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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Safety Awareness Coronavirus Relief Fund (“CRF”) Reimbursement Request Form | | | | | | | | | | | | | | | | | | | | | |
| County, City or Town Contact Information (“Participant”) | | | | | | | | | | | | | | | | | | | | | |
| Participant Name: | | |  | | | | | | | | | | Request Number: | | |  | | | | | |
| DUNS #: | | |  | | | | | | | | | | Federal Congressional DST: | | | | | |  | | |
| Mailing Address: | | | |  | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | |  | IN | | ZIP Code: | | | |  | | | | | | | |
| Contact Person: | |  | | | | | | | | | | | Contact Email Address: | | |  | | | | | |
| Authorized Representative (Chief Executive of Participant): | | | | |  | | | | | | | Authorized Representative Email: Number: | | | | |  | | | | |
| If requesting reimbursement to the Participant by wire transfer, please provide the following information: | | | | | | | | | | | | | | | | | | | | | |
| Bank Name: | | |  | | | | | | | Bank Routing Number: | | | | | |  | | | | | |
| Account Name: | | |  | | | | | | | Account Number: | | | | | |  | | | | | |
| Please briefly describe the Safety Awareness Coronavirus Relief Fund Expenditure: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Is this Safety Awareness CRF claim a necessary expenditure incurred due to the public health emergency with respect to COVID-19? | | | | | | | | | | | | | | | | | YES | | | | NO |
| Were expenditures for which you are requesting reimbursement not accounted for in the budget most recently approved for your political subdivision on or before March 27, 2020? | | | | | | | | | | | | | | | | | YES | | | | NO |
| Are the dates of the expenditures for which you are requesting reimbursement during the period that begins March 1, 2020 and ends on December 30, 2020? | | | | | | | | | | | | | | | | | YES | | | | NO |
| Has any part of this expense been reimbursed by insurance, legal settlement, or any other emergency COVID-19 supplemental funding (whether state, federal or private in nature)? | | | | | | | | | | | | | | | | | YES | | | | NO |
| Eligible Coronavirus Relief Fund Amount Requested: | | | | | | | | | | | | | | | | | | | | | |
| **Total Amount of Safety Awareness** **CRF allocated to Participant by State:** (10% of Original CRF Allocation) | | | | | | | | | | | | |  | | | | **$** | | |  | |
| **Total Amount of Previous Safety Awareness** **CRF** **Requests:** | | | | | | | | | | | | |  | | | | **$** | | |  | |
| **Total Amount to be Paid with this Safety Awareness** **CRF** **Request:** | | | | | | | | | | | | |  | | | | **$** | | |  | |
| **Total Amount available for future Safety Awareness** **CRF Fund Requests:** | | | | | | | | | | | | | | | | | **$** | | |  | |
| The undersigned hereby certifies under penalties of perjury that this request for reimbursement from the Indiana Safety Awareness Coronavirus Relief Fund Program is true and accurate and qualifies with all conditions of section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Relief and Economic Security “CARES” ACT and the Coronavirus Relief Fund Acceptance Certification I previously signed and submitted to the Indiana Finance Authority. | | | | | | | | | | | | | | | | | | | | | |
| Authorized Representative Signature:  (Chief Executive Officer) | | | | | | |  | | | | | | | | | Date: | |  | | | | |
| **For Internal Use Only:** | | | | | | | | | | | | | | | | | | | | | |
| Approved By: | | |  | | | Date: | | |  | | | | | **$** | | | **$** | | | | |

**Please return this Reimbursement Request and all supporting documentation to the Indiana Finance Authority**

**Via E-mail:** [**COVID-19@ifa.in.gov**](mailto:COVID-19@ifa.in.gov)**; or**

**Via Regular Mail: Indiana Finance Authority, One North Capitol, STE 900 Indianapolis, IN 46204**

**Attn: Coronavirus Relief Fund Program Administrator**

Eligible Expense Items That May Be Reimbursed by Safety Awareness CARES ACT Funding

Appropriate documentation for at least one of the activities listed below must accompany your reimbursement request form.

Requests for reimbursement may include the costs associated with the following:

* 1. Reviewing and/or implementing local event safety plans and local public health requirements in accordance with the Governor’s Executive Order #20-48, dated November 13, 2020.
  2. Reviewing and/or implementing local event safety plans and local public health requirements in accordance with your community’s governing body’s resolutions or ordinances.
  3. Increased on-site inspections of local businesses and other public and private facilities.
  4. Public education / awareness campaign of the immediate need for limiting gatherings, mask protection and social distancing.
  5. Training and education to support compliance with local and State-wide safety measures.
  6. Print or electronic media to promote any of the initiatives set forth above

**(for the above expenses, please include a report of the activities conducted by your community and invoice documentation)**

Your community’s request must also include a payroll report of your community’s public safety payroll for the months of October, November and December as additional supporting documentation for your Safety Awareness CARES ACT Funding allocation. Please contact the IFA CARES Act administrator at 317-233-4332 with any questions.