Coronavirus Relief Fund Reimbursement Request Form

Directions for Use

1. Contact Information
   1. Please include name of the County or Municipality. If reimbursement request is for expenses attributed to an underlying municipality, please include that Municipality’s name in (parentheses) on the right side of the reimbursement request form.
   2. Address: Please include the address where reimbursement checks should be mailed (if requesting a check vs. wire).
   3. DUNs #: Please include your community’s DUNs # if one is available. If your community does not have a DUNs #, please complete the form by stating “Not Available.”
   4. Request Number: Requests for reimbursement can be made by completing multiple request forms and it is preferred that each request be limited to one “category (see below)” of the type of request you are making for tracking purposes. Please keep track of requests from your community and number them sequentially (1…2…3…etc.).
   5. Federal Congressional District. Please include which Congressional District in which your community is located (e.g. 1st, 2nd … 9th). If you are uncertain as to the number of your Congressional District, please list your federal Representative’s name. If your community falls within multiple Congressional Districts, please list the number that represents the largest percentage of your population.
   6. Authorized Representative vs. Contact Person.
      1. The Authorized Representative should be the chief executive officer of the primary applicant, authorized to make all reimbursement requests. (e.g. County, City or Town). There will be no need to supply contact information for an underlying municipality.
      2. The Contact Person should be the individual the Indiana Finance Authority can contact with questions related to the reimbursement request and / or supporting documentation.
2. Eligible Coronavirus Relief Fund Expenditure Information.
   1. Please provide a brief narrative description of the reimbursement being requested.
   2. Identifying the specific category of expense and making requests for reimbursement associated with categories listed as 1 through 5 on the attachment to the reimbursement request form will expedite your reimbursement processing.
   3. Expenses for which you are requesting reimbursement must have been incurred and paid between March 1, 2020 and December 31, 2020.
   4. The expenses must not have been accounted for in the budget most recently approved as of March 27, 2020.
3. Eligible Coronavirus Relief Fund Amount Requested.
   1. The first line, “Eligible Coronavirus Relief Fund Amount Requested,” should reflect the total amount allocated to your community by the State’s Office of management and Budget. This amount can also be found in the appropriate Tab on the Finance Authority’s web site.
4. Participant reimbursement.
   1. The Finance Authority will reimburse the Participant directly for the full amount requested and anticipates the Participant has or will make appropriate payment to a contractor / vendor/ third party (if applicable).
5. Required Documentation that will need to be submitted to the Finance Authority.
   1. Invoices, payroll records (with all personal information properly redacted) and other supporting documentation are required to be submitted with your reimbursement request. Requests without proper documentation will be returned unpaid.
   2. Invoices submitted will need to total to an amount that will meet and/or may exceed the amount of reimbursement requested.
6. Where & How to submit your completed Reimbursement Request.
   1. You may scan and e-mail the reimbursement request and all supporting documentation to [COVID-19@ifa.in.gov](mailto:COVID-19@ifa.in.gov).
   2. Alternatively, you may submit your reimbursement request and all supporting documentation to:

Indiana Finance Authority

One North Capitol, STE 900

Indianapolis, IN 46204

Attention Coronavirus Relief Fund Program Administrator

1. Questions: Please address all Questions via email to [COVID-19@IFA.in.gov](mailto:COVID-19@IFA.in.gov)