

State of Vermont, Agency of Administration

CRF Supplemental 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 reallocation to cover expenses, or to support a grant program, 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 questionnaire is intended to serve as a supplement to previous CRF Grant or Expense Questionnaires your entity may have filled out, and only necessitates that you provide information on new or additional spending resulting from the funds appropriated or reallocated. Depending on your answers to these questions, your entity may be asked to fill out an additional CRF Grant or Expense Questionnaire.

This CRF Supplemental Questionnaire requests details of your incurred or proposed CRF expenses or grant programs to help warrant compliance with CRF guidance and regulation. Please return this completed questionnaire as soon as possible to Douglas.Farnham@vermont.gov and lhashem@guidhouse.com, so that these appropriations can be established within your business unit.

This questionnaire has one part:

PART 1: GENERAL INFORMATION.....2

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@guidhouse.com

State of Vermont, Agency of Administration

CRF Supplemental Questionnaire

PART 1: GENERAL INFORMATION

1. Entity Name:

2. Contact Name:

3. Contact Email:

4. Funding Mechanism:

a. Legislation/Act and Section Number and/or ERRs:

5. Total CRF Direct Appropriation:

6. Plan for utilizing additional CRF funds (select all that apply)

a. To cover the same grant program(s) outlined in your entity's CRF Grants Questionnaire(s) for earlier appropriations

i. Earlier Act/Section #:

ii. Cumulative Funding used for this purpose:

b. To cover the same expenses outlined in your entity's CRF Expense Questionnaire(s) for earlier appropriations

i. Earlier Act/Section #:

ii. Cumulative Funding used for this purpose:

c. To cover new grant program(s) (new grant questionnaire required)

i. Cumulative Funding for the new grant program:

d. To cover new expense(s) (new expense questionnaire required)

i. Cumulative Funding for the new expenses:

7. Do you have a Vermont legislative deadline that your entity is working under as part of this appropriation?
If yes, please include the date of the deadline.

Yes

No

Deadline Date:

State of Vermont, Agency of Administration

CRF Supplemental Questionnaire

8. Do you expect to use this CRF to cover any expenses incurred, services provided, or goods used outside of the period beginning on March 1, 2020 and ending on December 31, 2021? 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.

Yes No

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

9. Do you plan to use CRF to cover payroll expenses?

- No (skip to 10)
- Yes, using this appropriation
- Yes, using an earlier appropriation. Act/Section #

a. Please review the updated payroll guidance to help ensure CRF-eligibility of your payroll expenses. Are your incurred /anticipated FY20 and FY21 CRF payroll expenses aligned with the updated payroll guidance? Does your intended use of CRF for payroll expenses match the most recent payroll guidance?

Yes (Skip to 10) No

- b. If no, please provide details on the payroll expenses you plan to cover using CRF.

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

Yes No