

Front-Line Employees Hazard Pay Grant Program

Application Instructions

Issued by the Vermont Agency of Human Services
V1: July 31, 2020



Hazard Pay Grant Program Application Instructions

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Hazard Pay Grant Program Application Instructions

This document provides application instructions to Eligible Applicants seeking to apply for the Front-Line Employees Hazard Pay Grant Program.

A companion Program Guidance document is available [here](#).

If you still have a question after reviewing this document, you may submit a question [here](#).

Application Instructions

Online applications must be completed through the portal. A link will be available before the opening date and time on August 4th, 2020 at 9 AM EST [here](#).

Before you get started with the application, you will want to have the following information available:

- Vermont employer identification number (7-digit number used for Vermont Department of Labor filings). Providing this number is not required but helps populate some of the application required fields;
- Federal Employer Identification Number (FEIN) or Social Security Number if you are filing as a Sole Proprietor. Providing this number is required; and
- Contact information for the individual responsible for the application.

You will also want to have the following documents available for uploading:

- W-9
 - Form used in the United States income tax system by a third party who must file an information return with the Internal Revenue Service. It requests name, address, and taxpayer identification information of a tax payer.
 - A W-9 form and instructions are located [here](#).
 - Please upload the form as a PDF document.
- Summary Report of Eligible Employees:
 - Form used to indicate all Eligible Employees and hazard pay amounts for which the Eligible Applicant is seeking a grant award to provide hazard pay.
 - A template is located [here](#).
 - Please upload the populated document as an Excel file.
 - Fields must be completed for each Eligible Employee and include:
 - Eligible Employee Name (Column B)
 - Enter First Name, Last Name.
 - Work Location Name (Column C)
 - Enter Organization Name.
 - Note: This may be the name of a work site that is different from the Eligible Applicant's name. For example, a health care facility has offices in St.

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Johnsbury and Rutland. In this example, enter the branch name where the Eligible Employee works.

- Work Location Address (Column D)
 - Enter Organization Address.
 - Note: This may be the address of a work site that is different from the Eligible Applicant's address. For example, a health care facility has offices in St. Johnsbury and Rutland. In this example, enter the branch location where the Eligible Employee works.
- The Eligible Employee worked at least 68 hours and less than 216 hours in a job with an elevated risk of exposure to COVID-19 during the eligible period (Column E)
 - Enter Yes or No. Requirements for meeting these criteria are included in the Program Guidance located [here](#).
- The Eligible Employee worked more than 216 hours in a job with an elevated risk of exposure to COVID-19 during the eligible period (Column F)
 - Enter Yes or No. Requirements for meeting these criteria are included in the Program Guidance located [here](#).
- The Eligible Employee meets additional eligibility criteria indicated in the Program instructions (Column G)
 - Enter Yes or No. Yes indicates that the Eligible Employee meets all criteria indicated in the [Program Guidance](#), including those described in:
 - Eligible Period
 - Eligible Employees
 - Elevated Risk of Exposure to COVID-19
 - Factors for Determining the Number of Hours Worked
- Amount of hazard pay requested for the Eligible Employee (Column H)
 - If you answered Yes to columns E and G, enter \$1,200.
 - If you answered Yes to columns F and G, enter \$2,000.
- Total (Column H - Final Row)
 - Enter the sum of hazard pay requested for all Eligible Employees.

You will also need to establish a process to permit Eligible Employees to elect not to receive hazard pay funded by a grant provided pursuant to the Program and record keeping procedures to track which employees have elected not to receive a grant.

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You do not need to upload these documents; however, you will need to certify that you established this process and record keeping procedures in your application.

Click on information icons within the online application where available. Additional instructions are indicated below.

As you are working on the application, note that information you enter will be saved once you click the “Next” or progression button at the bottom of each page. If you close out of the application before clicking on the “Next” or progression button, information entered on the current page will not be saved.

Note: All required fields have a red asterisk before the field name (example: * Business Legal Name). You must complete all required fields.

Log-in Information

The Front-Line Employees Hazard Pay Grant Program is one of several VT Economic Recovery Grants. If you have already applied for a different VT Economic Recovery Grant, you may enter your log-in information to begin the application. You may also retrieve your password by selecting Forgot Password if needed.

Important Note: Your username is assigned to you. It will be your email address with .vtgrants added at the end. For example, if your email address is info@xyz.com, then your username will be info@xyz.com.vtgrants.

If you don't have an account, you must first register. Select Register for Hazard Pay Grant Program hyperlink.

Registration Info

Do you meet the minimum qualifications of the Front-Line Employees Hazard Pay Grant Program?

- Select Yes or No. Minimum qualifications are indicated directly under the question and include:
 - Your organization is a Covered Employer
 - Your organization employs one or more individuals in Vermont in relation to your operations as a Covered Employer
 - Your organization is NOT one of the following:
 - A government entity such as the State, a political subdivision of the State, or the United States;
 - An agency designated to provide mental health or developmental services, or both, pursuant to 18 V.S.A. chapter 207; or
 - An agency with which the Commissioner of Mental Health or of Disabilities, Aging, and Independent Living, or both, has contracted to provide specialized services pursuant to 18 V.S.A 8912

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- (Clarification: ARIS Solutions, as the fiscal agent for the employers of the Independent Direct Support Providers may apply in the same manner as a Covered Employer and select yes)
- Only Eligible Applicants may complete the application.

I am filing on behalf of...

- Select “Another company” if you are filing on behalf of an Eligible Applicant
- Select “My own company” if you are the Eligible Applicant

If you select “Another company,” then you must complete the 3rd Party User Registration.

- Enter First Name, Last Name and Title
- Select your Role from the list
- Enter your Email and Phone Number

If you select “My own company,” then you must:

- Enter you Vermont Employer ID Number (EIN) if you have one. You may search for this number using the search tool. If you can’t find your company Vermont EIN, you may enter your company information manually. Click on Add Company after you complete all required fields.
- Enter First Name, Last Name and Title
- Select your Role from the list
- Enter your Email and Phone Number

You will need to create a User Name and Password.

Note that when you register, your username will default to [Email].vtgrants. For example, if your email is info@example.com then your username would be info@example.com.vtgrants.

Click on Register after you complete all required fields.

You will receive an email with the subject “Vermont Economic Recovery Grant Registration Confirmation.” This email includes your username and a link to the application.

Select Application

Click on the + New Application button located in the top right portion of the screen. Click on “Select” within the Hazard Pay Grant Program box.

Important Note: Once you have completed and submitted an application, you cannot make changes to the application. This is a first-come, first-served application process. Applications will be reviewed for grant awards in the order they are

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submitted. Only complete applications will be reviewed. You can confirm that your application is submitted by logging into the VT Economic Recovery Grant portal and verifying that your status is listed as “Submitted.”

Application Information

Complete all fields. You are required to upload a W-9 with your application. Have your W-9 available to you to enter required fields from your W-9 in this section.

If you select “Sole Proprietor or Single Member LLC” as your LLC Classification, you will be required to enter your Social Security Number (SSN).

Important Note: You must enter the Eligible Applicant’s Federal Employee Identification Number (FEIN) or SSN (SSN is only required if your Federal Tax Classification is “Sole Proprietor or Single Member LLC”). Only one application may be submitted per FEIN or SSN. If multiple applications are submitted with the same FEIN or SSN, only the first application will be accepted. If your organization has multiple branches or sites, it is important to coordinate your application submission.

Select “Next” to save information and move to the next section.

Contact Information

Your information will be listed as the primary contact. You may enter additional business contacts by clicking on “Add Contact.” You may not reassign the primary contact status after registering. Only the primary contact will receive update information pertaining to this application.

If you select “Add Contact,” then:

- Enter First and Last Name
- Enter Title and Role
- Enter Company or Organization
- Enter Email and Phone
- Click “Save Contact”

Select “Next” to save information and move to the next section.

Eligibility Information

Identify your Covered Employer type from the list. If you are more than one Covered Employer type, select all that apply. You must either be a Covered Employer or ARIS Solutions, the fiscal agent for the employers of the Independent Direct Support Providers, to apply for a grant award. If you select one of the following three options, you must answer additional questions:

- A health care facility as defined in 18 VS.A. §9432 or a physician’s office
- A provider of necessities and services to vulnerable or disadvantaged populations

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- Therapy provider contracted by a home health agency or nursing home.

If you select “A health care facility as defined in 18 VS.A. §9432 or a physician’s office,” then indicate the health care facility type. See [18 VS.A. §9432](#) for facility types. If you are a physician’s office, then enter “physician’s office.”

If you select “A provider of necessities and services to vulnerable or disadvantaged populations,” then answer the following questions:

- Are you a public safety, public health, health care or human services employer whose employees were engaged in activities substantially dedicated to mitigating or responding to the COVID-19 public health emergency during the eligible period?
 - Select Yes or No. Note: Only providers who meet these criteria are eligible to receive a grant award. Your selection will be verified by the Agency of Human Services based on available information including the additional service and population information you provide in this section.
 - Indicate services provided. Provide a clear explanation of the necessities and services provided to vulnerable or disadvantaged populations.
 - Indicate vulnerable or disadvantaged populations served. Provide a clear explanation of the populations served.

If you select “Therapy provider contracted by a home health agency or nursing home,” then answer the following questions:

- Type of therapy provided.
 - Types include: Speech, Physical, Respiratory, and Occupational.
 - Select one or more of the following by clicking on the type in the Available Values box and moving it into the Selected Values box using the arrows.
- Indicate name of home health agency(ies) and/or nursing home(s) that contracted the applicant for the provision of therapy services.
 - Important Note: Only therapy providers meeting the criteria below may apply:
 - The therapy provider is an employer that a nursing home has contracted with for the provision of physical, speech, respiratory, or occupational therapy, provided that such an employer shall only be permitted to receive a grant to provide hazard pay to its employees for therapy services provided in the nursing home, or
 - The therapy provider is an employer that a home health agency has contracted with to provide physical, speech, respiratory, or occupational therapy on its behalf, provided that such an employer shall only be permitted to receive a grant to provide hazard pay to its employees for therapy services provided on behalf of the home health agency

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- Important Note: Eligible Employees included on the Summary Report of Eligible Employees must have provided therapy services on behalf of the home health agency or in the nursing home listed here.

Information entered in the following fields must match information provided in the Summary Report of Eligible Employees:

1. Number of Eligible Employees that worked at least 68 hours and less than 216 hours during the eligible period.
 - a. Enter total number.
 - a. Important Note: Eligible Employees in this category may receive \$1,200 in hazard pay from this Program.
2. Number of eligible employees that worked at least 216 hours during the eligible period.
 - a. Enter total number.
 - b. Important Note: Eligible Employees in this category may receive \$2,000 in hazard pay from this Program.

Select “Next” to save information and move to the next section.

Document Uploads

Upload the following required documents: W-9 and Summary Report of Eligible Employees.

The Eligible Applicant’s W-9 must be uploaded as a PDF document.

- The W-9 form and instructions are [here](#).

The Summary Report of Eligible Employees must be uploaded as an Excel document.

- The template is available [here](#).

Select “Next” to save information and move to the next section.

Review

Review the application information you entered before proceeding.

Funding requested is automatically calculated for you based on data you entered in Eligibility Information. The calculation is as follows:

$$\begin{array}{r} \text{Total Number of Eligible Employees that worked at least 68 hours} \\ \text{and less than 216 hours during the eligible period} * \$1,200.00 \\ + \\ \text{Total Number of Eligible Employees that worked at least} \\ \text{216 hours during the eligible period} * \$2,000.00 \\ = \\ \text{Funding requested} \end{array}$$

Select “Next” to move to the next section.

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Certifications

Please also provide AHS with feedback about this application by answering “Overall, how easy or difficult was it to complete this application?”

- Select one of the following: very easy, easy, neither, difficult, very difficult

You must have the authority to bind the Applicant to all terms and conditions of the Front-Line Employees Hazard Pay Grant Program, to make on behalf of Applicant all certifications in this section, and to request payment from the State of Vermont on behalf of the Applicant.

For each certification, select Yes or No

- Note: All certifications must be complete and answered Yes in order to submit the application.

The certifications are:

- I have the authority to bind Applicant to all terms and conditions of the Front-Line Employees Hazard Pay Grant Program, to make on behalf of Applicant all certifications included herein, and to request payment from the State of Vermont on behalf of the Applicant.
- I understand that the State of Vermont will rely on this certification as a material representation in making this grant award.
- I acknowledge and agree that eligible employees receiving hazard pay funded by the grant shall not be required to pay an administrative fee or other charge in relation to the Applicant or employer requesting a grant to provide the employee with hazard pay.
- I acknowledge and agree that the Applicant has established a process to permit eligible employees to elect not to receive hazard pay funded by a grant provided pursuant to the Program and record keeping procedures to track which employees have elected not to receive a grant.
- I acknowledge and agree that the Applicant shall not reduce or otherwise recoup any compensation paid to or owed to an eligible employee for work performed during the eligible period as a result of the eligible employee receiving hazard pay funded by a grant obtained through the Program.
- I agree that the Applicant must repay the grant or portion of the grant to the Agency of Human Services if: Any grant funds received are based on incorrect representations made on this application or to the Agency of Human Services related to this application; or Any costs forming the basis of a grant award under this program are covered by other federal grants or federally forgiven loans received by the Applicant. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by Agency of Human Services.
- I acknowledge and agree that the Applicant must spend these grant funds for hazard pay for eligible employees within 90 days of grant award or by December 15, 2020, whichever is earlier.

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- I acknowledge and agree that the Applicant must submit a reconciliation report to the State of Vermont, Agency of Human Services, using a form provided by the State of Vermont, Agency of Human Services.
- To the extent requested hazard pay for employees is greater than hazard pay distributed to employees, I acknowledge and agree that the Applicant must return the balance of funds to the State of Vermont, Agency of Human Services.
- To the best of my knowledge, as of the date that this Application is signed, neither Applicant nor Applicant's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds.
- I acknowledge and agree that if the Applicant receives a Front-Line Employees Hazard Pay Grant Program award, the Applicant will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required. For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends \$500,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A133. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.
- I agree that the Agency of Human Services may share the information on this application with other Vermont state agencies and other State of Vermont Agencies can share information with AHS for the purpose of verifying Applicant's eligibility for this or another grant or stimulus payment related to the COVID-19 pandemic.
- I certify that all of Applicant's tax returns are completed and filed through the date of application filing.
- I certify that Applicant complies with local, state and federal labor laws.
- I certify that Applicant's submitted data are true and correct.
- I certify that Applicant is in good standing with the Vermont Secretary of State.
- I acknowledge and agree that if the Applicant receives a Front-Line Employees Hazard Pay Grant Program award, the Applicant shall maintain all records pertaining to performance under this agreement. "Records" means any written or recorded information, regardless of physical form or

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characteristics, which is produced or acquired by the Party 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 Agreement and for three 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 three-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.

- I acknowledge and agree that as required by federal law, the proposed uses of the funds provided will only be used to cover those costs that a) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19), and b) were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.
- I acknowledge and agree that grant funds received for hazard pay will only be used to cover hazard pay for eligible employees in accordance with section 601 of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020) (“section 601”).
- I attest, under penalty of perjury, that all information provided on this form is true and accurate. Further, I understand that intentional misrepresentation of information is fraud and may subject me to disqualification from receiving further benefits, administrative penalties, and criminal prosecution.

Submit Application

Verify all information is complete and accurate prior to submitting. Once you submit your application, your responses may not be changed.

Once the application is complete and submitted, you will receive a confirmation email that indicates your successful submission, application number, and a link to submit questions, if needed. Please check your “spam” or “junk” folder if you do not receive an email. You may also verify that your application is submitted by logging into the VT Economic Recovery Grant portal and verifying that your status is listed as “Submitted.”