**EMAIL TEMPLATE- APPLICATION BENEFIT**

**TO:**[Applicant]

**FROM:** <email address>

**BCC:**< >

**DATE:**

**SUBJECT:**

Hello [First Name],

Your application [Application #] for assistance from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program has been approved. The amount of your payment is [Payment Amount].  A check for payment of your benefit is currently being processed.  If you have not received this payment within a few weeks, or if you have questions about your payment, please contact us at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The details of your award can be found in the PDF attached to this email.**

Thank you,

<Agency/Department Name & POC>

This email box is NOT monitored. For more information, please visit the \_\_\_\_\_\_\_\_\_\_\_.

PDF AWARD LETTER TEXT IS BELOW:

**STATE OF VERMONT NOTICE OF BENEFICIARY PAYMENT**

**STATE OF VERMONT SFR BENEFICIARY PAYMENT**

**1 Payment#:**{System Generated Grant ID}

**2 Program Title:**{Program name}

**3 Total Payment Amount:**{Payment Amount}

**4 Payment Date:** {Date of Payment}

**5 Beneficiary Name:**{Tax Return Name}

**6 Beneficiary Entity or Individual?**{Entity/Individual}

**7 Beneficiary Address:**{Tax Information Address}

**8 City:** {Tax Information City}

**9 State:** {Tax Information State}

**10 Zip Code:**{Tax Information Zip}

**11 State Awarding Agency:**{Agency Name}

**12 Business Unit:**{BU}

**13 Beneficiary SSN (if individual):**{Last four digits of FEIN or SSN}

**14 Beneficiary FEIN (if Beneficiary Entity):** {Last four digits of FEIN or SSN}

**15 DUNS # (if Beneficiary is an Entity):**{DUNS #}

**THIS PAYMENT CONTAINS FEDERAL FUNDS AS DETAILED BELOW**

**16 CFDA#:**{CFDA#}

**17 Federal Award Project Description:**State Fiscal Recovery Fund

**{Federal Award/Program Name}**

***Background***

***Conditions of Receipt***

You do not need to take any action to accept the funding assistance provided. The payment details for your organization’s \_\_\_\_\_\_\_\_\_\_ Program payment are provided above.

The funds from this payment can be used to pay necessary expenditures that your business faces and costs directly associated with your business’s response to COVID-19. If it is found that this award was issued due to error, if there was a misrepresentation of facts, or fraud in your application, you will be required to return the funds to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

There may be additional resources available to your business to help deal with the economic impacts of COVID-19. You can find the most up to date information at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***Records Available for Audit*** ***(optional)***

The beneficiary shall maintain all records pertaining to performance under this agreement. “Records” means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the awardee in the performance of this agreement. Records produced or acquired in a machine-readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of the award and for five years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the five-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.

**STATE AGENCY**

{Enter Agency Name}

**PERSON OF CONTACT**

{POC for State Agency’s Administrator}

**AUTHORIZED STATE SIGNATURE:**

**BENEFICIARY CONTACT**

**PRINTED NAME:**{Contact Name}

**TITLE:**{Contact Title}

**ORGANIZATION NAME:**{Company Name}

**PHONE:**{Contact Phone}

**EMAIL:**{Contact Email}