After removing PPE, staff should wash their hands with soap and water for at least 20 seconds.

**Q: What actions can transit agencies take to increase COVID-19 preparedness for potential outbreaks in their service areas?**

A: CDC has developed [interim guidance](#) for businesses that includes planning considerations and recommendations for developing an infectious disease outbreak response plan.

**Q: What personal protective equipment should we provide to our employees?**

A: The Occupational Safety and Health Administration (OSHA) hosts a [webpage summarizing OSHA standards and directives](#) and other related information that may apply to worker exposure to COVID-19. In addition, monitor OSHA's [COVID-19 webpage](#) for any potential updates or recommendations.

**These FAQs do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies. Grantees and subgrantees should refer to FTA's statutes and regulations for applicable requirements.**

Updated: Tuesday, April 7, 2020

*Related Links*

- [FTA Novel Coronavirus \(COVID 19\) landing page](#)
- [Coronavirus Disease 2019 \(COVID-19\)](#)
- [What the U.S. Government is Doing](#)
- [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#)
- [Coronavirus Resources at the Department of Transportation](#)

*Contact Us*

**Office of Transit Safety and Oversight COVID-19 Awareness**

Federal Transit Administration  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
United States  
[FTAResponse@dot.gov](mailto:FTAResponse@dot.gov)

Business Hours:  
8:30am-5:00pm ET, M-F

*Share*



# ACS Funding Summary: Establishment and Operationalization

Alternate Care Sites (ACSs) are one of many Alternate Care Strategies intended to provide additional hospital surge capacity and capability for communities overwhelmed by patients from COVID-19. ACSs can be established (owned and operated) by an individual hospital, a group or partnership of hospitals or health systems, a local community (such as the local health department), a state (such as a state Health Department), or the federal government. ACSs can also be established by any of these entities and then have ownership and operational responsibility transferred or changed during its operation. The different operating models and ownership options can affect funding availability/eligibility and sources, so understanding options before making ACS ownership decisions is a critical step. It is recommended for SLTTs to reach out to the [Regional Federal Emergency Management Agency \(FEMA\)](#) or [HHS regional emergency coordinators](#) for the most recent guidance.

Funding is available through various sources for: establishing an ACS, operation and ongoing administration of an ACS, and for direct patient care costs.

## Possible sources of funding include:

- **Health and Human Services**
  - » Cooperative agreements, specifically the Hospital Preparedness Program (HPP) [COVID-19 Funding](#) and the CDC [Crisis Response Cooperative Agreement](#). Other CDC mechanisms that may support these activities include the [Epidemiology and Laboratory Capacity \(ELC\) Cooperative Agreement](#) and the grant for [Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response](#) (Tribal COVID-19).
  - » [Payment](#) through Centers for Medicare and Medicaid Services (CMS) programs to health care facilities and practitioners for covered services furnished to enrolled beneficiaries
- **Federal Emergency Management Agency**
  - » [Public Assistance Funding](#) and Direct Federal Assistance
- **COVID-19 Uninsured Program**
  - » Funding through the Health Resources and Services Administration (HRSA) ([COVID-19 Uninsured Program](#))

## SPECIFIC PROGRAM COVERAGE

### Hospital Preparedness Program – COVID-19 Emergency Supplemental Funding

As part of COVID-19 emergency supplemental funding that was released beginning in March 2020, the Assistant Secretary for Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP) cooperative agreement recipients and subrecipients (e.g., health care coalitions, state and jurisdiction special pathogen treatment centers, and regional Ebola and other special pathogen treatment centers) may identify and operate ACSs to expand health care surge capacity for COVID-19, as these are allowable activities within HPP's COVID-19 emergency administrative supplement. Funding may be used for staff to set up and/or operate ACSs; however, funding may not be used for clinical care or for staffing to provide clinical care. Hospital association recipients and subrecipients (hospitals and other health care entities) of a new HPP cooperative agreement established for COVID-19 through emergency supplemental funding may create and operate ACSs to provide surge capacity for patient care or to increase the numbers of patient care beds at a facility. Again, funding may be used for staff to set up and/or operate ACSs; however, funding may not be used for clinical care or for staffing to provide clinical care. For more information about these cooperative agreements, see ASPR web page on [HPP and Health Care System Preparedness and Response](#).

### CDC Crisis Response Cooperative Agreement: COVID-19

The CDC Division of State and Local Readiness (DSLRL) is administering supplemental funding to SLTT entities to prevent, prepare for, and respond to COVID-19 through the CDC Crisis Response Cooperative Agreement (Crisis COAG). Funding is intended to support surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. Generally, funding is not intended to support clinical care except in limited cases regarding quarantine and isolation support. CDC COVID-19 funding may also support the provision of care in ACSs by paying for beds, equipment, and supplies, but cannot be used for personnel to provide clinical care in that setting. All Crisis Response Cooperative Agreement recipients currently have access to program funds. See [CDC COVID-19 Funding](#).

### Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response

[This grant](#) is intended to support tribes and tribal organizations in carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities for COVID-19.

### Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

The [ELC cooperative agreement](#) exists to detect, respond to, control, and prevent infectious diseases. CDC has used this cooperative agreement to support specific activities at state, local and territorial health departments in their response to COVID-19.



## Payments for Covered Services Furnished to Beneficiaries Enrolled in CMS Programs

Medicare is a federal health insurance program designed to assist the nation's elderly to meet hospital, medical, and other health costs. Medicare is available to most individuals 65 years of age and older, as well as persons under age 65 who are receiving disability benefits from Social Security or the Railroad Retirement Board, and those with End Stage Renal Disease (ESRD). CMS is the federal agency that manages Medicare. Note that facilities and practitioners that wish to be paid by Medicare must be enrolled in the program and meet certain requirements. See [Coverage and Payment Related to COVID-19 Medicare](#).

Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid and CHIP are funded jointly by states and the federal government, and the programs are administered by states, according to federal requirements. Medicaid and CHIP provide comprehensive benefits to people who are determined eligible by states. Some benefits are required and some are optional. See [Coverage and Benefits Related to COVID-19 Medicaid and CHIP](#).

Medicare and Medicaid/CHIP-enrolled facilities and practitioners may bill for covered health care services furnished to enrolled beneficiaries. Covered health care services include COVID-19 testing, diagnostics, and treatment. For the purposes of responding to COVID-19, CMS has issued [1135 Waivers](#) that make it easier for existing hospitals and other facilities to expand capacity and furnish and bill for care in ACSs. Further, these waivers allow existing Medicare-enrolled hospitals and other facilities that assume operations of an ACS from a state or local government to bill Medicare for covered services furnished to enrolled beneficiaries. These waivers do not, however, eliminate enrollment, survey, and billing requirements for brand new facilities (including ACSs). State and local governments operating ACSs should contact their applicable [CMS Regional Office](#) for additional information regarding participation in CMS programs. Centers for Medicare and Medicaid Services (CMS) [Regional Offices](#) will also have information regarding the implications of different options for CMS payment for health care services furnished at an ACS; State, local, tribal, or territorial (SLTT) entities wanting to operate the ACS should contact CMS if they wish to seek payments for care delivered.

## FEMA Public Assistance

The establishment and operation of ACSs by SLTT entities and certain private non-profit organizations (eligible applicants) to expand capacity for COVID-19 are eligible emergency protective measures under the FEMA Public Assistance (PA) Program. Eligible applicants may perform or contract for the work directly and seek reimbursement through PA or submit a resource request for Direct Federal Assistance (DFA) to FEMA through the state, tribe (if direct recipient) or territory. Both options are cost shared. For more information, FEMA developed a Fact Sheet: [Coronavirus \(COVID-19\) Pandemic Emergency Medical Care](#). Patient treatment, tests and diagnosis, and medical equipment are allowable expenses for eligible applicants for **emergency** treatment, stabilization, and monitoring only, absent another payer.

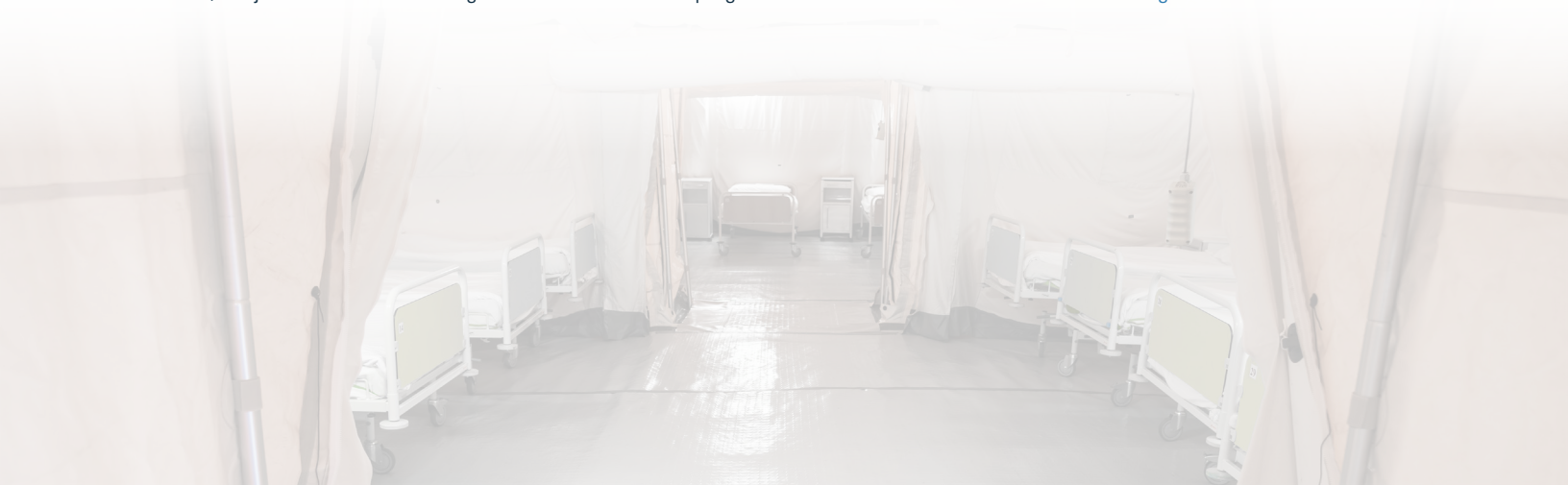
## COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured Program

The COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured Program provides reimbursements on a rolling basis directly to eligible providers for claims that are attributed to the testing and treatment of COVID-19 for uninsured individuals. The program is authorized via the:

- Families First Coronavirus Response Act (P.L. 116-127) and the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139), which each appropriated \$1 billion to reimburse providers for conducting COVID-19 testing for the uninsured; and the
- CARES Act (P.L. 116-136), which provides \$100 billion in relief funds, including to hospitals and other health care providers on the front lines of the COVID-19 response. Within the Provider Relief Fund, a portion of the funding will be used to support healthcare-related expenses attributable to the treatment of uninsured individuals with COVID-19. Funding is provided from the Public Health and Social Services Emergency Fund.









The program is being administered by UnitedHealth Group through a contract with the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA).

Health care providers who have conducted COVID-19 testing of uninsured individuals or provided treatment to uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020, can request claims reimbursement through the program electronically and will be reimbursed generally at Medicare rates, subject to available funding. Information about the program can be found at: [COVID-19 Uninsured Program Portal](#).

































## Alternative Care Site Funding Sources

 Allowable
  Unallowable
  Sometimes Allowable/Unspecified





















		ASPR HPP COVID-19	CDC	FEMA PA	CMS	COVID-19 Uninsured Program
Allowable Expenses	Supplies	 Includes PPE		 Includes medications and diapers	 Except as included in facility payments	 Except as included in bundled payments
	Temporary Structures (actual physical structures)	 With restrictions		 Such as tents or portable buildings		
	Retrofitting/ Alterations	 Includes screening, treatment, and isolation rooms (with restrictions)	 Includes renovation and alteration	 Included in temporary relocation and facility funding		
	Beds			 Defined as durable medical equipment	 Except as included in facility payments	 Except as included in bundled payments
	Staffing	 To set up and/or operate ACS, not to provide clinical care	 Surge Staffing, not to provide clinical care	 For eligible entities	 Except as included in facility payments	 Except as included in bundled payments
	Tests and Diagnosis		 Public Health Lab testing	 Triage and medically necessary tests and diagnosis	 Enrolled facilities and practitioners can bill for covered health care services	
	Patient Treatment		 Only under federal or state isolation or quarantine orders (absent another payor)	 Emergency treatment, stabilization, and monitoring (absent another payor)	 Enrolled facilities and practitioners can bill for covered health care services	 Eligible providers can seek reimbursement for uninsured patients
	Durable Medical Equipment			 Includes walkers, wheelchairs, oxygen equipment, etc.	 Enrolled facilities and DME suppliers can bill for covered health care services and supplies	
	Contact	HPP Program Office	Your SLLT's CDC Grant POC	Your Regional FEMA Representative	CMS Regional Office	HRSA
Additional Information		ASPR COVID-19 Emergency Supplemental Funding	Crisis COAG ELC Tribal COVID-19	COVID-19 Public Assistance	Medicare and Medicaid COVID-19 Reimbursement Information	COVID-19 Uninsured Program Portal



 Allowable
  Unallowable
  Sometimes Allowable/Unspecified

		ASPR HPP COVID-19	CDC	FEMA PA	CMS	COVID-19 Uninsured Program
Eligible Recipients (General)	Hospital Associations	 Distribute funding to hospitals and other healthcare entities		 Private non-profits with eligible expenses		
	Public Health Departments	 Distribute funding to healthcare coalitions, state/jurisdiction special pathogen treatment centers, & other healthcare entities			 Unless the health department operates a facility that is enrolled in CMS programs	 Unless the health department provides clinical care
	STTL Jurisdictions	 Via Public Health Departments			 Unless the jurisdiction operates a facility that is enrolled in CMS programs	
	Non profits (non-healthcare)	 Some subrecipients may be non profits		 Certain private non profits		
	Non profit Healthcare Facilities	 			 If the facility is enrolled in CMS programs	 Subject to the terms and conditions of the program
	Private for Profit Healthcare Facilities	 			 If the facility is enrolled in CMS programs	 Subject to the terms and conditions of the program
	Contact	HPP Program Office	Your SLT's CDC Grant POC	Your Regional FEMA Representative	CMS Regional Office	HRSA
	Additional Information	<a href="#">HPP COVID-19 Emergency Supplemental Funding</a>	<a href="#">Crisis COAG ELC Tribal COVID-19</a>	<a href="#">COVID-19 Public Assistance</a>	<a href="#">Medicare and Medicaid COVID-19 Reimbursement Information</a>	<a href="#">COVID-19 Uninsured Program Portal</a>

 Allowable
  Unallowable
  Sometimes Allowable/Unspecified

		ASPR HPP COVID-19	CDC	FEMA PA	CMS	COVID-19 Uninsured Program
Eligible Recipients (ACS Types)	Hospital or CAH operated ACS			 Ineligible if for-profit entity		 Subject to the terms and conditions of the program
	Hospital or CAH as fiduciary for a jointly operated ACS			 Ineligible if for-profit entity	 Hospitals must be able to identify which resources and patients are theirs	 Subject to the terms and conditions of the program
	Public Health Department or SLTT operated ACS				 Unless the health department or SLTT operated ACS is enrolled in CMS programs	 Unless the health department provides clinical care
	Federally owned and operated ACS				 Unless the federally owned ACS is enrolled in CMS Programs	
	Contact	HPP Program Office	Your SLT's CDC Grant POC	Your Regional FEMA Representative	CMS Regional Office	HRSA
	Additional Information	<a href="#">HPP COVID-19 Emergency Supplemental Funding</a>	<a href="#">Crisis COAG ELC Tribal COVID-19</a>	<a href="#">COVID-19 Public Assistance</a>	<a href="#">Medicare and Medicaid COVID-19 Reimbursement Information</a>	<a href="#">COVID-19 Uninsured Program Portal</a>



## Grants

# General Funding and Grants Frequently Asked Questions

CDC is receiving funding and grants questions from its recipient community due to Coronavirus Disease 2019 (COVID-19). Below is a list of Frequently Asked Questions that addresses some of the questions from our recipient community. This is a rapidly evolving situation, and we will continue to provide updated guidance and information as it becomes available or as we receive additional questions whose responses are helpful to others.

## Frequently Asked Questions

### 1. When will tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes receive funding provided for in the supplemental appropriation?

CDC is currently working across the Administration, and gathering input from tribal organizations, to finalize a plan to allocate these funds and maximize public health impact and reach to tribal populations. On Friday, March 6, 2020, the President signed the [Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020](https://www.congress.gov/116/bills/hr6074/BILLS-116hr6074enr.pdf). [The supplemental contains more than \\$8 billion, of which \\$950 million is specifically directed for grants or cooperative agreements to states, localities, territories, tribes, tribal organizations, or health service providers to tribes to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. Congressional direction also states CDC must allocate no less than \\$40 million of the funds described above to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes.](https://www.congress.gov/116/bills/hr6074/BILLS-116hr6074enr.pdf)

### 2. Will you accept late applications?

When a delay occurs because the applicant or recipient is directly impacted by COVID-19, CDC will consider extending the application due date beyond the date specified in the Notice of Funding Opportunity (NOFO) on a case-by-case basis, in accordance with the Department of Health and Human Services (HHS) Grants Policy Statement "Submitting an Application," Part I-25-26. Please submit your request to extend the NOFO deadline to the assigned grants management specialist/program official noted in the Notice of Funding Opportunity under Agency Contacts prior to the NOFO closing date. Your request should include enough detail about the delay so that CDC can determine whether circumstances justify extending the NOFO application submission deadline.

### 3. Can I receive relief on the submission of continuation applications?

Yes, see answer 2 above.

### 4. Can I request an extension to submit letters of support?

If the impact of COVID-19 prevents an applicant from securing required letters of support, please submit your application without that documentation by the established due date, with an explanation of the cause for delay. Letters of support should be submitted as soon as possible after the deadline. Please contact your assigned grants management officer/program official for further discussion and guidance.

### 5. Can you provide guidance regarding recipients/subrecipients not completing activities due to COVID-19?





If a recipient, either directly or via its subrecipients, is unable to complete approved activities because of disruptions created by the COVID-19 public health emergency, please contact your assigned grants management officer and program official for further discussion and guidance.

### 6. Will local and county governments receive funding?




As of March 17, 2020, CDC awarded more than \$604 million to state and certain local jurisdictions to conduct critical public health activities in their communities during this emergency. County and local governments may contact their state health officer for additional information on the distribution of funding already made available under direct awards to their state.



**7. Are there any flexibilities for grant management activities?**

Yes, on March 19, 2020, the Office of Management and Budget (OMB) issued Memorandum [M-20-17](https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-17.pdf)   (<https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-17.pdf>) that provides administrative, financial management, and audit reporting relief for recipients and applicants of federal financial assistance directly impacted by COVID-19. This memorandum provides similar administrative relief listed in [M-20-11](https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-11.pdf)   (<https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-11.pdf>) issued on March 9, 2020, to an expanded scope of recipients affected by the loss of operational capacity and increased costs due to the COVID-19 crisis. These flexibilities are time limited and will be reassessed by OMB within 90 days of the memorandum.



**8. Is there guidance for the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency?**

Grant recipients may need to temporarily reassign state, tribal, or local personnel during a declared federal public health emergency. CDC's [webpage](https://www.cdc.gov/grants/public-health-emergencies/covid-19/temporary-reassignment-personnel/index.html) ([/grants/public-health-emergencies/covid-19/temporary-reassignment-personnel/index.html](https://www.cdc.gov/grants/public-health-emergencies/covid-19/temporary-reassignment-personnel/index.html)) provides information about the HHS Assistant Secretary for Preparedness and Response (ASPR) guidance for the temporary reassignment of state, tribal, and local personnel. The webpage includes links to the [ASPR website](https://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx)  (<https://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>), including the [ASPR temporary reassignment request form](https://www.phe.gov/Preparedness/legal/pahpa/section201/Documents/aspr-temp-assignmt-request.pdf)   (<https://www.phe.gov/Preparedness/legal/pahpa/section201/Documents/aspr-temp-assignmt-request.pdf>) so that a state governor, tribal leader, or designee can request the reassignment of personnel.



**9. Can recipients redirect funds within their cooperative agreement to COVID-19 activities?**

Redirection of funds may be allowable when the funds that will be redirected for COVID-19 activities are within the scope of the current award and the award's statutory authority and do not duplicate activities with other CDC funded and federally funded activities. Please contact your assigned grants management officer and program official for further discussion and guidance.

**10. Can recipients be reimbursed for costs incurred for canceled meetings, travel, conferences?**

On March 19, 2020, the Office of Management and Budget (OMB) issued Memorandum [M-20-17](https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-17.pdf)   (<https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-17.pdf>) that provides administrative, financial management, and audit reporting relief for recipients and applicants of federal financial assistance directly impacted by COVID-19. CDC can allow recipients to charge costs to the award such as the cancellation of events, travel, or the pausing and restarting of grant-funded activities due to the public health emergency. Recipients are required to maintain records and documentation to substantiate the cost. Please contact your assigned grants management officer and program official for further discussion and guidance. Concurrent with programs, recipients will need to assess the impact on their programmatic activities that were originally funded once normal activities resume as there is no guarantee of additional funding.

**11. Can recipients charge salaries to federal awards when personnel are not able to work due to COVID-19 office closures or similar disruptions?**

On March 19, 2020, the Office of Management and Budget (OMB) issued Memorandum [M-20-17](https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-17.pdf)   (<https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-17.pdf>) that provides administrative, financial management, and audit reporting relief for recipients and applicants of federal financial assistance directly impacted by COVID-19. Recipients may continue to charge salaries and benefits to currently active federal awards consistent with the recipients' policy of paying salaries (under unexpected or extraordinary circumstances) from all funding sources. Recipients are required to maintain records and documentation to substantiate the cost, including reference to the recipients' salary policy. Concurrent with programs, recipients will need to assess the impact on their programmatic activities that were originally funded once normal activities resume as there is no guarantee of additional funding.

Page last reviewed: March 23, 2020

# **The Centers for Medicare & Medicaid Services (CMS)**

## **Fact Sheet for State and Local Governments**

### **CMS Programs & Payment for Care in Hospital Alternate Care Sites**

**FINAL May 26, 2020**

#### **Purpose**

In response to the COVID-19 public health emergency (PHE), state and local governments, hospitals, and others are developing alternate care sites to expand capacity and provide needed care to patients. The term alternate care site (ACS) is a broad term for any building or structure that is temporarily converted or newly erected for healthcare use.<sup>1</sup> The Federal Healthcare Resiliency Task Force issued a [toolkit](#) to help state and local governments develop an ACS.

This document provides state and local governments developing alternate care sites with information on how to seek payments through CMS programs – Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) – for acute inpatient and outpatient care furnished at the site.

#### **Key Takeaway**

The easiest path to obtaining payments through CMS programs for covered health care services furnished at the ACS is for an already-enrolled hospital or health system to treat the ACS as a temporary expansion of their existing ‘brick-and-mortar’ location. In these circumstances the local hospitals and health systems operate, staff, and bill for care furnished at the ACS. State and local governments<sup>2</sup> that want to establish (meaning to develop or build) a hospital ACS, and be paid by CMS for furnishing covered hospital inpatient and outpatient services to enrolled beneficiaries, have three options:

1. hand over operation and billing for care delivered in the ACS to an enrolled hospital or health system;
2. enroll the ACS as a new hospital in CMS programs; or
3. if options (1) and (2) are not available, CMS would not make facility payments, but qualified and enrolled physicians or other non-physician practitioners could bill for covered (professional<sup>3</sup>) services that they furnish at the ACS.

Because some state and local governments may not be as familiar with the process to enroll in CMS programs as hospitals, they should contact their applicable CMS Regional Office (see *Appendix D*) to discuss this process. Additional information regarding new hospital enrollment and the flexibilities that existing hospitals and other providers have to expand capacity at ACSs during the PHE is below.

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<sup>1</sup> These sites are often called “alternate care sites” (ACSs), but may also be referred to as “temporary expansion locations”, “temporary expansion sites”, “field hospitals”, or by other names. This paper uses the term “alternate care sites” to align with the language used in the Health Care Resiliency Task Force’s toolkit.

<sup>2</sup> The term “state and local governments” is used in this fact sheet to account for state, city, county, territorial and tribal governments and their respective agencies, including health departments.

<sup>3</sup> When beneficiaries receive services at a traditional acute care hospital, Original Medicare will typically make two payments – one for the hospital inpatient or outpatient facility services (e.g. room and board or nursing) and one for professional services that physicians or non-physician practitioners furnish (e.g., evaluation and management). Under option 3, CMS would not make facility payments to the entity operating the ACS. However, even if the ACS does not enroll as a hospital, CMS may pay for professional services furnished to CMS beneficiaries at the ACS, as discussed in more detail in this fact sheet. In Medicaid/CHIP, specific benefit rules will also need to be followed.

## **About CMS Programs**

Medicare is a federal health insurance program for people over 65, as well as certain young people with disabilities and those with End Stage Renal Disease (ESRD). Typically, beneficiaries have a choice between Original Medicare and Medicare Advantage. Medicare Advantage plans are a type of Medicare health plan offered by a private company that contracts with CMS to provide Medicare benefits. Beneficiaries in Medicare Advantage plans have their services paid for by the private plan and not Original Medicare. When “Medicare” is discussed in this paper, it is referring to Original Medicare, and not Medicare Advantage, unless otherwise noted.

Medicaid and CHIP provide health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid and CHIP are funded jointly by states and the federal government, and the programs are administered by states, according to federal requirements. Medicaid and CHIP generally provide comprehensive benefits to people who are determined eligible by states; some benefits are required and some are optional.

## **Approaches to Hospital ACS Operations & CMS Programs**

Organizations have flexibility to develop ACSs in locations that best fit the needs of their community. Further, ACSs can provide a spectrum of health care services, from intensive care to primary care, depending on the capability of the site. Many organizations are using ACSs to create additional inpatient hospital capacity and are designing site operations to support care of COVID-19- patients and non-COVID-19 patients. There are three questions CMS<sup>4</sup> uses to determine whether it will pay for covered hospital facility inpatient or outpatient services furnished to enrolled beneficiaries at an ACS.

1. Is the ACS operator already enrolled in CMS programs as an acute care hospital or other provider type<sup>5</sup> that is able to furnish inpatient or outpatient care during the PHE?
2. Is the ACS operator contributing resources and responsible for the care being furnished to CMS beneficiaries at the ACS?
3. Is the ACS operator following the billing requirements of the applicable Medicare, Medicaid, or CHIP hospital payment system?

Many acute care hospitals have established ACSs by converting existing non-clinical space for clinical use (e.g., cafeteria repurposed for care), as well as locations outside of the traditional hospital such as tents, retrofitted gymnasiums, convention centers, or other non-clinical locations. In these circumstances, the hospitals are already enrolled in CMS programs and are able to treat these locations as a temporary extension of their existing hospital footprint during the PHE under flexibility granted through so-called “[1135 waivers](#)” (additional information about these waivers is in *Appendix A*). CMS pays for inpatient and outpatient care furnished in these ACSs as if the care had been delivered in the hospital’s traditional “brick-and-mortar” locations. Hospitals must follow all applicable CMS coding and billing rules during the PHE.<sup>6</sup>

State and local governments have also established ACSs, often with (non-CMS) federal support. For example, state and local governments may seek reimbursement to develop ACSs from the Federal

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<sup>4</sup> Generally speaking, state Medicaid/CHIP programs would also use these questions to guide whether they would pay for covered inpatient or outpatient care at the ACS. However, state Medicaid/CHIP programs may have alternate approaches – ACSs should contact their state Medicaid agency for more information.

<sup>5</sup> Other facilities include Long-Term Care Hospitals, Critical Access Hospitals, Inpatient Rehabilitation Facilities, and others. Additional information about the flexibilities these facilities have to furnish acute care during the PHE is in *Appendix C*.

<sup>6</sup> <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

Emergency Management Agency's (FEMA) Public Assistance program (under Category B, emergency protective measures) which was authorized under the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Stafford Act). Other federal funding sources include the Department of Health and Human Services' (HHS's) Hospital Preparedness Program and the Centers for Disease Control and Prevention's Crisis Response Cooperative Agreement. Some state and local governments have also requested HHS deploy portable medical facilities called Federal Medical Stations, and provide clinical staff through the National Disaster Medical System.<sup>7</sup> The Federal Healthcare Resiliency Task Force has [published a guide](#) to the funding opportunities state and local governments (as well as other organizations) can seek to establish and operate ACSs.

While some state and local governments operate acute care hospitals (e.g., certain county hospital and health systems), others may not be enrolled in CMS programs and, as a result, are not usually in a position to be paid immediately by Medicare or Medicaid/CHIP. However, state and local governments developing an ACS have options to seek payments through CMS programs for covered inpatient and outpatient services furnished to enrolled beneficiaries at the site.

- *\*Easiest Path\* Partner with a hospital or health system:* State and local governments can establish the site and then hand over operations of the ACS to an enrolled hospital (or other provider temporarily certified as a hospital<sup>8</sup>), which can treat the ACS as a temporary extension of their brick-and-mortar location under [1135 waivers](#) and bill CMS and state Medicaid/CHIP programs for covered hospital services furnished to enrolled beneficiaries. Importantly, hospitals may assume operating responsibility and bill Medicare<sup>9</sup> for inpatient and outpatient care furnished at the ACS even if a governmental entity provides some support. For example, the state/county emergency management agency or public health department may provide (or coordinate the provision of) staffing, dining, linens, or beds used in the ACS. In these circumstances, hospitals operating the site may seek payment on the claim for the services they provide (e.g. nursing), but are instructed not to seek payment on the claim for a service where they are not incurring the cost of the service (e.g. dining). Hospitals would also not reflect the costs of services provided such as staffing, dining, linens, or beds (where they did not incur the costs) on their Medicare cost reports.<sup>10</sup> As noted previously, certain states and local governments may operate or be closely affiliated with certain hospital and health systems, including county-level health systems and those health systems owned by a state university. In these circumstances, these providers may be able to serve as an effective ACS partner. If not, state and local governments may also work with private non-profit or for-profit hospitals in their community. The enrolled hospital operating the site would need to ensure it continues to meet non-waived CMS and state requirements that remain in force during the PHE.<sup>11</sup>
- *Enroll as a new hospital:* If the state or local government wants to operate the site or cannot find a hospital or health system partner, they can form a new entity and enroll that entity as a hospital in CMS programs. For example, the state of Maryland is pursuing the creation of a new hospital to provide care to COVID-19 patients at the Baltimore Convention Center. Though this option is

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<sup>7</sup> NDMS: <https://www.phe.gov/Preparedness/responders/ndms/ndms-teams/Pages/default.aspx/> FMS: <https://www.phe.gov/Preparedness/support/medicalassistance/Pages/default.aspx#fms>

<sup>8</sup> Additional information on the flexibility that providers have to furnish hospital care during the PHE is in *Appendix C*. We also note that, in certain cases, state and local governments may have a state or locally-owned hospital that could operate the ACS.

<sup>9</sup> Hospitals should contact their state Medicaid agency to determine any Medicaid/CHIP-specific payment requirements.

<sup>10</sup> Section 1862(a) of the Social Security Act and Medicare Claims Processing Manual 100-04, Chapter 32, Transmittal 67: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c32.pdf>

<sup>11</sup> Additional information regarding CMS rules in effect during the PHE is available here: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

available to state and local governments, it may entail additional complexity and take longer than working with an existing hospital to assume responsibility for the site. To ensure beneficiary safety and to reduce the potential for waste, fraud, and abuse, new hospitals must follow certain steps to enroll in both Medicare and the state's Medicaid/CHIP programs. Information regarding the Medicare enrollment steps is in *Appendix B*. States wanting to pursue this pathway to operate an ACS should contact their applicable CMS Regional Office to further discuss the process (contact information is available in *Appendix D*) and contact their state Medicaid agency to determine any additional Medicaid/CHIP enrollment requirements.

- *Not enroll as a hospital; clinicians, such as physicians and other non-physician practitioners, could seek payment for covered professional services:* State and local governments not wanting to enroll a new hospital could engage a medical group to furnish and bill for the professional services furnished to enrolled beneficiaries at an ACS – but the state/locality may have to find separate funding for many other hospital-related services if the state/locality wanted the ACS to function similarly to a hospital. Original Medicare and state Medicaid/CHIP programs generally pay hospitals for: 1) inpatient and outpatient *facility* services furnished to enrolled beneficiaries and 2) separately pay physicians and other non-physician practitioners for *professional* services, regardless of the setting where the covered professional service was furnished.<sup>12</sup> Said differently, when a beneficiary is admitted to a hospital, there are typically Medicare facility claims (for the hospital's services) and Medicare professional claims (for the professional's services, such as patient evaluation and management). During the PHE, Medicare will pay physicians and non-physician practitioners for covered professional health care services furnished to enrolled beneficiaries at ACSs. Similar to hospitals, physicians and non-physician practitioners seeking payment for care furnished to Medicare beneficiaries must be enrolled in Medicare; and likewise practitioners seeking payment from their state Medicaid programs must be enrolled with such state and follow specific program coverage and payment rules. State and local governments that are not able to enroll as a hospital could partner with CMS-enrolled physicians or non-physician practitioners who would be able to furnish and bill for ambulatory care at the ACS.

### **Multi-Hospital/Organization Approaches**

It is important to note that, if state and local governments expect to partner with *more than one private hospital to provide services at an ACS*, they should contact their CMS Regional Office if they are interested in being paid by Medicare or Medicaid for hospital services furnished to Medicare or Medicaid beneficiaries at the site. A full list of CMS Regional Office contacts is in *Appendix D*. Under this scenario, where more than one hospital or health system operates the ACS, CMS would need additional information to determine whether it could pay for services at that location. For example, CMS would need to know if there were distinct clinical spaces to provide a safe environment for their patients.

### **Medicaid and CHIP Considerations**

If ACSs are operated through the options presented in this paper, federal regulations would allow State Medicaid and CHIP agencies to pay for covered services provided in them. That said, each ACS should also reach out to the State Medicaid Agency to understand any state-based direction.

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<sup>12</sup> Please note that the applicable payment systems under Medicaid may vary by state, however this is typically how payments work under the Original Medicare. States and local governments should contact their Medicaid agency to determine any specific Medicaid/CHIP payment requirements.

## APPENDIX A: Hospital Requirements & 1135 Waivers

### General Hospital Requirements

Under federal law, hospitals must meet CMS requirements in order to bill Medicare or Medicaid for covered inpatient or outpatient hospital services furnished to Medicare or Medicaid / CHIP beneficiaries.

- *Conditions of Participation:*<sup>13</sup> These health and safety standards are the foundational requirements that organizations must achieve to enroll as a hospital and furnish hospital care to CMS beneficiaries. The Conditions of Participation include requirements for the types of services the hospital must provide – such as pharmacy, laboratory, radiologic, 24/7 nursing services and room and board – as well as structural requirements regarding its nursing and medical staff, quality improvement and others. Hospitals are subject to initial and periodic surveys verifying that they meet these requirements.
- *Enrollment:* Hospitals must enroll in the Medicare program and identify key information about their organization prior to furnishing and billing for hospital care. During the PHE, CMS streamlined certain enrollment requirements. For example, during the PHE new hospitals can call their applicable Medicare Administrative Contractor to establish temporary billing privileges for the duration of the PHE, instead of completing a paper or electronic CMS-855A application.<sup>14</sup> Once the PHE has expired, these hospitals must be in full compliance with enrollment and certification requirements for hospitals. States may have separate enrollment requirements for their Medicaid programs.
- *Billing Rules:* Generally speaking, Medicare and Medicaid will pay for reasonable and necessary inpatient and outpatient services for enrolled beneficiaries. However, depending on the type of hospital and the services furnished, payments may vary. For example, Medicare pays certain acute care hospitals differently than it does critical access hospitals.<sup>15</sup> Hospitals must follow the appropriate billing rules to be paid for care.

### Emergency 1135 Waivers & Health System Flexibility

In certain circumstances, the Secretary of the Department of Health and Human Services (HHS), under authority in section 1135 of the Social Security Act can temporarily modify or waive certain Medicare, Medicaid, CHIP, or HIPAA requirements on a provider-by-provider, geographic, or other broad-scale basis. These actions are commonly referred to as “1135 waivers”. Under its *Hospitals Without Walls* initiative, CMS waived several Medicare conditions of participation at 42 CFR Part 482 and provider-based rules at 42 CFR §413.65 on a national basis. These so-called “blanket” waivers give hospitals flexibilities to respond to the COVID-19 PHE and to furnish care in ACSs, including retrofitted locations (e.g., tents, gymnasiums, and even the patient’s home). Broadly speaking, these waivers streamline the process for hospitals that are already enrolled in the Medicare program to expand access to care. **The waivers do not, however, eliminate enrollment, survey, and billing requirements for brand new hospitals that wish to furnish care to beneficiaries.** CMS has temporarily modified physician supervision requirements, physical environment, and telehealth payment policies to promote access to care during the PHE. Additional information regarding the waivers and CMS emergency rulemaking is available here: <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>.

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<sup>13</sup> Additional information regarding CMS’ hospital Conditions of Participation is available here: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospitals>, here: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals>, and here: <https://www.cms.gov/files/document/covid-hospitals.pdf>

<sup>14</sup> <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

<sup>15</sup> <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS>; and <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CritAccessHospfctsh.pdf>



In the provision of all services, including under an 1135 waiver, recipients of HHS funds must comply with federal civil rights non-discrimination requirements on the basis of race, color, national origin, disability, age, sex, and exercise of conscience and religious freedom rights. States are also still subject to obligations under the integration mandate of the Americans with Disabilities Act, to avoid subjecting persons with disabilities to unjustified institutionalization or segregation.

## APPENDIX B: Medicare Hospital Enrollment

Prior to furnishing and billing Medicare for inpatient or outpatient hospital care delivered to Medicare beneficiaries, a new hospital must enroll in the Medicare program. This enrollment has three critical steps: the hospital must obtain a National Provider Identifier (NPI) from the National Plan and Provider Enumeration System, the hospital must submit an enrollment application to Medicare, and the hospital must undergo a survey demonstrating that it meets the conditions of participation. Additional information regarding these steps is below.

### **Step 1: Obtain NPI**

- New hospitals are required to obtain a new NPI from NPPES. Applying for an NPI is a process separate from Medicare enrollment. To obtain an NPI, the new hospital may apply online at <https://NPPES.cms.hhs.gov>.
- For NPI purposes, sole proprietors and sole proprietorships are considered to be “Type 1” providers. Organizations (e.g., corporations, partnerships) are treated as “Type 2” entities. As a result, new hospitals will want to seek “Type 2” NPIs.
- It is the new hospital’s responsibility to determine if it has “subparts.” A subpart is a component of the organization that furnishes healthcare and is not itself a legal entity. If the new hospital does have subparts, it must determine if it should obtain its unique NPIs for those subparts.

### **Step 2: Enrollment Application**

- New hospitals (as well as other new institutional providers) are required to submit a [CMS 855A enrollment application](#) to their applicable Medicare Part A/B Medicare Administrative Contractor (MAC).<sup>16</sup> As noted below, providers may also enroll via the MAC’s hotline, though they may be required to complete a paper or electronic application following the end of the PHE.
- The CMS 855A enrollment application requires new hospitals to submit certain identifying and administrative information to Medicare, including the new hospital’s tax identification number, the location(s) where the hospital will furnish care, information about the new hospital’s ownership and control, and information about the individuals managing the new hospital.
- Importantly, CMS requires new hospitals to obtain all necessary state licenses, certifications or other approvals before enrolling and treating Medicare beneficiaries. This information must also be included in the new hospital’s 855A enrollment application. We believe that many states may have streamlined licensing requirements during the PHE.
- The CMS 855A enrollment applications can be submitted via paper (e.g., mail or fax) or through Medicare’s [Provider Enrollment, Chain and Ownership System](#) (PECOS). Providers may also enroll via the MAC’s hotline, though they may be required to complete a paper or electronic application following the end of the PHE.
- Once the application is submitted the applicable MAC reviews the application. Due to the COVID-19 PHE, CMS is expediting enrollment application reviews. Reviews for applications submitted by phone or through PECOS will typically be completed within 7 calendar days or less. Reviews for applications submitted via paper (e.g., mail or fax) will be completed within 14 calendar days or less.

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<sup>16</sup> A current map of A/B MAC regions is available here: <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/AB-Jurisdiction-Map-Jun-2019.pdf>. A list of the current MACs by state is available here: <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/MACs-by-State-June-2019.pdf>



### **Step 3: Survey**

- New hospitals must demonstrate through a survey that they meet Medicare's hospital Conditions of Participation<sup>17</sup> that are in effect during the PHE. Certain conditions have been waived under CMS' 1135 waiver authority discussed in more detail above. A list of the Conditions of Participation that are waived during PHE is available here: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>
- Hospitals can obtain a survey from a state survey agency or an accreditation organization (AO) with a Medicare-approved hospital program. We encourage new hospitals to work with CMS Regional Office staff (please see *Appendix D* for contact information) and the applicable agency within their state government to determine the quickest way to obtain a survey. In certain cases, CMS is temporarily allowing surveys to be conducted remotely by AOs to ensure organizations can respond to the pandemic. Please also note that the state agency that issues hospital licenses may be different than the agency that conducts the certification survey.
- Based on the survey results, the state agency or AO makes a recommendation for approval or denial (a certification of compliance or noncompliance) to the CMS Regional Office.
- The CMS Regional Office makes the final decision regarding program eligibility. The CMS Regional Office also works with the HHS Office of Civil Rights to obtain necessary Civil Rights clearances. If approved, the provider must typically sign a provider agreement.

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<sup>17</sup> <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospitals>

## APPENDIX C: Provider Flexibilities & Medicare Payment for Health Care Services Furnished at an ACS

Under the 1135 waivers and two interim final rules with comment periods<sup>18</sup>, CMS has given significant flexibility to health care providers to respond to the COVID-19 PHE by expanding access and furnishing patient care in ACSs. Some non-hospital providers, as described below, may be temporarily certified as hospitals to build capacity during the PHE. State and local governments could partner with organizations that use these flexibilities to furnish and bill for hospital care in a state or local government-developed ACS. To the extent that states partner with providers using these flexibilities, states should ensure that they have examined their legal and regulatory regimes and have made any changes necessary to allow for providers managing ACSs to furnish the full breadth of services intended by the state.

Partner that Assumes Operating Responsibility From State, Local, Territorial or Tribal Government	Prerequisites to furnishing care at off-campus state/locality-developed ACS	Covered Health Care Services Medicare Will Pay For at ACS	Professional Services Also Billed?
<b>Acute Care Hospital</b>	<ul style="list-style-type: none"> <li>• <a href="#">1135 Waivers</a></li> <li>• Develop remote “provider-based”<sup>19</sup> location of the hospital at the ACS</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient hospital care</li> <li>• Outpatient hospital care</li> <li>• Specific payments would depend on hospital type<sup>20</sup> and arrangement</li> </ul>	<ul style="list-style-type: none"> <li>• Professional services can be furnished and billed for separately.</li> <li>• Professionals should use place of service codes “19” or “21” depending on whether the ACS is considered an outpatient or inpatient facility.</li> </ul>
<b>Long-Term Care Hospital</b>	<ul style="list-style-type: none"> <li>• <a href="#">1135 Waivers</a></li> <li>• Develop remote location of the hospital at the ACS</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient hospital care</li> <li>• Payments made through the LTCH Prospective Payment System</li> </ul>	<ul style="list-style-type: none"> <li>• Professional services can be furnished and billed for separately using place of service code “21”.</li> </ul>
<b>Inpatient Rehabilitation Facility</b>	<ul style="list-style-type: none"> <li>• <a href="#">1135 Waivers</a></li> <li>• Develop remote location of the hospital at the ACS</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient hospital care</li> <li>• Payments made through the IRF Prospective Payment System</li> </ul>	<ul style="list-style-type: none"> <li>• Professional services can be furnished and billed for separately using place of service code “21”.</li> </ul>
<b>Ambulatory Surgical Center to Hospital Conversion</b>	<ul style="list-style-type: none"> <li>• <a href="#">1135 Waivers</a></li> <li>• Temporarily enroll in Medicare as a hospital at own location</li> <li>• Develop remote “provider-based” location of the converted hospital at the ACS</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient hospital care</li> <li>• Outpatient hospital care</li> <li>• Payments would be made under the Inpatient Prospective Payment System and the Outpatient Prospective Payment System</li> </ul>	<ul style="list-style-type: none"> <li>• Professional services can be furnished and billed for separately.</li> <li>• Professionals should use place of service codes “19” or “21” depending on whether the ACS is considered an outpatient or inpatient facility.</li> </ul>
<b>Licensed Independent Freestanding Emergency</b>	<ul style="list-style-type: none"> <li>• <a href="#">1135 Waivers</a></li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient hospital care</li> <li>• Outpatient hospital care</li> </ul>	<ul style="list-style-type: none"> <li>• Professional services can be furnished and billed for separately.</li> </ul>

<sup>18</sup> March 30, 2020 Emergency Interim Final Rule with Comment: <https://www.cms.gov/files/document/covid-final-ifc.pdf> / April 30, 2020 Emergency Interim Final Rule with Comment: <https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>

<sup>19</sup> The terms “provider-based entity” and “remote location of the hospital” are defined at 42 CFR § 413.65.

<sup>20</sup> Acute care hospitals may be paid under the Inpatient Prospective Payment System. Hospitals may also be exempt from the prospective payment systems and rather paid on a cost-basis, such as Critical Access Hospitals, PPS-Exempt Cancer Hospitals, and Children’s Hospitals.

<b>Departments to Hospital Conversion</b>	<ul style="list-style-type: none"> <li>Temporarily enroll in Medicare as a hospital at own location</li> <li>Develop remote “provider-based” location of the converted hospital at the ACS</li> </ul>	<ul style="list-style-type: none"> <li>Payments would be made under the Inpatient Prospective Payment System and the Outpatient Prospective Payment System</li> </ul>	<ul style="list-style-type: none"> <li>Professionals should use place of service codes “19” or “21” depending on whether the ACS is considered an outpatient or inpatient facility.</li> </ul>
<b>Physicians and Medical Groups</b>	<ul style="list-style-type: none"> <li>Waivers not necessary</li> <li>ACS cannot be considered a hospital inpatient or outpatient location and no facility claim can be submitted to Medicare</li> </ul>	<ul style="list-style-type: none"> <li>Professional services furnished in “non-facility” location</li> <li>Professionals should use place of service codes “11” to identify practice location</li> <li>Services paid under the Medicare Physician Fee schedule</li> </ul>	N/A

### **Additional Detail Regarding Each Option**

*Acute Care Hospital – New Provider-based Department:* CMS waived several Medicare Conditions of Participation at 42 CFR Part 482 and provider-based rules at 42 CFR § 413.65 for the duration of the COVID-19 PHE. These waivers give hospitals flexibilities to respond to the COVID-19 PHE and to furnish care in ACSs, including retrofitted locations (e.g., tents, gymnasiums, and other temporary locations). This temporary expansion must not be inconsistent with the state’s emergency preparedness or pandemic plan. In the March 30, 2020 interim final rule with comment period, CMS established a temporary policy to allow hospitals to furnish routine inpatient care “under arrangements” with other providers (85 FR 19278-19280). Importantly, state and local governments that want to partner with an existing hospital could hand-off operations of the ACS to the hospital, where it would be provider-based location of the hospital. Hospitals would need to ensure they could continue to meet the Conditions of Participation that remain in effect during the PHE, continue to exercise sufficient control and responsibility over the use of hospital resources in treating patients, and obtain any state licensing requirements or other approvals as necessary. During the PHE, if the hospital intends to bill Medicare for the services under the main hospital, no additional provider enrollment actions are required (for example, hospitals do not need to submit an updated CMS 855A enrollment form for the ACS).

*Long-term Care Hospital (LTCHs) – New Remote Location:* The same waivers and rule flexibilities provided to acute care hospitals (described directly above) also apply to LTCHs. In addition, CMS has implemented Section 3711(b) of the CARES Act (P.L. 116-136) which requires CMS to waive the LTCH 50% rule (requiring that at least 50% of patients meet LTCH criteria), as well as the site-neutral payment rate (lower rate applied when LTCH criteria not met) during the PHE.<sup>21</sup> Importantly, state and local governments that want to partner with an existing hospital could hand-off operations of the ACS to the LTCH, which would in turn need to make the ACS a remote location of the LTCH. LTCHs would also need to ensure they could continue to meet the Conditions of Participation that remain in effect during the PHE, as well as obtain any state licensing requirements or other approvals as necessary. During the PHE, if the LTCH intends to bill Medicare for the services under the main hospital, no additional provider enrollment actions are required (for example, LTCHs do not need to submit an updated CMS 855A enrollment form for the ACS).

<sup>21</sup> <https://www.cms.gov/files/document/MM11742.pdf>

*Inpatient Rehabilitation Facility (IRF) – New Remote Location:* The same waivers and rule flexibilities provided to acute care hospitals and LTCHs (described directly above) also apply to IRFs. In addition, CMS has implemented Section 3711(a) of the CARES Act (P.L. 116-136), which requires CMS to waive the requirement that IRF patients generally receive at least 15 hours of therapy per week. In the May 8, 2020 interim final rule (85 FR 27550), CMS further modified the IRF coverage and classification requirements for freestanding IRF hospitals to exclude patients admitted solely to relieve acute care hospital capacity in a state (or region, as applicable) that is experiencing a surge during the PHE.

Importantly, state and local governments that want to partner with an existing hospital could hand-off operations of the ACS to the IRF, which would in turn need to make the ACS a remote location of the IRF. IRFs would also need to ensure they could continue to meet the Conditions of Participation that remain in effect during the PHE, as well as obtain any state licensing requirements or other approvals as necessary. During the PHE, if the IRF intends to bill Medicare for the services under the main hospital, no additional provider enrollment actions are required (for example, IRFs do not need to submit an updated CMS 855A enrollment form for the ACS).

*Ambulatory Surgical Center to Hospital Conversion:* To create capacity to treat additional patients during the PHE, CMS is allowing Medicare-certified Ambulatory Surgical Centers to temporarily enroll as a hospital. This temporary expansion must not be inconsistent with the state's emergency preparedness or pandemic plan. CMS has developed a streamlined enrollment process for Ambulatory Surgical Centers that want to enroll as hospitals during the PHE. Specific information about this new streamlined enrollment process can be found here: <https://www.cms.gov/files/document/qso-20-24-asc.pdf>. Interested Ambulatory Surgical Centers can use the provider enrollment hotline to contact the Medicare Administrative Contractor serving their jurisdiction to enroll as a hospital pursuant to a streamlined enrollment and survey and certification process as long as no Immediate Jeopardy (IJ)-level deficiencies were found within the previous three years for the Ambulatory Surgical Center, or if IJ-level deficiencies were found, they were subsequently removed through the normal survey process, and the relevant location meets the Conditions of Participation and other requirements for hospitals not waived by CMS.<sup>22</sup> Ambulatory Surgical Centers that temporarily enroll as hospitals would then bill only under the applicable hospital payment systems. The Ambulatory Surgical Center would be required to function as an acute care hospital, not solely as a hospital outpatient surgical department. Importantly, state and local governments that want to partner with an existing Ambulatory Surgical Center-converted-hospital could hand-off operations of the ACS to the new hospital, where such local government ACS would be a remote "provider-based" location of the hospital for inpatient or outpatient services.

We remind states that while we recognize services provided by the Ambulatory Surgical Center-converted-hospital as full hospital services for purposes of Medicare payment, state licensure or other regulations may prevent these facilities from performing certain services within their capabilities. We encourage states to ensure that their regulations have been appropriately adjusted to allow these facilities to furnish the full range of services for which they are appropriately resourced for the duration of the public health emergency.

*Licensed Independent Freestanding Emergency Department to Hospital Conversion:* Due to their existing infrastructure, independent freestanding emergency departments (ED), which have no hospital affiliation and are specifically licensed by the state to operate independently to provide emergency services, have been identified as a resource to assist in expanding capacity for inpatient and outpatient hospital services

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<sup>22</sup> <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid19.pdf>

for patients requiring a higher level of care. Currently, only four states license independent freestanding EDs to operate without hospital affiliation: Colorado, Delaware, Rhode Island, and Texas.

Working in coordination with their State and State's pandemic plan, licensed independent freestanding EDs may begin participating in Medicare and Medicaid to help address the need to increase hospital capacity to provide additional care to patients during the PHE in the following ways:

- As hospital-affiliated EDs under the 1135 emergency waiver;
- As Medicaid-certified clinics under the state's clinic benefit; and
- As a Medicare-certified hospital by temporarily enrolling in Medicare as a hospital through the attestation process developed under the 1135 emergency waiver.
- As a physician practice

CMS has developed a streamlined enrollment process for licensed independent freestanding EDs that want to enroll as hospitals during the PHE. Specific information about this new streamlined enrollment process can be found here: <https://www.cms.gov/files/document/qso-20-27-hospital.pdf>. Interested eligible EDs can use the provider enrollment hotline to contact the Medicare Administrative Contractor serving their jurisdiction to enroll as a hospital.

We remind states that, while we recognize services provided by the freestanding ED-converted-hospital as full hospital services for purposes of Medicare payment, state licensure or other regulations may prevent these facilities from performing certain services within their capabilities. We encourage states to ensure that their regulations have been appropriately adjusted to allow these facilities to furnish the full range of services for which they are appropriately resourced for the duration of the public health emergency.

*Physicians and Medical Groups:* Medicare pays physicians and non-physician practitioners for covered professional health care services furnished to Medicare beneficiaries. During the PHE, Medicare-enrolled physicians and non-physician practitioners can bill Medicare for covered professional services that are furnished to Medicare beneficiaries at ACSs, including gymnasiums, or other non-clinical locations. In the case when the ACS is considered part of a hospital, physicians and non-physician practitioners would use the applicable place of service code depending on whether the ACS is furnishing outpatient (place of service code "19") or inpatient care (place of service code "21"). However, when the ACS is not enrolled as part of a hospital or other facility, and no facility claim is being submitted to Medicare, physicians and non-physician practitioners should use place of service code "11" for a non-facility practice location. When a covered professional service is furnished in non-facility locations, Medicare payments are typically increased to account for the higher practice expense required to furnish the service. As a result, state and local governments with expansion sites that are not able to enroll as hospitals or other Medicare facility types could partner with Medicare-enrolled physicians or non-physician practitioners to be able to furnish and bill for ambulatory care at the ACS.

## APPENDIX D: CMS Regional Office Contact List

Region	Regional Office Location	Contact	States served by the Region
<b>Region 1</b>	Boston	ROBOSORA@cms.hhs.gov	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
<b>Region 2</b>	New York	RONYCORA@cms.hhs.gov	New Jersey, New York
<b>Region 3</b>	Philadelphia	ROPHIORA@cms.hhs.gov	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
<b>Region 4</b>	Atlanta	ROATLORA@cms.hhs.gov	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
<b>Region 5</b>	Chicago	ROCHIORA@cms.hhs.gov	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
<b>Region 6</b>	Dallas	RODALORA@cms.hhs.gov	Arkansas, Louisiana, New Mexico, Oklahoma, Texas
<b>Region 7</b>	Kansas City	ROKCMORA@cms.hhs.gov	Iowa, Kansas, Missouri, Nebraska
<b>Region 8</b>	Denver	ROREAORA@cms.hhs.gov	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
<b>Region 9</b>	San Francisco	ROSFOORA@cms.hhs.gov	Arizona, California, Hawaii, Nevada, Pacific Territories
<b>Region 10</b>	Seattle	ROSEA_ORAZ@cms.hhs.gov	Alaska, Idaho, Oregon, Washington
<b>Region 11</b>	Puerto Rico	prfo@cms.hhs.gov	Puerto Rico, US Virgin Islands

# MEDICAID INCREASED FMAP FAQ

## Families First Coronavirus Response Act – Increased FMAP FAQs

On March 18, 2020, the President signed into law H.R. 6021, the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state and territory's <sup>1</sup> Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act (the Act) effective beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency declared by the Secretary of Health and Human Services for COVID-19<sup>2</sup>, including any extensions, terminates.

### **A. General Questions**

#### **1. Which states are eligible for the 6.2 percentage point FMAP increase?**

All states and territories are eligible for the increased FMAP, provided they meet the requirements of section 6008(b) and (c) of the Families First Coronavirus Response Act. While CMS has not conducted reviews for state compliance, we believe that all states can take steps to be compliant and earn the enhanced funding, and CMS will provide technical assistance to states on this issue. The specific criteria that states and territories must meet in order to qualify for the increased FMAP is described in section C of this FAQ document (below).

#### **2. Does the 6.2 percentage point FMAP increase apply to all match rates used in determining how much Federal Financial Participation (FFP) states receive for Medicaid expenditures?**

In general, the increased FMAP is available for allowable Medicaid medical assistance expenditures for which federal matching is paid ordinarily at the state-specific FMAP rate defined in the first sentence of section 1905(b) of the Act. The increase does not apply with respect to the following Medicaid expenditures:

- Medicaid administrative expenditures, for which the matching rate is not defined in section 1905(b).
- Adult group expenditures matched at the “newly eligible” FMAP specified in section 1905(y) of the Act.
- Adult group expenditures matched at the “expansion state” FMAP specified in section 1905(z) of the Act.
- Expenditures for family planning services eligible for 90% match as specified in section 1903(a)(5).

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<sup>1</sup> Unless specifically noted, each reference to a state or states in these FAQs includes a reference to the District of Columbia and the territories.

<sup>2</sup> The emergency period is defined in paragraph (1)(B) of section 1135(g) of the Act, as amended by H.R. 6074—The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Pub. L. 116-123). The Secretary's determination that a public health emergency exists was issued on January 31, 2020 with an effective date of January 27, 2020. The declaration is available at <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>.

- Expenditures for services “received through” an IHS facility (including an IHS facility operated by an Indian tribe or tribal organization), as the 100% match rate for these services is not the same as the state-specific FMAP defined in the first sentence of section 1905(b) to which the 6.2 percentage point FMAP increase applies.
- Expenditures matched at 100% for individuals in Qualifying Individuals programs.
- Health home services under section 1945 of the Act when these are matched at 90% as specified in section 1945(c)(1). After the initial enhanced FMAP period for these services that is described in section 1945(c)(1), they will be matched at the state’s regular FMAP, which might be subject to the 6.2 percentage point increase under section 6008(a).
- Community First Choice (CFC) 1915(k) service expenditures already eligible for a 6 percentage point in Federal match rate increase.
- Any other expenditures not matched at the FMAP determined for each state that is defined in the first sentence of section 1905(b).

### **3. Is the increased FMAP available for Medicaid DSH expenditures?**

Yes, if the expenditures are matched at the 1905(b) FMAP and the state and the expenditures otherwise meet the qualifying requirements (the expenditures were incurred during the applicable time period, the state meets the requirements in section 6008(b) and (c) of the FFCRA).

### **4. Does the 6.2 percentage point FMAP increase apply to Children’s Health Insurance Program expenditures and expenditures for individuals eligible on the basis of breast and cervical cancer that are matched at the “enhanced” FMAP (EFMAP) under section 2105(b) of the Act?**

Not directly. The EFMAP in section 2105(b) of the Act is calculated using the FMAP as defined in the first sentence of section 1905(b) of the Act as a “base.” Therefore, generally, as the 1905(b) FMAP increases for a state, the EFMAP also increases for the state, though not in the exact same amount. Therefore, the EFMAP will increase for states coinciding with the duration of the 6.2 percentage point increase to the FMAP.

Please note that under section 2105(b) of the Act, the EFMAP for CHIP expenditures only is increased by 11.5 percentage points for the Federal Fiscal Year (FY) 2020 (October 1, 2019 through September 30, 2020) with a cap of 100% for this same period. The 100% cap will still apply as the maximum match rate for CHIP expenditures. For FY 2021 and after, the EFMAP under section 2105(b) of the Act is capped at 85%. Optional Breast and Cervical Cancer expenditures are matched at the uninincreased EFMAP (that is, the EFMAP without the 11.5 percentage point increase described above).

Optional Breast and Cervical Cancer expenditures under section 2105(b) of the Act are matched at the uninincreased EFMAP (that is, the EFMAP without the 11.5 percentage point increase for CHIP expenditures described above).



**Example of the Impact of the 6.2 percentage point FMAP Increase on the Section 2105(b) EFMAP Calculation**

	<b>Without</b> 6.2 percentage point FMAP Increase	<b>With</b> 6.2 percentage point FMAP Increase
1905(b) FMAP	50%	56.2%
EFMAP Calculation	$(50\% \times 0.7) + 0.3$	$(56.2\% \times 0.7) + 0.3$
EFMAP (non-CHIP)	65%	69.34%
EFMAP for CHIP (FY 2020)	76.5% (65% + 11.5%)	80.84% (69.34% + 11.5%)

**5. For which period is the FMAP increase available?**

Section 6008(a) of the FFCRA states that the increased FMAP is available for each calendar quarter occurring during the public health emergency. As the public health emergency for COVID-19 was declared by the Secretary of Health and Human Services on January 31, 2020, the increased FMAP is available for qualifying expenditures that were incurred on or after January 1, 2020 and through the end of the quarter in which the public health emergency including any extensions, ends. At the time the public health emergency period for COVID-19 ends, CMS will inform states.

**6. How do states know whether an otherwise qualifying expenditure falls within the period for which the increased FMAP is available?**

States should follow existing federal requirements regarding the applicability of a particular match rate available for a given quarter. For purposes of determining which FMAP applies, expenditures are considered to be incurred based on when the state makes a payment to a provider, not based on the date of service. The quarter in which the State makes a payment is the quarter in which the expenditure will be considered to be incurred, and the FMAP applicable to that quarter is the appropriate FMAP for that claim.

**7. Is the increased FMAP available for services provided under waivers and section 1115 demonstrations?**

Yes, if the expenditures are matched at the FMAP defined in the first sentence of 1905(b) and the state and the expenditures otherwise meet the qualifying requirements in section 6008 of the FFCRA.

**8. Are states required to submit a State Plan Amendment (SPA) to be eligible for the 6.2 percentage point FMAP increase?**

No, states are not required to submit a SPA to be eligible for the FMAP increase. However, only expenditures matched at the FMAP defined in the first sentence of 1905(b) that are incurred by states that meet the qualifying requirements in section 6008 of the Families First Coronavirus Response Act are eligible for the increased FMAP.

## **B. Requirements for States to Receive Increased FMAP**

### **1. What must a state do to receive a 6.2 percentage point temporary increase to the federal medical assistance percentage (FMAP)?**

To qualify for the temporary FMAP increase, states must, through the end of the month when the public health emergency ends:

- a. Maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020 (maintenance of effort requirement).
- b. Not charge premiums that exceed those that were in place as of January 1, 2020
- c. Cover, without impositions of any cost sharing, testing, services and treatments—including vaccines, specialized equipment, and therapies—related to COVID-19.
- d. Not terminate individuals from Medicaid if such individuals were enrolled in the program as of the date of the beginning of the emergency period, or becomes enrolled during the emergency period, unless the individual voluntarily terminates eligibility or is no longer a resident of the state (continuous coverage requirement).

These requirements became effective on March 18, 2020. More information on these conditions is provided below.

### **2. What is the maintenance of effort (MOE) requirement in the FFCRA? What types of eligibility and enrollment changes can states make to respond to the current emergency and still receive temporary increased FMAP?**

States may not impose eligibility standards, methodologies, or procedures that are more restrictive than those that were in place on January 1, 2020, in order to receive increased FMAP during the emergency period. States may continue to make temporary or permanent eligibility and enrollment changes that are less restrictive during the emergency period, such as lowering premiums, easing burden associated with verification requirements, and streamlining the application process, as permitted by law, including under any applicable federal waiver or modification authorities. CMS is available to provide technical assistance to any state that implemented any such more restrictive standards, methodologies, or procedures between January 1, 2020 and enactment of the FFCRA.

### **3. Can states increase premiums under the state plan (or waiver) after January 1, 2020 and still receive temporary increased FMAP?**

No. A state that increases premiums for any beneficiaries above the amounts in effect on January 1, 2020 is not eligible for the temporary increased FMAP.

**4. Are states required to cover any COVID-related services as a condition of receiving the temporary increased FMAP?**

Yes. States must cover, under the state plan (or waiver), testing services and treatments for COVID-19, including vaccines, specialized equipment, and therapies, for any quarter in which the temporary increased FMAP is claimed.

**5. Which items and services must states exempt from cost sharing in order to be eligible for the temporary increased FMAP?**

States may not impose deductibles, copayments, coinsurance or other cost sharing charges for any services described in question C.4., above – i.e., testing services and treatments for COVID-19, including vaccines, specialized equipment, and therapies – in the quarter in which the temporary increased FMAP is claimed.

**6. Are states required to provide continuous coverage for all Medicaid beneficiaries through the end of the month in which the emergency period ends?**

Yes. In order to receive the temporary FMAP increase provided under section 6008 of the FFCRA, states must provide continuous coverage, through the end of the month in which the emergency period ends, to all Medicaid beneficiaries who were enrolled in Medicaid on or after March 18, 2020, regardless of any changes in circumstances or redeterminations at scheduled renewals that otherwise would result in termination. States may terminate coverage for individuals who request a voluntary termination of eligibility, or who are no longer considered to be residents of the state.

**7. If a state has already terminated coverage for individuals enrolled as of March 18, 2020, what actions should the state take? Must those individuals have their coverage reinstated?**

To receive the increased FMAP, states may not terminate coverage for any beneficiary enrolled in Medicaid during the emergency period effective March 18, 2020, unless the beneficiary voluntarily requested to be disenrolled, or is no longer a resident of the state. States that want to qualify for the increased FMAP should make a good faith effort to identify and reinstate individuals whose coverage was terminated on or after the date of enactment for reasons other than a voluntary request for termination or ineligibility due to residency. At a minimum, states are expected to inform individuals whose coverage was terminated after March 18, 2020 of their continued eligibility and encourage them to contact the state to reenroll. Where feasible, states should automatically reinstate coverage for individuals terminated after March 18, 2020 and should suspend any terminations already scheduled to occur during the emergency period. Coverage should be reinstated back to the date of termination.

**8. Does continuous coverage for the emergency period apply to individuals who are receiving benefits during a period of presumptive eligibility?**

Individuals who have been determined presumptively eligible for Medicaid have not received a determination of eligibility under the state plan, and are therefore not “enrolled” and subject to the requirements for continuous coverage described under section 6008 of the FFCRA.

**9. Do the requirements to provide continuous coverage during the emergency period apply to individuals who were determined ineligible prior to March 18, 2020, but who continue to receive services pending an appeal?**

Yes. Individuals who continue to receive services pending an appeal of a determination of ineligibility would be considered to be enrolled for benefits, if this was their status as of March 18, 2020 and therefore should not be terminated from enrollment until the end of the month when the emergency period ends.

**10. Do the requirements to provide continuous coverage apply to CHIP?**

No. States do not need to maintain coverage in CHIP in order to receive the temporary increase in the Medicaid federal medical assistance percentage (FMAP) provided under section 6008 of the FFRCA. However, the Maintenance of Effort (MOE) required under section 2105(d)(3) of the Social Security Act continues to apply.

**11. Should states continue to conduct redeterminations and act on reported or identified changes in circumstances during the emergency period?**

The FFCRA does not prohibit a state from conducting regular Medicaid renewals and redeterminations or acting on reported or identified changes in circumstances. States may also continue to conduct periodic data matching between regular beneficiary renewals, consistent with states' verification plans. However, to receive the increased FMAP, states may not terminate coverage for any beneficiary enrolled in Medicaid on or after March 18, 2020, until the end of the month in which the emergency period ends, unless such individual is no longer a resident of the state or requests voluntary termination. This requirement to maintain continued coverage applies to beneficiaries who might otherwise have coverage terminated after a change in circumstances, including individuals who age out of a Medicaid eligibility group during the emergency period, who lose receipt of benefits that may affect their eligibility (e.g., SSI, foster care assistance payments), and whose whereabouts become unknown.

**12. If a state receives information during the emergency period that would make a beneficiary eligible for a different eligibility group, must the state keep the beneficiary enrolled in the group in which he or she is currently enrolled?**

To receive the increased FMAP under the FFCRA, states may not terminate coverage for beneficiaries enrolled in Medicaid on or after March 18, 2020, through the end of the month in which the emergency period ends, unless the beneficiary voluntarily requests termination from the program or is considered to no longer be a resident of the state. Further, while states may increase the level of assistance provided to a beneficiary who experiences a change in circumstances, such as moving the individual to another eligibility group which provides additional benefits, states may not reduce benefits for any beneficiary enrolled in Medicaid on or after March 18, 2020, through the end of the month in which the emergency period ends, and still qualify for increased FMAP.

**13. During the emergency period, should states still terminate Medicaid coverage for deceased individuals?**

Yes. Individuals who are determined to be deceased are no longer residents of the state. States may terminate coverage for deceased individuals and remain eligible for receipt of the increased FMAP. States should communicate this clarification to their managed care plans.

**C. Flow of Federal Funds and State Reporting**

**1. Will CMS be releasing funding all at once or through multiple grant awards?**

We are prioritizing issuing grant awards to states for additional funding associated with the increased FMAP retroactive to January 1, 2020 first. The first set of grant awards will include increased funding for the period January 1, 2020 through March 31, 2020. We will then provide additional funds based upon state budget estimates for the April 1, 2020 through June 30, 2020. As with all Medicaid grant award funding, these funds will be reconciled against claimed and allowable expenditures when states file their quarterly CMS-64 expenditure reports.

**2. When will CMS send the FFP associated with the increased FMAP to states?**

We are currently processing grant awards to fund the increase match for the period beginning January 1, 2020 through March 31, 2020. We expect that states will receive the funds in their Payment Management System (PMS) account no later than Wednesday, March 25, 2020. We intend to issue funding for the increased match associated with the quarter beginning April 1, 2020 as close to April 1, 2020 as possible.

**3. How did CMS calculate the amount of the grant awards associated with the increased FMAP?**

CMS used budget estimates reported and certified by states on the Form CMS-37 in the Medicaid and Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) for the quarter ending March 31, 2020 (Q2 FY 2020) to estimate the additional amount of federal funds that would be due States as a result of the 6.2 percentage point FMAP increase. The amount of the additional grant award that each state receives for Q2 FY 2020 will be equal to the difference between the estimated federal share recalculated for Q2 FY 2020 to include the FMAP 6.2 percentage point increase and the federal share previously reported and certified in MBES/CBES for Q2/FFY 2020 by the state for the Q2 FY 2020 budget submission.

We are working to modify MBES/CBES as soon as possible to reflect each state's increased FMAPs; however, in the meantime, we are providing additional funds to states in estimated amounts described above. Once MBES/CBES is reprogrammed to utilize the increased FMAPs, the system will automatically determine the correct amount of federal funds related to the increased FMAPs, and apply such FMAPs for the actual claimed expenditures that were incurred on or after January 1, 2020, and before the end of the emergency period. Per our standard Medicaid grant award reconciliation process, CMS will reconcile all amounts advanced to the state, including estimated amounts based on the increased FMAP, to actual

Medicaid expenditures reported by the state for the relevant quarter and recover any unexpended amounts or pay any additional amounts due to the state.

**4. The increased FMAP is available for expenditures incurred as early as January 1, 2020. Can states draw all funding associated with the increased FMAP as soon as they receive it?**

If the state meets all applicable requirements and conditions established within section 6008 and other applicable existing federal requirements, it can draw funds associated with allowable Medicaid expenditures that have already been incurred and are eligible for the increased match. A state may not draw funds for expenditures it has not yet incurred, expenditures incurred prior to January 1, 2020, or expenditures that are not otherwise eligible for the increased FMAP.

**5. Will grant awards issued relating to the increased FMAP be subject to adjustment or are they set amounts?**

In calculating grant awards for the increased FMAP associated with the quarter ending March 31, 2020, we used estimated expenditures submitted and certified by states on the Form CMS-37. The final determination of allowability of expenditures eligible for the increased FMAP and any necessary reconciling grant awards will be determined after all the actual expenditures for the quarter have been submitted by the states and reviewed by CMS. At that time, final reconciling grant awards will be issued to reflect the amounts that the states are finally due based on federal requirements, including those specified in the Families First Coronavirus Response Act. Consistent with our existing practice and federal requirements, any overpayment or underpayment will factor into (be offset against or added to) the grant award for the following quarter.

**6. What happens if a state determines that its spending will exceed its budget estimate? Will additional funding be available?**

Consistent with existing practice, states have an opportunity at any time throughout each quarter to request additional funding from CMS as necessary to cover allowable Medicaid administrative and service costs, including those eligible for the 6.2 percentage point increased FMAP. Should any state need additional funds before the end of a quarter, they may request them through a supplemental request to the extent that the state and its expenditures qualify for the increased FMAP and have a permissible source of non-Federal share. CMS will evaluate such requests and issue any appropriate additional supplemental grant awards.

**7. How will CMS expect states to document and differentiate which expenditures they are claiming at the increased FMAP rate and expenditures matched at other rates?**

Consistent with existing requirements, states must document expenditures to ensure a clear audit trail, including by isolating expenditures that are matched at increased FFP rates. We will be performing oversight to ensure that the state expenditures are allowable and accurate, including with respect to the matching rate claimed. We are currently working to modify the Form CMS-64 and Form CMS-37 in the MBES/CBES system to accommodate the changes from the Families First Coronavirus Response Act, including reporting of budget estimates and expenditures eligible for the increase FMAP. We intend to issue further guidance and

offer training to states as soon as possible on reporting budget estimates on the CMS-37 and quarterly expenditures on the Form CMS-64.

**8. Are there special reporting requirements for the Form CMS-64 or Form CMS-37 (i.e., separate lines or a separate report for the increased FMAP)?**

We are currently working to modify the Form CMS-64 and Form CMS-37 in the MBES/CBES system to accommodate the changes from the Families First Coronavirus Response Act, including reporting of budget estimates and expenditures eligible for the increased FMAP. We intend to issue further guidance and offer training to states as soon as possible.

**9. Will CMS expect states to document and differentiate which draws from its Payment Management System (PMS) account are applicable to the increased FMAP rate and which expenditures are matched at other rates? If so, how?**

Consistent with existing requirements, states must document expenditures and draws to ensure a clear audit trail for use of federal funds. We expect states, on a quarterly basis, to provide CMS with a breakout of the total amount of PMS draws by quarter that are related to expenditure eligible for the increase FMAP and the total amount of PMS draws that were *not* for expenditures related to the increased FMAP. CMS expects states to provide this information as soon as possible at the end of every quarter. In line with our current processes, we will continue to reconcile states' PMS subaccounts with actual expenditures once states report them in MBES/CBES and CMS reviews the expenditures for accuracy and allowability. States' total draws in PMS are expected to equal the actual total expenditures reported for such quarter/fiscal year in MBES/CBES.

**10. Does the increased FMAP only pertain to state expenditures or does it also pertain to collections and overpayments?**

All states are responsible for reporting Medicaid collections and overpayments on the CMS-64. States must report overpayments and collections at the same match rate at which the expenditures were originally claimed, including when the original rate incorporated the 6.2 percentage point FMAP increase.

**11. If a state recovers a provider payment that was originally claimed by the state with the 6.2 percentage point increased FMAP, should it return the FFP associated with the recovery at the increased FMAP?**

Yes, recoveries of FFP must be returned at the same match rate at which they were originally claimed. Therefore, if a Medicaid expenditure was claimed using the increased FMAP, the federal share of any recoveries associated with that expenditure would have to be returned using the same increased FMAP.

**D. Requesting Increased FMAP**

**1. To be eligible for the 6.2 percentage point FMAP increase, section 6008(c) of the Families First Coronavirus Response Act provides that states must not require political subdivisions of the state to pay a greater portion of the non-federal share of expenditures required under section 1902(a)(2) of the Act or payments under 1923 of**

**the Act than was required on March 11, 2020. Will CMS require states and territories to demonstrate compliance with this provision prior to receiving the increased FMAP?**

While states are required to ensure compliance with this section, CMS will not require that states submit a demonstration of compliance prior to drawing FFP associated with the increased FMAP. Instead, CMS will require states to attest to compliance. If this attestation is determined to be incorrect such that the state does not satisfy the conditions under section 6008(c) of the Families First Coronavirus Response Act, then the state will be required to return the increased FFP for which it did not qualify to CMS.

**2. Will CMS require that states attest to meeting the requirements of section 6008 of the Families First Coronavirus Response Act when drawing the FFP associated with the increased FMAP?**

Yes. States must attest that they will assure compliance with the requirements in sections 6008(b) and (c) of the Families First Coronavirus Response Act. If this attestation is determined to be incorrect such that the state does not satisfy all applicable conditions under section 6008 of the Families First Coronavirus Response Act, then the state will be required to return the increased FFP for which it did not qualify to CMS.

**3. How will states attest? What should states send in and to whom? Will CMS approve the attestation? May states draw funds before the attestation is approved? Must states attest before each draw down?**

By drawing funds from the increased FMAP account in the Payment Management System (PMS), each state is “attesting” that: it is eligible for the increased FMAP; the expenditures for which it is drawing funds are those for which the increased FMAP is applicable; and that the conditions under which the increased FMAP is available are met. The attestation includes specific agreement with enumerated requirements of sections 6008(b) and (c) of the Families First Coronavirus Response Act. To minimize the need for separate review, avoid state burden, and expedite providing funding to states, CMS has included these requirements as attestations in each grant award letter to the states. The grant award letter indicates that only after the state has assured itself that it meets all of the requirements under which the increased FMAP and associated funds were available, is it free to draw such funds. This process is referred to as a “passive attestation” under which each state did not need to send in a written confirmation that it met the requirements prior to receiving its funds; rather, by simply drawing down the funds the state was attesting that it had carefully considered all attestations and that it met those requirements. If this is determined to be incorrect such that the state does not satisfy all applicable conditions under section 6008 of the Families First Coronavirus Response Act, then the state will be required to return the increased FFP for which it did not qualify to CMS.

**4. Does CMS intend to issue more specific guidance on the requirements relating to political subdivisions in section 6008(c)?**

Section 6008(c) modifies section 1905(cc) of Act by providing that, to be eligible for the increased FMAP under section 6008(a) of the Families First Coronavirus Response Act, states must not require political subdivisions of the state to pay a greater portion of the non-federal share of expenditures required under section 1902(a)(2) of the Act or payments under



1923 of the Act than was required on March 11, 2020. CMS has already issued guidance about section 1905(cc) of the Act, including most recently through State Medicaid Director Letter #10-023 on November 9, 2010. States should refer to this guidance regarding requirements of section 1905(cc). Of note, for increased FMAP available under section 6008 of the Families First Coronavirus Response Act, the reference to “December 31, 2009” in section 1905(cc) of the Act shall be deemed to be a reference to “March 11, 2020.”

## Quick Guide to CDBG Eligible Activities to Support Infectious Disease Response

March 19, 2020

Grantees should coordinate with local health authorities before undertaking any activity to support state or local pandemic response. Grantees may use Community Development Block Grant (CDBG) funds for a range of eligible activities that prevent and respond to the spread of infectious diseases such as the coronavirus disease 2019 (COVID-19).

### Examples of Eligible Activities to Support Infectious Disease Response

<i>For more information, refer to applicable sections of the Housing and Community Development Act of 1974 (for State CDBG Grantees) and CDBG regulations (for Entitlement CDBG grantees).</i>	
<b>Buildings and Improvements, Including Public Facilities</b>	
Acquisition, construction, reconstruction, or installation of public works, facilities, and site or other improvements. <i>See section 105(a)(2) (42 U.S.C. 5305(a)(2)); 24 CFR 570.201(c).</i>	Construct a facility for testing, diagnosis, or treatment.
	Rehabilitate a community facility to establish an infectious disease treatment clinic.
	Acquire and rehabilitate, or construct, a group living facility that may be used to centralize patients undergoing treatment.
Rehabilitation of buildings and improvements (including interim assistance). <i>See section 105(a)(4) (42 U.S.C. 5305(a)(4)); 24 CFR 570.201(f); 570.202(b).</i>	Rehabilitate a commercial building or closed school building to establish an infectious disease treatment clinic, e.g., by replacing the HVAC system.
	Acquire, and quickly rehabilitate (if necessary) a motel or hotel building to expand capacity of hospitals to accommodate isolation of patients during recovery.
	Make interim improvements to private properties to enable an individual patient to remain quarantined on a temporary basis.
<b>Assistance to Businesses, including Special Economic Development Assistance</b>	
Provision of assistance to private, for-profit entities, when appropriate to carry out an economic development project. <i>See section 105(a)(17) (42 U.S.C. 5305(a)(17)); 24 CFR 570.203(b).</i>	Provide grants or loans to support new businesses or business expansion to create jobs and manufacture medical supplies necessary to respond to infectious disease.
	Avoid job loss caused by business closures related to social distancing by providing short-term working capital assistance to small businesses to enable retention of jobs held by low- and moderate-income persons.
Provision of assistance to microenterprises. <i>See section 105(a)(22) (42 U.S.C. 5305(a)(22)); 24 CFR 570.201(o).</i>	Provide technical assistance, grants, loans, and other financial assistance to establish, stabilize, and expand microenterprises that provide medical, food delivery, cleaning, and other services to support home health and quarantine.

<b>Public Services (Capped at 15 Percent of the Grant, With Some Exceptions)<sup>1</sup></b>	
Provision of new or quantifiably increased public services.  <i>See section 105(a)(8) (42 U.S.C. 5305(a)(8)); 24 CFR 570.201(e).</i>	Carry out job training to expand the pool of health care workers and technicians that are available to treat disease within a community.
	Provide testing, diagnosis or other services at a fixed or mobile location.
	Increase the capacity and availability of targeted health services for infectious disease response within existing health facilities.
	Provide equipment, supplies, and materials necessary to carry-out a public service.
	Deliver meals on wheels to quarantined individuals or individuals that need to maintain social distancing due to medical vulnerabilities.
<b>Planning, Capacity Building, and Technical Assistance</b>	
States only: Planning grants and planning only grants.  <i>See section 105(a)(12).</i>	Grant funds to units of general local government may be used for planning activities in conjunction with an activity, they may also be used for planning only as an activity. These activities must meet or demonstrate that they would meet a national objective. These activities are subject to the State's 20 percent administration, planning and technical assistance cap.
States only: use a part of to support TA and capacity building.  <i>See section 106(d)(5) (42 U.S.C. 5306(d)(5)).</i>	Grant funds to units of general local government to hire technical assistance providers to deliver CDBG training to new subrecipients and local government departments that are administering CDBG funds for the first time to assist with infectious disease response. This activity is subject to the State's 3 percent administration, planning and technical assistance cap.
Entitlement only. data gathering, studies, analysis, and preparation of plans and the identification of actions that will implement such plans. <i>See 24 CFR 570.205.</i>	Gather data and develop non-project specific emergency infectious disease response plans.

### Planning Considerations

Infectious disease response conditions rapidly evolve and may require changes to the planned use of funds:

- CDBG grantees must amend their Consolidated Annual Action Plan when there is a change to the allocation priorities or method of distribution of funds; an addition of an activity not described in the plan; or a change to the purpose, scope, location, or beneficiaries of an activity (24 CFR 91.505).
- If the changes meet the criteria for a “substantial amendment” in the grantee’s citizen participation plan, the grantee must follow its citizen participation process for amendments (24 CFR 91.105 and 91.115).

### Resources

The Department has technical assistance providers that may be available to assist grantees in their implementation of CDBG Funds for activities to prevent or respond to the spread of infectious disease. Please contact your local CPD Field Office Director to request technical assistance from HUD staff or a TA provider.

- Submit your questions to: [CPDQuestionsAnswered@hud.gov](mailto:CPDQuestionsAnswered@hud.gov)
- COVID-19 (“Coronavirus”) Information and Resources: <https://www.hud.gov/coronavirus>
- CPD Program Guidance and Training: <https://www.hudexchange.info/program-support/>

<sup>1</sup> Section 105(a)(8) of the Housing and Community Development Act of 1974, provides a different percentage cap for some grantees.

## Number 1: CDBG COVID-19 Question and Answer

### Using CDBG Funds for Staff Costs and Unused and Partially Utilized Space

March 25, 2020

#### Staff Costs

- Q. Are staff costs of CDBG program administration and eligible activities allowable if the staff person is on leave due to the closure of the grantee or subrecipient's offices in response to COVID-19?
- A. Yes. If staff costs meet the program administration requirements of 24 CFR 570.206 or are related to carrying out activities eligible under § 570.201 through § 570.204, the cost of fringe benefits, as provided at 2 CFR 200.431(b), in the form of regular compensation paid to employees during periods of authorized absences from the job, such as for annual leave, family-related leave, sick leave, holidays, court leave, military leave, administrative leave, and other similar benefits, are allowable if all of the following criteria are met:
- (1) They are provided under established written leave policies;
  - (2) The costs are equitably allocated to all related activities, including Federal awards; and,
  - (3) The accounting basis (cash or accrual) selected for costing each type of leave is consistently followed by the grantee/subrecipient or specified grouping of employees.

Please note, however, such charges are subject to regulatory or statutory limits on certain categories of costs (e.g., the 20% limit on CDBG planning and administrative costs).

#### Unused and Partially Utilized Space Costs

- Q. What about the costs of unused and partially utilized space, when space used by grantees/subrecipients in carrying out activities with CDBG funds is no longer used or is no longer used fully in response to COVID-19, are costs such as maintenance, repair, rent, and other related costs, e.g., insurance, interest, and depreciation allowable?
- A. Yes, subject to program restrictions and the regulations at 2 CFR 200.446 *Idle facilities and idle capacity*. While costs for unused space (idle facilities) are usually unallowable, §200.446(b)(2) permits exceptions when the space (facilities) are idle for causes which could not have been reasonably foreseen. Clearly, the COVID-19 situation falls within that exception. Under this exception, "...costs of idle facilities are allowable for a reasonable period of time, ordinarily not to exceed one year, depending on the initiative taken to use, lease, or dispose of such facilities."

Grantees and subrecipients should note, however, that program regulations may prohibit certain costs referenced in the question. For example, 24 CFR 570.207(b)(2)(i) prohibits use of CDBG funds for maintenance and repair of publicly owned facilities and improvements.

As to partially utilized space (idle capacity), §200.446(c) provides that:

"The costs of idle capacity are normal costs of doing business and are a factor in the normal fluctuations of usage or indirect cost rates from period to period. Such costs are allowable, provided that the capacity is reasonably anticipated to be necessary to carry out the purpose of the Federal award or was originally reasonable and is not subject to reduction or elimination by

use on other Federal awards, subletting, renting, or sale, in accordance with sound business, economic, or security practices....”

Accordingly, costs of idle capacity are allowable, subject to the provisos in §200.446(c) and to any program regulatory restrictions noted above.

## Resources

The Department has technical assistance providers that may be available to assist grantees in their implementation of CDBG Funds for activities to prevent or respond to the spread of infectious disease. Please contact your local CPD Field Office Director to request technical assistance from HUD staff or a TA provider.

- Submit your questions to: [CPDQuestionsAnswered@hud.gov](mailto:CPDQuestionsAnswered@hud.gov)
- COVID-19 (“Coronavirus”) Information and Resources: <https://www.hud.gov/coronavirus>
- CPD Program Guidance and Training: <https://www.hudexchange.info/program-support/>

## CDBG-DR COVID-19 Fact Sheet

March 31, 2020

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On March 13, 2020, the President declared the ongoing Coronavirus Disease 2019 (COVID-19) pandemic of sufficient severity and magnitude to warrant an emergency declaration for all states, tribes, territories, and the District of Columbia pursuant to section 501 (b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the “Stafford Act”) and he has since provided major disaster declarations for certain areas pursuant to section 401 of the Stafford Act. This fact sheet provides information to Community Development Block Grant Disaster Recovery (CDBG-DR), CDBG National Disaster Resilience (CDBG-NDR), and CDBG Mitigation (CDBG-MIT) grantees on flexibilities HUD is granting on timelines, eligible activities, and citizen participation as communities work to prevent and respond to the spread of COVID-19.

### FAQs

#### Use of CDBG-DR Grant Funds and Program Income for COVID-19 Recovery

##### **Q1: Can a CDBG-DR grantee use its allocation of CDBG-DR funds to address the COVID-19 pandemic?**

A: No. CDBG-DR appropriations typically provide funds to grantees for necessary expenses related to disaster relief, long term recovery, restoration of infrastructure and housing, and economic revitalization, and more recently mitigation, in the most impacted and distressed areas resulting from a major disaster (disasters declared by the President pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.)). CDBG-DR appropriations also place limitations on the award and use of CDBG-DR funds by directing funds to particular recipients and geographic areas in response to certain eligible events. Using funds for disasters that are outside of the years or events cited in the respective appropriations acts is prohibited. Currently, there are no CDBG-DR appropriations or allocations of CDBG-DR funds to address the COVID-19 national emergency or disaster.

##### **Q2: Can a CDBG-DR grantee use program income generated by its CDBG-DR activities for the COVID-19 pandemic?**

A: Generally, yes. *Federal Register* notices published for CDBG-DR grants generally allow CDBG-DR grantees to transfer program income at any point to their annual CDBG program. CDBG-DR grantees identified as “State grantees” in applicable *Federal Register* notices, may also transfer program income prior to closeout to a unit of general local government or Indian tribe within their geographic area. When CDBG-DR program income is used for CDBG activities, the waivers and alternative requirements applicable to the CDBG-DR grant no longer apply. Instead, the funds are subject to the requirements for the use of CDBG funds under the regular, applicable CDBG program rules. Grantees should consult the applicable *Federal Register* notices for any variations in the use of program income.

## Extensions Issued on Required Grantee Submissions

### **Q3: Will submission dates for CDBG-MIT action plans and Financial Management and Grant Compliance Certifications be extended due to COVID-19 pandemic?**

A: Yes. For grantees that received allocations under the CDBG-MIT *Federal Register* notices (84 FR 45838 (Main Notice), 84 FR 47528 (USVI), and 85 FR 4676 (PR)), HUD has established the necessary flexibility in those notices to authorize grantees to submit a request for an extension of the action plan submission and certification deadlines. HUD has previously approved several grantee extensions of these deadlines.

HUD is now authorizing a 90-day extension of the established deadline for all CDBG-MIT action plan and Financial Management and Grant Compliance Certification submissions due to the COVID-19 pandemic. If a grantee has received a prior extension approval from HUD, this 90-day extension will be added to the approved extended deadline. For example, if a CDBG-MIT grantee had requested an extension to May 4, 2020 for its action plan submittal and was given a due date of April 4, 2020 for its certifications, those deadlines are now extended an additional 90 days. The new deadlines under this example would be August 2, 2020 for the action plan and July 3, 2020 for the certifications.

Grantees should consult the applicable *Federal Register* notice for their specific action plan submission dates or HUD approval letters if extensions were granted.

### **Q4: Will submission dates for CDBG-DR action plans and Financial Management and Grant Compliance Certifications be extended due to the COVID-19 pandemic?**

A: Yes. For grantees who received allocations for 2018 or 2019 disasters, or for 2017 unmet infrastructure needs under the January 27, 2020 *Federal Register* notice (85 FR 4681), HUD is granting additional flexibility.

The notice states that each grantee must submit the Financial Management and Grant Compliance certifications and Pre-Award Implementation Plan pursuant to section VI.A.I of the February 9, 2018 notice not later than 60 days after the applicability date of the notice.

HUD is authorizing a 90-day extension for action plan and Financial Management and Grant Compliance Certification submission deadlines due to the COVID-19 pandemic. Given the applicability date of the notice, the new deadline for action plan submission is August 31, 2020 and new deadline for certifications is July 2, 2020. The new deadline for substantial action plan amendments for 2017 unmet infrastructure needs is August 1, 2020.

### **Q5: Will there be an extension for the submission of the CDBG-DR or National Disaster Resilience (NDR) Grantee's Quarterly Performance Reports (QPR's)?**

A: Yes. HUD is authorizing a 90-day extension for all CDBG-DR and NDR grantees QPR submissions due to the COVID-19 pandemic. Each grantee should notify the assigned CPD Specialist if they intend to submit the QPR later than the deadline listed in the Disaster Recovery Grant Reporting (DRGR) system.

**Q6: Some CDBG-DR grantees are required to upload supporting documentation for each DRGR voucher and all DRGR grantees are required to upload supporting documentation for drawdowns that exceed the drawdown threshold. How can grantees subject to this requirement, with staff working outside of their normal office location because of COVID-19, continue to access funds if they do not have access to the supporting documents?**

A: CDBG-DR grantees who are required to submit supporting documentation for vouchers in DRGR, but do not have ready access to the required documents due to the COVID-19 pandemic, should notify their CPD Specialist as soon as possible and request additional time to provide the supporting documentation. HUD is prepared to allow these grantees to provide the documentation within a reasonable time period to complete the draw transaction. However, grantees are reminded that adequate source documentation is a requirement for costs to be allowable under a federal award (2 CFR 200.403).

#### Request for Release of Funds (RROFs)

**Q7: Can CDBG-DR grantees continue to submit Request for Release of Funds (RROFs) to HUD to receive Authorization to Use Grant Funds (AUGF)?**

A: Yes. Grantees should submit all applicable documentation to [disaster\\_recovery@hud.gov](mailto:disaster_recovery@hud.gov) and the HUD CPD Specialist. Grantees may submit the RROF to HUD via email in two ways:

- If the grantee has access to a printer and scanner (or scanner via a smartphone app), the grantee may submit the paper signature by the Certifying Officer on the emailed version of the RROF form; or
- Grantees may submit an E-signature by the Certifying Officer on a PDF version of the RROF form. Grantees may need to work with their local IT departments to create and implement an e-signature.

HUD will issue the AUGF via email to the grantee.

#### Public Hearings for CDBG-MIT grantees

**Q8: Is there guidance from HUD on changes to public participation/hearing requirements? May grantees suspend the onsite public participation hearings for an action plan?**

A: Yes. For CDBG-MIT grantees only, if a grantee is concerned about significant public health risks that may result from holding in-person public hearings, CPD is interpreting public hearings in the context of the CDBG-MIT *Federal Register* notice to include virtual public hearings (alone, or in concert with an in-person hearing) if it allows questions in real time, with answers coming directly from the elected representatives to all “attendees.” HUD understands the exigencies of a public health challenge and will work with grantees who make the effort to comply with citizen participation requirements and documents their efforts.



Whether hearings are in-person or virtual, a grantee must take appropriate steps to ensure effective communication with persons with disabilities consistent with the requirements of accessibility laws, such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. The grantee must provide appropriate auxiliary aides and services that are necessary to afford individuals with hearing and vision impairments an equal opportunity to access and participate in such hearings. These may include effective methods that make aurally delivered information available to individuals who are deaf or hard of hearing, and visually delivered materials available to individuals who are blind or have low vision. The type of auxiliary aid or service necessary to ensure effective communication will vary in accordance with the method of communication used by the individual; the nature, length, and complexity of the communication involved; and the context in which the communication is taking place. In determining what types of auxiliary aids and services are necessary, a public entity shall give primary consideration to the requests of individuals with disabilities. In order to be effective, auxiliary aids and services must be provided in accessible formats, in a timely manner, and in such a way as to protect the privacy and independence of the individual with a disability.

For virtual hearings, such steps will include ensuring that information is provided on an accessible website, that e-mails and other digital notifications are accessible, and that the application or platform used to host the hearing must also be accessible. Additional services such as audio description or captioning may also be needed to provide effective communication in a digital context. Helpful guidelines for ensuring the accessibility of web-based and digital materials are available through the World Wide Web Consortium's Web Accessibility Initiative at <https://www.w3.org/WAI/>. Examples of auxiliary aids and services that may be necessary when conducting hearings online can be found at 28 C.F.R. § 35.104. If no method of conducting a virtual hearing is available that appropriately accommodates an individual's disability, the grantee may not hold against the individual his or her inability to participate in the hearing, and an in person hearing may be scheduled for a later date.

The grantee must also take reasonable steps to provide meaningful access to persons with limited English proficiency consistent with Title VI of the Civil Rights Act and *Lau v. Nichols*, 414 US 563 (1974). To ascertain its obligations, the grantee should conduct the four-factor analysis set forth in [HUD's LEP guidance](#), which may be covered by the grantee's Language Assistance Plan, recognizing that the use of the internet to conduct such a hearing may change the analysis. For virtual or online hearings, such services may also include translation of documents and captioning or interpretation in the appropriate language(s). More information on the four-factor analysis and other requirements can be found in [HUD's LEP guidance](#).

# Emergency Animal Mortality Management — Swine

Funding available to help with safe disposal of carcasses



## Assistance Available

USDA's Natural Resources Conservation Service (NRCS) is offering financial and technical assistance to swine producers for animal mortality disposal, resulting from impacts of the COVID-19 pandemic. Assistance for the Emergency Animal Mortality Management practice is available in certain states. Learn more at [farmers.gov/coronavirus](https://farmers.gov/coronavirus).

## How to Apply

Producers facing swine depopulation are encouraged to file the attached Environmental Quality Incentives Program (EQIP) application (Form CCC-1200) with their local [NRCS field office](#). Offices in certain states are now accepting applications.

The Emergency Animal Mortality Management practice includes four options that NRCS is offering for the proper disposal of animal carcasses:

Option	Payment Unit	Payment Rate	
		Traditional	*HU
Burial	AU	\$74.28	\$89.14
Carcass Disposal Other Than Burial	AU	\$111.53	\$191.20
Incineration	AU	\$219.88	\$263.86
Disposal at Landfill or Render	Pounds	\$.05	\$.06

Conversion Factor: 1,000 lbs. = Animal Unit (AU)

One Animal Unit = 80 Weaning Pigs  
 3.5 Market Hogs  
 2 Sows



USDA is an equal opportunity provider, employer, and lender.

The producer is responsible for the proper disposal of animal mortality by following requirements specific to each option. All Federal, State and Local laws must be followed and are the responsibility of the producer to secure any necessary permits.

## Eligibility

Agricultural producers and owners of non-industrial private forestland and Tribes are eligible to apply for EQIP. Eligible land includes cropland, rangeland, pastureland, non-industrial private forestland and other farm or ranch lands.

To receive assistance, **both** an application and approved early start waiver must be filed with the local NRCS field office prior to disposal of animal carcasses.

### Other program information:

- Producers must have farm records established with the Farm Service Agency (FSA), meet all eligibility requirements, and have application filed at the local NRCS.
- Prior to payment, a swine mortality certification is required by a veterinarian or animal health specialist.
- There are payment limitations. Contact your local NRCS field office for more details.

*\*Historically Underserved (HU) producers, including socially disadvantaged, beginning and limited resource farmers, Indian tribes and beginning farmers/veterans, are eligible for an increased payment rate.*

## Environmental Quality Incentives Program (EQIP)

Through EQIP, NRCS provides financial and technical assistance to farmers and ranchers to plan and implement conservation practices that improve soil, water, plant, animal, air and energy usage on agricultural land and non-industrial private forestland. Financial assistance is limited and not all applications will be funded.

While not designed to be an emergency response program, EQIP can play a vital role in assisting producers recovering from disasters.

For more information about carcass disposal, see Emergency Animal Mortality Management ([NRCS Practice Code 368](#)).

Natural  
Resources  
Conservation  
Service

[nrcs.usda.gov](https://nrcs.usda.gov)

April • 2020



## **COVID-19**

### **Summer Food Service Program (SFSP) and Seamless Summer Option (SSO) Meal Delivery Using Existing Authority**

#### **Question and Answer**

#### **1. Can schools that have been approved for non-congregate feeding through SFSP or SSO deliver meals directly to students' homes?**

Yes. If the School Food Authority (SFA) determines there is a need and it is logistically feasible to deliver meals directly to homes, it may do so with State agency approval, adherence to all federal confidentiality requirements, and with all necessary Federal waiver approvals (including an approval for non-congregate feeding). Delivery could be completed by mail or delivery service, or hand-delivered by school staff, volunteers, community organizations, or others. This option is only available to SFA sponsors of school sites due to student confidentiality and logistical requirements. Schools electing to deliver meals may serve only children who are in area eligible locations or who are eligible for free or reduced price meals, as discussed in question 3. Depending on the distribution approach, the State agency may need to request and be approved for a waiver from USDA for time restrictions for meal service under regulations at 7 CFR 225.16(c)(1) and (2), as discussed in question 5. In addition, requirements to establish meal service times at 7 CFR 225.6(c)(2)(i)(B) and (c)(3)(i)(A), must be met. An SFA's delivery plan with designated times for distribution, when approved by the State agency, would fulfill the requirements to establish meal service times.

#### **2. What funding is available for meal delivery?**

There is no additional reimbursement for home delivery or mobile meals delivery, but related expenses, such as postage or delivery service fees, would be considered an allowable cost under the SFSP or SSO. Delivery costs could also be paid with non-program funds such as State or local funds, or private donations.

#### **3. Who is eligible to receive home-delivered meals under SFSP and SSO?**

Schools operating an open SFSP or SSO site in an area eligible location may deliver meals to all children in their eligible area. Schools operating a closed-enrolled site may enroll children who

are certified as eligible for free or reduced price meals, and deliver meals only to the enrolled, eligible children. It is the responsibility of the school to confirm the eligibility of each participating child. All children attending Provision 2, Provision 3, or Community Eligibility Provision (CEP) schools are considered eligible for delivered meals.

#### **4. What are the requirements for initiating home meal delivery for a household?**

Schools must first obtain written consent from households of eligible children (this could include email or other electronic means) that the household wants to receive delivered meals. In addition, schools should confirm the household's current contact information and the number of eligible children in the household to ensure the correct number of meals are delivered to the correct location.

It is critical that schools protect the confidentiality of students and their households throughout this process. The National School Lunch Act (NSLA) and the Family Educational Rights and Privacy Act (FERPA) do not authorize release of household contact information for children without first obtaining the written consent of the child's parent or guardian. The school must be the entity that makes the first contact about meal delivery with the households of eligible children, and must notify the household if contact information will be shared with an external organization, for example, a local non-profit that will provide meal delivery. Once the school receives written consent from the parent or guardian to release contact information, the schools may share the information with other organizations involved with meal delivery. If the school is using a private vendor, then under the regulations implementing the NSLA, they must have a memorandum of understanding (MOU) with the vendor concerning the confidentiality requirements. The MOU should include information such as what will be disclosed, how the information will be used, how the information will be protected from unauthorized uses and disclosures, and penalties for unauthorized disclosure. For further requirements, see 7 CFR 225.15(k)(1)-(2). The school must ensure data is handled appropriately at all times and by all organizations involved with meal delivery to safeguard household confidentiality.

#### **5. How many home-delivered meals per child may be delivered at once?**

The maximum number of meals that may be offered each child remains the same as under SFSP or SSO: up to two meals, or one meal and one snack, per child, per day, in any combination except lunch and supper. The State agency may approve a distribution approach that includes meals for multiple days, up to one week at a time. The State agency should consider the expected duration of the school closure and the capacity of the SFA to execute such an approach effectively, including meeting State or local food safety requirements. In order to approve an alternative distribution approach, the State agency must request and be approved for a waiver from USDA for time restrictions for meal service, under regulations at 7 CFR 225.16(c)(1) and (2). In addition, requirements to establish meal service times at 7 CFR 225.6(c)(2)(i)(B) and (c)(3)(i)(A), must be met. An SFA's delivery plan with designated times for distribution, when approved by the State agency, would fulfill the requirements to establish meal service times.

#### **6. Do home-delivered meals need to be shelf-stable?**

No. The type of meal offered will depend on the resources and capacity of the site. Those that are able to prepare ready-to-eat meals and have the capacity to deliver meals daily in a way that meets State or local food safety requirements may do so. Home-delivered meals still have to meet all meal pattern requirements of the SFSP or SSO.

**7. Does the child need to be present for home meal delivery?**

No. As long as the school has obtained the household's written consent to deliver meals and has verified the current address, the student does not need to be present at the time of delivery. If the meals are shelf-stable, no one need be present, as long as the address has been verified. Please consider state and local food safety requirements and best practices.

**8. If a household has children in multiple schools, can the schools coordinate to provide one home delivery for all children in the household?**

Yes. To the extent feasible, SFAs or schools are encouraged to coordinate their deliveries to make best use of their resources.

**Meals Offered during Distance Learning**

**9. What options do schools have if the school facilities are closed but they continue to offer online learning?**

If school buildings are closed unexpectedly during the school year due to reasons provided in 42 U.S.C. 1761(c)(1), USDA considers this an unanticipated school closure. Even if virtual learning is provided, if the building is closed and students cannot attend their physical school location for classes, SFAs and community organizations (COs) may operate SFSP and SSO programs as permitted under program requirements. SFSP and SSO open sites must meet area eligibility criteria, i.e., be located in an area where at least 50 percent of the children are low income. For sites that are not area eligible, the SFA or CO may operate a closed-enrolled site, basing the site eligibility on the percentage of enrolled children being eligible for free and reduced price meals.

If an SFA is considering school to be in session and wishes to continue offering National School Lunch Program (NSLP) and School Breakfast Program (SBP) during such building closures, the SFA may request an NSLP and SBP waiver of section 4(b) of the NSLA, which would allow schools to offer non-congregate meals when school buildings are closed, but children continue to attend classes online. In this situation, schools would continue to claim and be reimbursed for meals based on the eligibility status of the individual student. All other NSLP and SBP requirements would apply; waiver and exception requests would be considered.

For example, depending on the distribution approach, the State agency may need to request and be approved for a waiver from USDA for time restrictions for meal service under regulations at 7 CFR 225.16(c)(1) and (2), as discussed in question 5. In addition, requirements to establish meal service times at 7 CFR 225.6(c)(2)(i)(B) and (c)(3)(i)(A), must be met. An SFA's delivery plan

with designated times for distribution, when approved by the State agency, would fulfill the requirements to establish meal service times.

### **Meals Served During Scheduled School Breaks**

**10. If a scheduled spring break was postponed or cancelled due to COVID-19, may meals served while schools were closed be claimed under SFSP/SSO, provided the school had an approved unanticipated school closure waiver?**

Yes, in the case of school closures due to COVID-19, FNS can allow SFSP/SSO sponsors to claim Federal reimbursement for meals served during scheduled spring breaks that were cancelled or postponed due to the unforeseen public health emergency.

###

*USDA is an equal opportunity provider, employer and lender.*

**Coronavirus Relief Fund  
Frequently Asked Questions  
Updated as of May 28, 2020**

The following answers to frequently asked questions supplement Treasury’s Coronavirus Relief Fund (“Fund”) Guidance for State, Territorial, Local, and Tribal Governments, dated April 22, 2020, (“Guidance”).<sup>1</sup> Amounts paid from the Fund are subject to the restrictions outlined in the Guidance and set forth in section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”).

**Eligible Expenditures**

***Are governments required to submit proposed expenditures to Treasury for approval?***

No. Governments are responsible for making determinations as to what expenditures are necessary due to the public health emergency with respect to COVID-19 and do not need to submit any proposed expenditures to Treasury.

***The Guidance says that funding can be used to meet 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. How does a government determine whether payroll expenses for a given employee satisfy the “substantially dedicated” condition?***

The Fund is designed to provide ready funding to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise.

***The Guidance says that a cost was not accounted for in the most recently approved budget if the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. What would qualify as a “substantially different use” for purposes of the Fund eligibility?***

Costs incurred for a “substantially different use” include, but are not necessarily limited to, 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. This would include, for example, the costs of redeploying corrections facility staff to enable compliance with COVID-19 public health precautions through work such as enhanced sanitation or enforcing social distancing measures; the costs of redeploying police to support management and enforcement of stay-at-home orders; or the costs of diverting educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty’s ordinary responsibilities.

Note that a public function does not become a “substantially different use” merely because it is provided from a different location or through a different manner. For example, although developing online instruction capabilities may be a substantially different use of funds, online instruction itself is not a substantially different use of public funds than classroom instruction.

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<sup>1</sup> The Guidance is available at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>.

***May a State receiving a payment transfer funds to a local government?***

Yes, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act. Such funds would be subject to recoupment by the Treasury Department if they have not been used in a manner consistent with section 601(d) of the Social Security Act.

***May a unit of local government receiving a Fund payment transfer funds to another unit of government?***

Yes. For example, a county may transfer funds to a city, town, or school district within the county and a county or city may transfer funds to its State, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, a transfer from a county to a constituent city would not be permissible if the funds were intended to be used simply to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure.

***Is a Fund payment recipient required to transfer funds to a smaller, constituent unit of government within its borders?***

No. For example, a county recipient is not required to transfer funds to smaller cities within the county's borders.

***Are recipients required to use other federal funds or seek reimbursement under other federal programs before using Fund payments to satisfy eligible expenses?***

No. Recipients may use Fund payments for any expenses eligible under section 601(d) of the Social Security Act outlined in the Guidance. Fund payments are not required to be used as the source of funding of last resort. However, as noted below, recipients may not use payments from the Fund to cover expenditures for which they will receive reimbursement.

***Are there prohibitions on combining a transaction supported with Fund payments with other CARES Act funding or COVID-19 relief Federal funding?***

Recipients will need to consider the applicable restrictions and limitations of such other sources of funding. In addition, expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds, are not eligible uses of Fund payments.

***Are States permitted to use Fund payments to support state unemployment insurance funds generally?***

To the extent that the costs incurred by a state unemployment insurance fund are incurred due to the COVID-19 public health emergency, a State may use Fund payments to make payments to its respective state unemployment insurance fund, separate and apart from such State's obligation to the unemployment insurance fund as an employer. This will permit States to use Fund payments to prevent expenses related to the public health emergency from causing their state unemployment insurance funds to become insolvent.



***Are recipients permitted to use Fund payments to pay for unemployment insurance costs incurred by the recipient as an employer?***

Yes, Fund payments may be used for unemployment insurance costs incurred by the recipient as an employer (for example, as a reimbursing employer) 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.

***The Guidance states that the Fund may support a “broad range of uses” including payroll expenses for several classes of employees whose services are “substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” What are some examples of types of covered employees?***

The Guidance provides examples of broad classes of employees whose payroll expenses would be eligible expenses under the Fund. These classes of employees include 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. Payroll and benefit costs associated with public employees who could have been furloughed or otherwise laid off but who were instead repurposed to perform previously unbudgeted functions substantially dedicated to mitigating or responding to the COVID-19 public health emergency are also covered. Other eligible expenditures include payroll and benefit costs of educational support staff or faculty responsible for developing online learning capabilities necessary to continue educational instruction in response to COVID-19-related school closures. Please see the Guidance for a discussion of what is meant by an expense that was not accounted for in the budget most recently approved as of March 27, 2020.

***In some cases, first responders and critical health care workers that contract COVID-19 are eligible for workers’ compensation coverage. Is the cost of this expanded workers compensation coverage eligible?***

Increased workers compensation cost to the government due to the COVID-19 public health emergency incurred during the period beginning March 1, 2020, and ending December 30, 2020, is an eligible expense.

***If a recipient would have decommissioned equipment or not renewed a lease on particular office space or equipment but decides to continue to use the equipment or to renew the lease in order to respond to the public health emergency, are the costs associated with continuing to operate the equipment or the ongoing lease payments eligible expenses?***

Yes. To the extent the expenses were previously unbudgeted and are otherwise consistent with section 601(d) of the Social Security Act outlined in the Guidance, such expenses would be eligible.

***May recipients provide stipends to employees for eligible expenses (for example, a stipend to employees to improve telework capabilities) rather than require employees to incur the eligible cost and submit for reimbursement?***

Expenditures paid for with payments from the Fund must be limited to those that are necessary due to the public health emergency. As such, unless the government were to determine that providing assistance in the form of a stipend is an administrative necessity, the government should provide such assistance on a reimbursement basis to ensure as much as possible that funds are used to cover only eligible expenses.

***May Fund payments be used for COVID-19 public health emergency recovery planning?***

Yes. Expenses associated with conducting a recovery planning project or operating a recovery coordination office would be eligible, if the expenses otherwise meet the criteria set forth in section 601(d) of the Social Security Act outlined in the Guidance.

***Are expenses associated with contact tracing eligible?***

Yes, expenses associated with contract tracing are eligible.

***To what extent may a government use Fund payments to support the operations of private hospitals?***

Governments may use Fund payments to support public or private hospitals to the extent that the costs are necessary expenditures incurred due to the COVID-19 public health emergency, but the form such assistance would take may differ. In particular, financial assistance to private hospitals could take the form of a grant or a short-term loan.

***May payments from the Fund be used to assist individuals with enrolling in a government benefit program for those who have been laid off due to COVID-19 and thereby lost health insurance?***

Yes. To the extent that the relevant government official determines that these expenses are necessary and they meet the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance, these expenses are eligible.

***May recipients use Fund payments to facilitate livestock depopulation incurred by producers due to supply chain disruptions?***

Yes, to the extent these efforts are deemed necessary for public health reasons or as a form of economic support as a result of the COVID-19 health emergency.

***Would providing a consumer grant program to prevent eviction and assist in preventing homelessness be considered an eligible expense?***

Yes, assuming that the recipient considers the grants to be a necessary expense incurred due to the COVID-19 public health emergency and the grants meet the other requirements for the use of Fund payments under section 601(d) of the Social Security Act outlined in the Guidance. As a general matter, providing assistance to recipients to enable them to meet property tax requirements would not be an eligible use of funds, but exceptions may be made in the case of assistance designed to prevent foreclosures.

***May recipients create a “payroll support program” for public employees?***

Use of payments from the Fund to cover payroll or benefits expenses of public employees are limited to those employees whose work duties are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

***May recipients use Fund payments to cover employment and training programs for employees that have been furloughed due to the public health emergency?***

Yes, this would be an eligible expense if the government determined that the costs of such employment and training programs would be necessary due to the public health emergency.

***May recipients use Fund payments to provide emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency?***

Yes, if a government determines such assistance to be a necessary expenditure. Such assistance could include, for example, a program to assist individuals with payment of overdue rent or mortgage payments to avoid eviction or foreclosure or unforeseen financial costs for funerals and other emergency individual needs. Such assistance should be structured in a manner to ensure as much as possible, within the realm of what is administratively feasible, that such assistance is necessary.

***The Guidance provides that eligible expenditures may include expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. What is meant by a “small business,” and is the Guidance intended to refer only to expenditures to cover administrative expenses of such a grant program?***

Governments have discretion to determine what payments are necessary. A program that is aimed at assisting small businesses with the costs of business interruption caused by required closures should be tailored to assist those businesses in need of such assistance. The amount of a grant to a small business to reimburse the costs of business interruption caused by required closures would also be an eligible expenditure under section 601(d) of the Social Security Act, as outlined in the Guidance.

***The Guidance provides that expenses associated with the provision of economic support in connection with the public health emergency, such as expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, would constitute eligible expenditures of Fund payments. Would such expenditures be eligible in the absence of a stay-at-home order?***

Fund payments may be used for economic support in the absence of a stay-at-home order if such expenditures are determined by the government to be necessary. This may include, for example, a grant program to benefit small businesses that close voluntarily to promote social distancing measures or that are affected by decreased customer demand as a result of the COVID-19 public health emergency.

***May Fund payments be used to assist impacted property owners with the payment of their property taxes?***

Fund payments may not be used for government revenue replacement, including the provision of assistance to meet tax obligations.

***May Fund payments be used to replace foregone utility fees? If not, can Fund payments be used as a direct subsidy payment to all utility account holders?***

Fund payments may not be used for government revenue replacement, including the replacement of unpaid utility fees. Fund payments may be used for subsidy payments to electricity account holders to the extent that the subsidy payments are deemed by the recipient to be necessary expenditures incurred due to the COVID-19 public health emergency and meet the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, if determined to be a necessary expenditure, a government could provide grants to individuals facing economic hardship to allow them to pay their utility fees and thereby continue to receive essential services.

***Could Fund payments be used for capital improvement projects that broadly provide potential economic development in a community?***

In general, no. If capital improvement projects are not necessary expenditures incurred due to the COVID-19 public health emergency, then Fund payments may not be used for such projects.

However, Fund payments may be used for the expenses of, for example, establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity or improve mitigation measures, including related construction costs.

***The Guidance includes workforce bonuses as an example of ineligible expenses but provides that hazard pay would be eligible if otherwise determined to be a necessary expense. Is there a specific definition of “hazard pay”?***

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19.

***The Guidance provides that ineligible expenditures include “[p]ayroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” Is this intended to relate only to public employees?***

Yes. This particular nonexclusive example of an ineligible expenditure relates to public employees. A recipient would not be permitted to pay for payroll or benefit expenses of private employees and any financial assistance (such as grants or short-term loans) to private employers are not subject to the restriction that the private employers’ employees must be substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

***May counties pre-pay with CARES Act funds for expenses such as a one or two-year facility lease, such as to house staff hired in response to COVID-19?***

A government should not make prepayments on contracts using payments from the Fund to the extent that doing so would not be consistent with its ordinary course policies and procedures.

***Must a stay-at-home order or other public health mandate be in effect in order for a government to provide assistance to small businesses using payments from the Fund?***

No. The Guidance provides, as an example of an eligible use of payments from the Fund, expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. Such assistance may be provided using amounts received from the Fund in the absence of a requirement to close businesses if the relevant government determines that such expenditures are necessary in response to the public health emergency.

***Should States receiving a payment transfer funds to local governments that did not receive payments directly from Treasury?***

Yes, provided that the transferred funds are used by the local government for eligible expenditures under the statute. To facilitate prompt distribution of Title V funds, the CARES Act authorized Treasury to make direct payments to local governments with populations in excess of 500,000, in amounts equal to 45% of the local government's per capita share of the statewide allocation. This statutory structure was based on a recognition that it is more administratively feasible to rely on States, rather than the federal government, to manage the transfer of funds to smaller local governments. Consistent with the needs of all local governments for funding to address the public health emergency, States should transfer funds to local governments with populations of 500,000 or less, using as a benchmark the per capita allocation formula that governs payments to larger local governments. This approach will ensure equitable treatment among local governments of all sizes.

For example, a State received the minimum \$1.25 billion allocation and had one county with a population over 500,000 that received \$250 million directly. The State should distribute 45 percent of the \$1 billion it received, or \$450 million, to local governments within the State with a population of 500,000 or less.

***May a State impose restrictions on transfers of funds to local governments?***

Yes, to the extent that the restrictions facilitate the State's compliance with the requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance and other applicable requirements such as the Single Audit Act, discussed below. Other restrictions are not permissible.

***If a recipient must issue tax anticipation notes (TANs) to make up for tax due date deferrals or revenue shortfalls, are the expenses associated with the issuance eligible uses of Fund payments?***

If a government determines that the issuance of TANs is necessary due to the COVID-19 public health emergency, the government may expend payments from the Fund on the accrued interest expense on TANs and unbudgeted administrative and transactional costs, such as necessary payments to advisors and underwriters, associated with the issuance of the TANs.

***May recipients use Fund payments to expand rural broadband capacity to assist with distance learning and telework?***

Such expenditures would only be permissible if they are necessary for the public health emergency. The cost of projects that would not be expected to increase capacity to a significant extent until the need for distance learning and telework have passed due to this public health emergency would not be necessary due to the public health emergency and thus would not be eligible uses of Fund payments.

***Are costs associated with increased solid waste capacity an eligible use of payments from the Fund?***

Yes, costs to address increase in solid waste as a result of the public health emergency, such as relates to the disposal of used personal protective equipment, would be an eligible expenditure.

***May payments from the Fund be used to cover across-the-board hazard pay for employees working during a state of emergency?***

No. The Guidance says that funding may be used to meet 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. Hazard pay is a form of payroll expense and is subject to this limitation, so Fund payments may only be used to cover hazard pay for such individuals.

***May Fund payments be used for expenditures related to the administration of Fund payments by a State, territorial, local, or Tribal government?***

Yes, if the administrative expenses represent an increase over previously budgeted amounts and are limited to what is necessary. For example, a State may expend Fund payments on necessary administrative expenses incurred with respect to a new grant program established to disburse amounts received from the Fund.

***May recipients use Fund payments to provide loans?***

Yes, if the loans otherwise qualify as eligible expenditures under section 601(d) of the Social Security Act as implemented by the Guidance. Any amounts repaid by the borrower before December 30, 2020, must be either returned to Treasury upon receipt by the unit of government providing the loan or used for another expense that qualifies as an eligible expenditure under section 601(d) of the Social Security Act. Any amounts not repaid by the borrower until after December 30, 2020, must be returned to Treasury upon receipt by the unit of government lending the funds.

***May Fund payments be used for expenditures necessary to prepare for a future COVID-19 outbreak?***

Fund payments may be used only for expenditures necessary to address the current COVID-19 public health emergency. For example, a State may spend Fund payments to create a reserve of personal protective equipment or develop increased intensive care unit capacity to support regions in its jurisdiction not yet affected, but likely to be impacted by the current COVID-19 pandemic.

**Questions Related to Administration of Fund Payments**

***Do governments have to return unspent funds to Treasury?***

Yes. Section 601(f)(2) of the Social Security Act, as added by section 5001(a) of the CARES Act, provides for recoupment by the Department of the Treasury of amounts received from the Fund that have not been used in a manner consistent with section 601(d) of the Social Security Act. If a government has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the Department of the Treasury.

***What records must be kept by governments receiving payment?***

A government should keep records sufficient to demonstrate that the amount of Fund payments to the government has been used in accordance with section 601(d) of the Social Security Act.

***May recipients deposit Fund payments into interest bearing accounts?***

Yes, provided that if recipients separately invest amounts received from the Fund, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. If a government deposits Fund payments in a government's general account, it may use those funds to meet immediate cash management needs provided that the full amount of the payment is used to cover necessary expenditures. Fund payments are not subject to the Cash Management Improvement Act of 1990, as amended.

***May governments retain assets purchased with payments from the Fund?***

Yes, if the purchase of the asset was consistent with the limitations on the eligible use of funds provided by section 601(d) of the Social Security Act.

***What rules apply to the proceeds of disposition or sale of assets acquired using payments from the Fund?***

If such assets are disposed of prior to December 30, 2020, the proceeds would be subject to the restrictions on the eligible use of payments from the Fund provided by section 601(d) of the Social Security Act.

***Are Fund payments to State, territorial, local, and tribal governments considered grants?***

No. Fund payments made by Treasury to State, territorial, local, and Tribal governments are not considered to be grants but are “other financial assistance” under 2 C.F.R. § 200.40.

***Are Fund payments considered federal financial assistance for purposes of the Single Audit Act?***

Yes, Fund payments are considered to be federal financial assistance subject to the Single Audit Act (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Guidance, 2 C.F.R. § 200.303 regarding internal controls, §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

***Are Fund payments subject to other requirements of the Uniform Guidance?***

Fund payments are subject to the following requirements in the Uniform Guidance (2 C.F.R. Part 200): 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

***Is there a Catalog of Federal Domestic Assistance (CFDA) number assigned to the Fund?***

Yes. The CFDA number assigned to the Fund is 21.019, pending completion of registration.

***If a State transfers Fund payments to its political subdivisions, would the transferred funds count toward the subrecipients’ total funding received from the federal government for purposes of the Single Audit Act?***

Yes. The Fund payments to subrecipients would count toward the threshold of the Single Audit Act and 2 C.F.R. part 200, subpart F re: audit requirements. Subrecipients are subject to a single audit or program-specific audit pursuant to 2 C.F.R. § 200.501(a) when the subrecipients spend \$750,000 or more in federal awards during their fiscal year.

***Are recipients permitted to use payments from the Fund to cover the expenses of an audit conducted under the Single Audit Act?***

Yes, such expenses would be eligible expenditures, subject to the limitations set forth in 2 C.F.R. § 200.425.

***If a government has transferred funds to another entity, from which entity would the Treasury Department seek to recoup the funds if they have not been used in a manner consistent with section 601(d) of the Social Security Act?***

The Treasury Department would seek to recoup the funds from the government that received the payment directly from the Treasury Department. State, territorial, local, and Tribal governments receiving funds from Treasury should ensure that funds transferred to other entities, whether pursuant to a grant program

or otherwise, are used in accordance with section 601(d) of the Social Security Act as implemented in the Guidance.