

# State of Vermont, Agency of Administration

## CRF Expense Questionnaire

### INTRODUCTION

The Agency of Administration has established the COVID-19 Financial Office (CFO) to oversee the distribution of money from the Coronavirus Relief Fund (CRF). The CFO is charged with warranting Vermont’s compliance with the federal and state eligibility, documentation, and auditing conditions of the CRF.

Your entity has received a direct CRF legislative appropriation or excess receipts spending authority to cover expenses necessary to respond to the COVID-19 public health emergency. The CFO requires that all entities expending CRF funds complete this questionnaire to assure CRF funds expended fall within the Treasury CRF guidelines.

This CRF Expense Questionnaire requests details of your incurred or proposed CRF expenses to help warrant compliance with CRF guidance and regulation. Please return this completed questionnaire as soon as possible to [Douglas.Farnham@vermont.gov](mailto:Douglas.Farnham@vermont.gov), and [lhashem@guidehouse.com](mailto:lhashem@guidehouse.com) so that these appropriations can be established within your business unit. The questionnaire includes two parts:

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*To ensure proper form data entry and submission, please open the questionnaire in a desktop version of Acrobat 7.0 or later. It is advised that you not edit the form in a browser as form functionality may be lost. Technical form questions can be sent to [lhashem@guidehouse.com](mailto:lhashem@guidehouse.com).*

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### PART 1: GENERAL INFORMATION

1. Entity Name:

2. Contact Name:

3. Contact Email:

4. Funding Mechanism:

a. Legislation/Act and Section Number:

b. Excess Receipts Spending Authority Date and Subject:

5. Total CRF Direct Appropriations and Excess Receipts:

6. Type of CRF Expenses (select all that apply):

Contracts

i. Do you plan to issue, or have you issued, a Request for Proposal (RFP) or a Request for Quote (RFQ) using these CRF dollars? If yes, please attach a copy of the RFP/RFQ.

Yes

No

ii. If you intend any other kind of procurement to use these CRF dollars, please describe your procurement process.

Loans

i. If you expect to use, or have used, CRF for loans, please provide a copy of the terms of the loan and a brief description of the loan program.

Transfers to Other Vermont Units of Government

i. Please provide more details on the nature of the government transfers and contact information for the recipients.

Direct Payments (Operating Costs)

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### PART 2: INCURRED AND ANTICIPATED EXPENSES

1. Please check the box for all expenses that you have incurred/expect to incur that will be paid with CRF Funds. For each selected expense category, please note whether CRF has been/will be used to cover backward-looking, incurred expenses and/or projected, forward-looking expenses. Consider ONLY expenses not already covered by grant programs for which you have submitted a grant questionnaire. For more information on payroll cost categories, please refer to the most recently issued payroll guidance issued by Sue Zeller. Please note that the Agency of Administration requires that entities request authorization by February 1st, 2021 for any continued CRF spending after January 31, 2021.

a. Grant to a non-profit for operating expenses

Backward-looking, incurred expenses

Forward-looking, projected expenses

b. Payroll expenses within the payroll cost categories outlined in the most updated guidance issued by Sue Zeller

Backward-looking, incurred expenses

Forward-looking, projected expenses

c. Unemployment benefits

Backward-looking, incurred expenses

Forward-looking, projected expenses

d. Workers' compensation

Backward-looking, incurred expenses

Forward-looking, projected expenses

i. Please describe the COVID-19 related reason for providing workers' compensation

e. Economic support (other than small business, housing, and food assistance)

Backward-looking, incurred expenses

Forward-looking, projected expenses

f. Small business assistance

Backward-looking, incurred expenses

Forward-looking, projected expenses

g. Expenses to provide housing support

Backward-looking, incurred expenses

Forward-looking, projected expenses

i. Please describe the nature of housing support and its connection to COVID-19

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**h. Food assistance expenses**

Backward-looking, incurred expenses       Forward-looking, projected expenses

i. Please describe the nature of food assistance expenses and their connection to COVID-19

**i. Nursing home assistance**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**j. Expenses associated with the issuance of tax anticipation notes**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**k. Telework expenses for public employees such as computer equipment, such as laptops and monitors**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**l. Software expenses to improve telework capabilities of public employees**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**m. Equipment, software, or licenses for remote learning**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**n. Public telemedicine capabilities**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**o. Medical and protective supplies**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**p. Emergency medical response costs**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**q. COVID-19-related expenses of public hospitals, clinics, and similar facilities**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**r. Expenses to establish temporary public medical facilities**

Backward-looking, incurred expenses       Forward-looking, projected expenses

**s. Disinfection of public areas and facilities**

Backward-looking, incurred expenses       Forward-looking, projected expenses



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b. Are the capital improvement projects temporary?

Yes

No

c. What is the timeline you are imposing on contractors for the completion of your capital projects?

5. Do you expect to use, or have you used, CRF for any asset purchases?

Yes

No

a. If yes, please describe the nature and approximate amount of these asset purchases and their connection to COVID-19.

6. Do you expect to use, or have you used, CRF to cover any expenses incurred outside of the period beginning on March 1, 2020 and ending on December 31, 2021? Please note that AOA requires that entities request authorization by February 1st, 2021 for any continued CRF spending after January 31, 2021.

Yes

No

a. If yes, please provide details on the timeframes considered, estimated amounts, and the COVID-19 related need.

7. Do you expect to use, or have you used, CRF to cover expenses focused on preparing for a future pandemic after December 31, 2021?

Yes

No

a. If yes, please provide more details on the types of preparation and anticipated timeframes.