



Coronavirus Relief / Health Care Response / COVID-19 Minnesota Funds Request Form

Please complete this form in accordance with the process instructions.

Agency/Point of Contact: _____

Title of Request: _____

Date: _____ Request Amount: _____

Expenditure Time Period: _____ to _____

Request Funding Source:

Coronavirus Relief Fund
(if selected complete page 2)

Health Care Response Fund

COVID-19 Minnesota Fund

Brief Summary of Request: (Summary must be complete on this page with supporting information attached)

Department Head Signature

Date

| Coronavirus Relief Fund (CRF) Categories | |
|--|---|
| Medical Expenses | <input type="checkbox"/> Costs incurred by public hospitals, clinics, and similar facilities |
| | <input type="checkbox"/> Establishing temporary public medical facilities and other measures to increase treatment capacity, including related construction costs |
| | <input type="checkbox"/> Testing, including serological testing |
| | <input type="checkbox"/> Emergency medical response expenses, including emergency medical transportation |
| | <input type="checkbox"/> Establishing and operating public telemedicine capabilities for COVID-19 related treatment |
| Public Health Expenses | <input type="checkbox"/> Communication and enforcement of public health orders related to COVID-19. |
| | <input type="checkbox"/> Acquisition and distribution of a. medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers |
| | <input type="checkbox"/> Disinfection of public areas and other facilities, e.g., nursing homes, in response to the COVID-19 public health emergency |
| | <input type="checkbox"/> Technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety |
| | <input type="checkbox"/> Public safety measures undertaken in response to COVID-19 |
| | <input type="checkbox"/> Expenses for quarantining individuals |
| | <input type="checkbox"/> Contact tracing |
| Payroll Expenses | <input type="checkbox"/> Recovery planning projects or operating a recovery coordination office |
| | <input type="checkbox"/> 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. |
| Compliance with Public Health Measures | <input checked="" type="checkbox"/> Food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions. |
| | <input type="checkbox"/> Facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions. |
| | <input type="checkbox"/> Improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions |
| | <input type="checkbox"/> Providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions |
| | <input type="checkbox"/> Maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions |
| Economic Support | <input checked="" type="checkbox"/> Care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions |
| | <input type="checkbox"/> Provision of grants to small businesses to reimburse the costs of business interruption caused by required closures |
| | <input type="checkbox"/> Expenditures related to a State, territorial, local, or Tribal government payroll support program. |
| | <input type="checkbox"/> Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise |
| | <input type="checkbox"/> Facilitation of livestock depopulation incurred by producers due to supply chain disruption |
| | <input type="checkbox"/> Programs designed to prevent eviction and assist in preventing homelessness due to COVID-19 public health emergency |
| | <input type="checkbox"/> Employment and training programs for employees that have been furloughed due to the COVID-19 public health emergency |
| <input type="checkbox"/> Emergency financial assistance to individuals or families directly impacted by loss of income | |
| Other | <input checked="" type="checkbox"/> Other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria. |
| | If this category is selected, please explain further here: Expenditures incurred to respond to second-order effects of the emergency. This proposal provides additional resources to shelters who are experiencing funding losses and responding to closure of alternative service locations. |

CRF Fund Request Confirmations

- **Confirm that your CRF funding request meets federal guidance: (1) as a necessary expenditure to respond to the COVID-19 public health emergency, (2) is not accounted in the current biennial budget and (3) funds will be expended by December 30, 2020.**
- **Confirm that your CRF funding request does NOT include expenses that cover:**
 - The state's share of Medicaid costs
 - Damages covered by insurance
 - Payroll or benefits of employees whose work duties are not substantially dedicated to mitigating or responding to COVID-19
 - Costs reimbursed under other federal programs or funding sources
 - Reimbursement to donors for donated items or services
 - Workforce bonuses other than hazard pay or overtime
 - Severance pay
 - Government revenue replacement, including provision of assistance to individuals or businesses to meet tax obligations
- **Confirm that your agency will maintain records related to these expenses that will be sufficient to demonstrate that they are in accordance with the requirements of the CARES Act.**
- **Confirm that your agency has the approval of the lead of the selected work group to submit this proposal.**