State of Vermont, Agency of Administration

CRF Grant Program Design 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 CRF legislative appropriation to distribute through a CRF Grant Program. The CFO requires that all entities distributing CRF money receive approval of their proposed CRF Grant Program prior to the program's receipt of applications.

This grant design questionnaire requests details of your proposed CRF Grant Program to help warrant compliance with CRF guidance and regulation. Please return this completed questionnaire to Brad.Ferland@vermont.gov and Justin.Kenney@vermont.gov a minimum of one week prior to the proposed launch of your CRF Grant Program. One questionnaire should be submitted for each CRF Grant Program you are administering. The questionnaire includes four parts:

If you plan to launch your CRF Grant Program's application prior to July 13, please contact the CFO immediately by emailing Brad.Ferland@vermont.gov to arrange expedited review of your CRF Grant Program.

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 Justin.Kenney@vermont.gov.

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CRF Grant Program Design Questionnaire

PART 1: GENERAL INFORMATION

1. Entity Name:

2. Contact Name: **3. Contact Email:**

4. Grant Program Name:

5. Legislation/Act and Section Number:

6. Total Appropriated:

7. Grant Program Intent:

8. Target Beneficiaries (select all that apply):

□ **Individuals**   □ **Public Entities**   □ **Private Entities**   □ **Non-Profit Entities**

9. Grant Type: □ **Cash Assistance**   □ **In-Kind**

10. Will the Grant Program require an application or proposal?   □ **Yes**   □ **No (skip to 11)**
If you have already drafted the grant application, please attach it to your completed form.

a. Expected Launch Date: b. Expected Deadline for Applications:

c. Expected Date of Notification: d. Expected Date of Issuance:

e. Minimum Award (if applicable):   f. Maximum Award (if applicable):

g. If there are multiple rounds, what is the intended timeline for each additional round?

h. How will applications be submitted and processed? If an IT system is being used, please name it.

i. Which of the following methods for collecting required assurances are you planning to use:

□ All assurances will be included in the application

□ Assurances will be included in both the application and grant award

j. How will you uniquely identify applicants (i.e. DUNS, EIN)?

k. Will applicants be required to use and/or apply for other federal funds to cover their expenses before applying to the grant program?   □ **Yes**   □ **No**

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l. Will the program require applicants disclose other sources of federal funding that they have applied for and/or received to cover their costs/lost revenues? □ Yes   □ No (skip to m)

    i. Do you plan to verify other sources of funding and/or funding amounts that applicants received? □ Yes   □ No

m. If you have identified other potential sources of federal funding your applicants may be eligible for, please provide that list.

n. How will your grant program distribute limited grant funding (i.e. adjusting the percentage received by all applicants based on the total amount requested by all applicants, prioritizing applicants who have not received other federal funds, "first come, first served", etc.)?

    i. Will your grant program consider applicants' other sources of federal funding in the calculation of the grant award? □ Yes   □ No

        1. If no, how are you preventing duplication of benefits?

o. What post-application reporting, if any, will be required of recipients?

p. If post application reporting is required, have you identified reporting deadlines? □ Yes   □ No

    i. If yes, what are the deadlines?

11. What types of costs are being covered by your program?

    □ COVID-19 Related Costs (complete Part 2)
       A direct cost that can be attributed to COVID-19 and can be supported by documentation (i.e. invoice, payroll)

    □ Revenue Losses (complete Part 3)
       A decline in business revenue directly related to COVID-19 public health measures (i.e. business closing, capacity restrictions)

    □ Both of the above (complete Part 2 and Part 3)

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PART 2: USE OF CRF FUNDS TO COVER COVID-19 RELATED COSTS

1. Will the grant program cover backward-looking, incurred costs? ☐ **Yes** ☐ **No (skip to 2)**

    a. What supporting documentation will applicants be required to provide to verify their incurred costs?

        ☐ **Invoices** ☐ **Proof of Payment** ☐ **Expenditure Detail** ☐ **Payroll Data** ☐ **Other:**

    b. What formula will be used to determine the grant amount received by applicants?

    c. How will the grant program validate that the incurred costs are COVID-19 related?

2. Will the grant program cover forward-looking, projected costs? ☐ **Yes** ☐ **No (skip to 3)**

    a. What supporting documentation will applicants provide to estimate their projected costs?

    b. What formula will be used to determine projected costs?

    c. What formula will be used to determine the grant amount that you will award applicants?

    d. What is your reconciliation process and timeline for reviewing actual costs vs. projected costs?

3. Will the grant program provide funds to pre-pay any costs that are, under normal circumstances, spread over multiple months/years? *Example: prepaid monthly rent/mortgage* ☐ **Yes** ☐ **No**

4. Will the grant program fund costs for any capital improvement/investment projects? ☐ Yes ☐ No (skip to 5)

    a. Describe the nature of the capital improvement projects that the grant program will fund, including the relation of these projects to the COVID-19 pandemic.

    b. Are the capital improvement projects temporary?   ☐ Yes   ☐ No

    c. What is the timeline required for completion of grantees' capital projects?

5. Will the grant program be used to purchase any assets?   ☐ Yes   ☐ No (skip to 6)

    a. Describe the types of asset purchases allowed by the grant program.

    b. Will the assets purchased using grant funds be sold or decommissioned prior to December 31, 2020?
    ☐ Yes   ☐ No

6. How will the grant program validate that costs were incurred/will be incurred between March 1, 2020 and December 30, 2020?

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PART 3: USE OF CRF FUNDS TO COVER REVENUE LOSSES

1. Will the grant program cover backward-looking, incurred revenue losses? □ Yes □ No (skip to 2)

    a. What supporting documentation will the applicant provide to verify their incurred revenue losses?

    b. What allocation formula will be used to determine the lost revenue payment amount awarded to grantees?

2. Will the grant program cover forward-looking, projected revenue losses? □ Yes □ No (skip to 3)

    a. What supporting documentation will applicants provide to estimate their projected revenue losses?

    b. What formula will be used to project revenue losses?

    c. What is your reconciliation process and timeline for reviewing actual vs. projected revenue losses?

3. How will the grant program validate that revenue losses occurred/will occur between March 1, 2020 and December 30, 2020?

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PART 4: MISCELLANEOUS

1. Which of the following unusual situations apply?

☐ **Grant funds will be used to cover costs incurred or revenue lost outside of the period beginning on March 1, 2020 and ending on December 30, 2020**

☐ **This grant program will cover costs focused on a future COVID-19 outbreak**

☐ **Grant funds will be allocated to help individuals or entities meet their tax obligations**

☐ **This Grant Program will use funds from both CRF and non-CRF sources**

☐ **The Grant Program will fund payroll and/or benefit expenses for:**

   ☐ **Public Employees**   ☐ **Private Employees**

   What expenses will be covered (select all that apply):

   ☐ **Stipends**   ☐ **Workforce Bonuses**   ☐ **Hazard Pay**

☐ **This Grant Program will fund ongoing lease payments as a lump sum?**

a. If any of the above are checked, please provide details.

2. Please describe any additional grantee requirements you have included in your grant program.

3. Please provide any additional comments or information that you think may be relevant to our review if it has not been covered by this questionnaire.