

Front-Line Employees Hazard Pay Grant Program

Application Instructions

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Department of Financial Regulation
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Hazard Pay Grant Program Application Instructions

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Hazard Pay Grant Program Application Instructions

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

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

Frequently Asked Questions for Employers are available [here](#).

If you still have a question after reviewing this document, the Program Guidance and the Frequently Asked Questions, you may submit a question to COVIDHazardPay@Vermont.gov.

Application Instructions

Online applications must be completed through the online portal. A link will be available before the opening date and time on October 28, 2020 at 9 AM EST [here](#).

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

- Vermont employer identification number (7-digit number used for Vermont Department of Labor filings).
- Federal Employer Identification Number (FEIN) or Social Security Number, if you are filing as a Sole Proprietor or disregarded entity. Providing this number is required; and
- Contact information for the individual responsible for the application.
- All information necessary to complete an IRS Form W-9. A blank Form W-9 and instructions are located [here](#).

You should also complete and have the following documents available to upload:

- **Summary Report of Eligible Employees (Download Template Here):**
 - Form used to list all Eligible Employees currently employed by the Covered Employer at the time of application. Former employees must be identified on a separate report, described below.
 - Please complete and upload the Summary Report of Eligible Employees as an Excel file, using the template located [here](#).
 - 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. Johnsbury and Rutland. In this example, enter the branch name where the Eligible Employee works.

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- 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 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 (March 13, 2020 – May 15, 2020) (Column E).
 - Enter Yes or No. Requirements for meeting these criteria are included in the Program Guidance located [here](#).
 - The employee worked at least 216 hours in a job with an elevated risk of exposure to COVID-19 during the eligible period (March 13, 2020 – May 15, 2020) (Column F).
 - Enter Yes or No. Requirements for meeting these criteria are included in the Program Guidance located [here](#).
 - Did the employee receive unemployment benefits during the eligible period (March 13, 2020 – May 15, 2020)? If Yes, for how long? (Column G)
 - Enter No, "Yes – One week or less", "Yes – More than one week", or "Yes – weeks to be verified before payment." Requirements for answering these questions and meeting these criteria are included in the Program Guidance located [here](#).
 - Amount of hazard pay requested for the Eligible Employee (Column H). This amount will be automatically filled in.
- **Summary Report of Former Employees ([Download Template Here](#)):**
 - Form used to list all Eligible Employees that are no longer employed by the Covered Employer at the time of application.
 - Please complete and upload the document as an Excel file, using the template located [here](#).
 - Three Fields must be completed for the Employer and Applicant:
 - Name of Covered Employer (Row 3)
 - Applicant Contact Name (Row 4)
 - Applicant Contact Phone (Row 5)
 - The following Fields must be completed for each Eligible Employee:
 - Eligible Employee Name (Column B)
 - Enter First Name, Last Name.
 - Former employee's last known home mailing street address (Column C)

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- Former employee's last known home city, state, zipcode (Column D)
 - Former employee's e-mail address (if known) (Column E)
 - Former employee's last known phone number (Column F)
 - Name of Covered Employer (Column G)
 - This will be completed automatically based on your input in Row 3
 - Work Location Name (Column H)
 - 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. Johnsbury and Rutland. In this example, enter the branch name where the Eligible Employee works.
 - Work Location Address (Column I)
 - 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 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 (March 13, 2020 – May 15, 2020) (Column J).
 - Enter Yes or No. Requirements for meeting these criteria are included in the Program Guidance located [here](#).
 - The employee worked at least 216 hours in a job with an elevated risk of exposure to COVID-19 during the eligible period (March 13, 2020 – May 15, 2020) (Column K).
 - Enter Yes or No. Requirements for meeting these criteria are included in the Program Guidance located [here](#).
 - Did the employee receive unemployment benefits during the eligible period (March 13, 2020 – May 15, 2020)? If Yes, for how long? (Column L)
 - Enter No or Yes . Requirements for answering these questions and meeting these criteria are included in the Program Guidance located [here](#).
 - Amount of hazard pay requested for the Eligible Employee (Column M). This amount will be automatically filled in.
- **A Signed and Completed Form W-9** (Only required if the person submitting the application is not authorized to certify and sign a Form W-9 on behalf of the Covered Employer)
 - 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

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requests name, address, tax classification, and taxpayer identification information of a taxpayer.

- A W-9 form and instructions are located [here](#).
- The form must be certified by the signature of a person authorized to certify a Form W-9 on behalf of the person or entity named in Box 1 of the Form W-9.
- Please upload the signed form W-9 as a PDF document.

You will also need to establish a process to permit currently employed 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. 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.

Hazard Pay Grant Program Application Instructions

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.

The screenshot shows a web application interface for the VT Economic Recovery Grant. At the top, a blue header bar contains the text "VT Economic Recovery Grant". Below this, a light blue box contains a message: "For best performance of this application, please use the latest version of Chrome, Firefox, or Safari (on Mac OS)." followed by a "Log-In Information" section. This section has two input fields: "User Name" and "Password", both marked with an asterisk and a help icon. Below the input fields is a list of links to register for various grants: "Register for: ACCD Grant", "Register for: Agriculture Grant (Dairy)", "Register for: Forestry Grant", "Register for: Hazard Pay Grant Program" (which is highlighted with a red box), "Register for: Vermont COVID-19 Arrearage Assistance Program (VCAAP)", "Register for: Vermont Temporary Broadband Subsidy Program", "Register for: Agriculture & Working Lands", and "Register for: Healthcare and Services Grant Cycle 2". At the bottom right of the form are two buttons: "Forgot Password" and "Log In".

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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. See the Program Guidance for more information on qualifications

Minimum Eligibility Requirements

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

- 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

(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)

☐ Yes ☐ No

- 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

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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.
- Complete all fields under Applicant User Registration:

Before you apply, you need to register here: If you have already registered please [Login](#)

Search Vermont Employer ID Number



Company

Can't find your VT-EIN? [Add Company](#)

Applicant User Registration

* First Name

* Last Name

* Title

* Role

Select Role ▼

* Email

* Phone

Complete this field.

* User Name ⓘ

* Password ⓘ

* Confirm Password

Password Mismatch

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

Before you apply, you need to register here: If you have already registered please [Login](#)

3rd Party User Registration

* First Name	* Last Name
<input type="text"/>	<input type="text"/>
* Title	* Role
<input type="text"/>	Select Role ▼
* Email	* Phone
<input type="text"/>	<input type="text"/>
	Complete this field.
* User Name ⓘ	* Password ⓘ
<input type="text"/>	<input type="password"/>
* Confirm Password	
<input type="text"/>	

Password Mismatch

Note that when you register, your username will be automatically generated based on your e-mail as follows: [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. **Please check your “spam” or “junk” folder if you do not receive an email.**

Hazard Pay Grant Program Application Instructions

Select Application

Click on the + New Application button located in the top right portion of the screen.

Application

+ New Application

Welcome

Click on “Select” within the Hazard Pay Grant Program box (you may need to scroll down).

Create New Application

ACCD Economic Recovery Grant 2.0

This grant program is administered by the Agency of Commerce and Community Development (ACCD) and is available to Vermont organizations that can demonstrate that COVID-19 impacts have resulted in lower revenues in 2020 than in 2019 - and that after taking in to account state and federal assistance already received - they have a remaining un-met need.

Select

Broadband Assistance

The Temporary Broadband Subsidy Program provides eligible Vermont households with a credit to assist with internet service subscriptions. Residential account holders who have suffered an economic hardship due to COVID-19 and require high speed Internet services for a qualifying need may receive a credit of up to \$20 per month toward an internet service subscription. Applicants must attest to needing an internet subscription for remote work, distance learning or telehealth services. Funds for this program were made available through the federal CARES Act and limited funding is available.

Select

Dairy Producer Application Program

Administered through the Agency of Agriculture, Food and Markets, this program is only open to eligible cow, goat, and sheep dairy farmers who are licensed with AAFM as one or more of the following: Certified Small Farm Operation; Small Farm Operation; Medium Farm Operation; or, Large Farm Operation.

Select

Agriculture & Working Lands

Administered by the Agency of Agriculture, Food and Markets in partnership with Vermont Economic Development Authority (VEDA), this application is open to eligible farmers, meat and poultry processors, slaughterhouses, farmers markets, value-added food product businesses, forest products business, and producer associations. Entities must have gross annual incomes of at least \$10,000 to apply.

Select

Dairy Processor Application Program

Administered through the Agency of Agriculture, Food and Markets, this program is only open to eligible value-added dairy processors who are licensed with AAFM to manufacture and sell cow, goat, and sheep dairy products.

Select

Hazard Pay Grant Program

Administered through the Agency of Human Services (AHS) and Department of Financial Regulation (DFR), this grant opportunity is open to certain employers whose employees were engaged in activities substantially dedicated to mitigating or responding to the COVID-19 public health emergency or were providing essential services to Vermonters during the eligible time period, which is March 13, 2020 through May 15, 2020.

Select

0000001061Wendy'sHazard Pay Grant ProgramUnsubmittedReplyEditClose


11

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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 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. Have your Form W-9 available to you to enter required fields in this section.

VERMONT

Welcome, Wendy Test Logout

Hazard Pay Grant Program

1

Applicant Information

2

Contact Information

3

Eligibility Information

4

Review

5

Certification

6

Thank You

Applicant Information

Enter Vermont Identification Number (VT-EIN)

☐ I cannot find my company

* Business Legal Name ⓘ

Wendy's

DBA (Doing Business As)

WT

Form W9 Tax Information

Please complete the below Form W9 information. A sample Form W9 and instructions can be found here <https://www.irs.gov/pub/irs-pdf/tw9.pdf>

* Name (as shown on income tax return) - Box 1 from W9 ⓘ

Business name/Disregarded Entity Name, if different from Box 1 of W9

* Federal Tax Classification - Box 3 from W9 ⓘ

Select Federal Tax Classification

* Address (number, street, and apt. or suite no.) - Box 5 from W9 ⓘ

* City - Box 6 from W9 ⓘ

* State - Box 6 from W9 ⓘ

Vermont

* ZIP code - Box 6 from W9 ⓘ

* Taxpayer Identification Number (TIN): Federal Employer Identification Number (FEIN) - Part 1 from W9 ⓘ

Back to Dashboard

Next

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


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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 per round of the grant program may be submitted per FEIN or SSN. If multiple applications are submitted with the same FEIN or SSN in the same round of the grant program, 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.

VERMONT

Welcome, Wendy TestLogout

Hazard Pay Grant Program

✓ Applicant Information

2 Contact Information

3 Eligibility Information

4 Review

5 Certification

6 Thank You

Contact Information

Add Contact

Name	Role	Email	Primary	Action
Wendy Test	Accountant	wendy.trafton@vermont.gov	<input checked="" type="checkbox"/>	

Back to Dashboard

Back

Next

Select "Next" to save information and move to the next section.

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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.

Eligibility Information

Please Identify your Covered Employer Types (Check all that Apply)

- ☐ An assisted living residence as defined in 33 V.S.A. § 7102
- ☐ A nursing home as defined in 33 V.S.A. § 7102
- ☐ A residential care home as defined in 33 V.S.A. § 7102
- ☐ A therapeutic community residence as defined in 33 V.S.A. § 7102
- ☐ A health care facility as defined in 18 V.S.A. § 9432 or a physician's office
- ☐ A dentist's office or a dental facility
- ☐ A homeless shelter, including a lodging establishment as defined in 18 V.S.A. § 4301, that, during the eligible period, provided temporary housing to homeless individuals pursuant to an agreement with the Department for Children and Families
- ☐ A home health agency as defined in 33 V.S.A. § 6302
- ☐ A federally qualified health center, rural health clinic, or clinic for the uninsured
- ☐ A program licensed by the Department for Children and Families as a residential treatment program
- ☐ An ambulance service or first responder service as defined in 24 V.S.A. § 2651
- ☐ A morgue
- ☐ A provider of necessities and services to vulnerable or disadvantaged populations
- ☐ Therapy Provider contracted by a home health agency (as defined in 33 V.S.A. § 6302) or a nursing home (as defined in 33 V.S.A. § 7102) during the eligible period
- ☐ A traveling nurse agency or other business whose employees provide temporary or contract nursing services to or on behalf of an eligible covered employer during the eligible period
- ☐ A cleaning or janitorial service that provided cleaning or janitorial services to an eligible covered employer during the eligible period in locations that are open to the general public or regularly used by residents or patients of that covered employer
- ☐ A food service provider that prepared and provided meals for residents or patients of an eligible covered employer during the eligible period
- ☐ A grocery store
- ☐ A pharmacy
- ☐ A retailer identified as essential in Sec. 6, paragraphs f and h of Addendum 6 to Executive Order 01-20 (hardware stores and retail serving basic human needs such as grocery stores, pharmacies, and other retail that sells food, beverage, animal feed and essential supplies).
- ☐ A wholesale distributor making deliveries to a grocery store, pharmacy or eligible essential retailer
- ☐ A trash collection, waste management, or septic service
- ☐ An operator of a privately owned water pollution abatement and control facility
- ☐ A child care facility as defined in 33 V.S.A. § 3511 that provided child care services to essential service providers pursuant to Directive 2 of Executive Order 01-20
- ☐ A vocational rehabilitation service provider
- ☐ A funeral establishment or crematory establishment as defined in 26 V.S.A. § 1211
- ☐ An agency licensed pursuant to 26 V.S.A. § 3172 that provides security services, as defined in 26 V.S.A. § 3151, to another covered employer
- ☐ ARIS Solutions, as the fiscal agent for the employers of the independent direct support providers

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If you select one of the following nine options, you must answer additional questions:

- A health care facility as defined in 18 V.S.A. §9432 or a physician's office

☒ A health care facility as defined in 18 V.S.A. § 9432 or a physician's office

* Indicate Health Care Facility type

- A provider of necessities and services to vulnerable or disadvantaged populations

☒ A provider of necessities and services to vulnerable or disadvantaged populations

* Are you an employer whose employees were engaged in activities substantially dedicated to mitigating or responding to the COVID-19 public health emergency during the eligible period (March 13, 2020 - May 15, 2020) or were providing essential services to Vermonters during the eligible period (March 13, 2020 - May 15, 2020)?

☐ Yes ☐ No

* Indicate services involving an elevated risk of exposure to COVID-19 that were provided to vulnerable or disadvantaged populations during the eligible period (March 13, 2020 - May 15, 2020)

* Indicate vulnerable or disadvantaged populations served

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

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☒ Therapy Provider contracted by a home health agency (as defined in 33 V.S.A. § 6302) or a nursing home (as defined in 33 V.S.A. § 7102) during the eligible period

* Type of therapy provided

Available Values

Speech

Physical

Respiratory

Occupational

Selected Values

* Indicate name of home health agency(ies) and/or nursing home(s) that contracted the applicant for the provision of therapy services during the eligible period (March 13, 2020 – May 15, 2020)

- Cleaning or janitorial service that provided service to an eligible covered employer

☒ A cleaning or janitorial service that provided cleaning or janitorial services to an eligible covered employer during the eligible period in locations that are open to the general public or regularly used by residents or patients of that covered employer

* Indicate type of Covered Employer(s) that contracted the applicant for provision of cleaning or janitorial services

Available Values

Assisted living residence as
defined in 33 V.S.A. § 7102

Nursing home as defined in 33
V.S.A. § 7102

Residential care home as defined
in 33 V.S.A. § 7102

Therapeutic community residence
as defined in 33 V.S.A. § 7102

Health care facility as defined in

Selected Values

* Indicate name of Covered Employer(s) that contracted the applicant for provision of cleaning or janitorial services

* With respect to its business as a cleaning or janitorial service, the applicant acknowledges and certifies that each eligible employee and former employee applied for or identified in this application provided cleaning or janitorial services during the eligible period (March 13, 2020 – May 15, 2020) to the Covered Employer(s) identified in this application that contracted the applicant for provision of cleaning or janitorial services

☐ Yes ☐ No

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- Food service provider that prepared and provided meals for residents or patients of an eligible covered employer during the eligible period.

☒ A food service provider that prepared and provided meals for residents or patients of an eligible covered employer during the eligible period

* Indicate type of Covered Employer(s) that contracted the applicant for provision of food services to the residents or patients of the Covered Employer

Available Values

Selected Values

Assisted living residence as defined in 33 V.S.A. § 7102

Nursing home as defined in 33 V.S.A. § 7102

Residential care home as defined in 33 V.S.A. § 7102

Therapeutic community residence as defined in 33 V.S.A. § 7102

Nursing home as defined in 33 V.S.A. § 7102

* Indicate name of Covered Employer(s) that contracted the applicant for provision of food services to the residents or patients of the Covered Employer

* With respect to its business as a food service provider, the applicant acknowledges and certifies that each eligible employee and former employee applied for or identified in this application provided food services during the eligible period (March 13, 2020 - May 15, 2020) to the resident or patients of the Covered Employer(s) identified in this application that contracted the applicant for provision of food services

☐ Yes ☐ No

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- Retailer identified in Sec 6. Paragraphs f and h of Addendum No. 6 to Executive Order 01-20 (hardware stores and retail serving basic human needs).

☒ A retailer identified as essential in Sec. 6, paragraphs f and h of Addendum 6 to Executive Order 01-20 (hardware stores and retail serving basic human needs such as grocery stores, pharmacies, and other retail that sells food, beverage, animal feed and essential supplies).

* Was the retail establishment open to the general public for in-person sales between March 13, 2020 and May 15, 2020?

☐ Yes ☐ No

* Indicate your organization's retail business type (per list of essential services or functions in Sec. 6, paragraphs f and h of Addendum 6 to Executive Order 01-20)

Available Values

Retail serving basic human needs
such as grocery stores, pharmacies,
other retail that sells food, beverage,
animal feed and essential supplies

Hardware store

Selected Values

- Wholesale Distributor making deliveries to a grocery store, pharmacy or eligible essential retailer.

☒ A wholesale distributor making deliveries to a grocery store, pharmacy or eligible essential retailer

* Indicate type of retailer(s) to which your organization made deliveries

Available Values

Grocery store

Pharmacy

Retail serving basic human needs
such as grocery stores,
pharmacies, other retail that sells
food, beverage, animal feed and
essential supplies

Hardware store that was open to
the general public for in-person

Selected Values

☐ A brick-and-mortar establishment that is not a retailer

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- An agency licensed pursuant to 26 VSA § 3172 to provide security services that provided security services to a covered employer.

☒ An agency licensed pursuant to 26 V.S.A. § 3172 that provides security services, as defined in 26 V.S.A. § 3151, to another covered employer

* With respect to its business as an agency providing security services, the applicant acknowledges and certifies that each eligible employee and former employee applied for or identified in this application provided security services during the eligible period (March 13, 2020 - May 15, 2020) to the Covered Employer(s) identified in this application that contracted the applicant for provision of security services

☐ Yes ☐ No

- Operator of a privately owned water pollution abatement and control facility.

☒ An operator of a privately owned water pollution abatement and control facility

* With respect to its business as an operator of a privately-owned water pollution abatement and control facility, the applicant acknowledges and certifies that each eligible employee and former employee applied for or identified in this application performed work in the water pollution abatement and control facility during the eligible period (March 13, 2020 - May 15, 2020)

☐ Yes ☐ No

Currently Employed Eligible Employees:

Information entered in the following fields must match information provided in the Summary Report of Eligible Employees (the spreadsheet of Eligible Employees who are currently employed by you, that you must upload):

Currently Employed Eligible Employees


* Do you have currently employed eligible employees that performed a job with an elevated risk of exposure to COVID-19 that should receive Hazard Pay payments who have not already received payments funded by the Hazard Pay Grant Program?

☒ Yes ☐ No

* Number of currently employed eligible employees that performed a job with an elevated risk of exposure to COVID-19 and worked at least 68 hours and less than 216 hours during the eligible period (March 13, 2020 - May 15, 2020). Do not include any employees who received more than one week of unemployment insurance benefits during the eligible period.

* Number of currently employed eligible employees that performed a job with an elevated risk of exposure to COVID-19 and worked at least 216 hours during the eligible period (March 13, 2020 - May 15, 2020) AND received no unemployment insurance benefits during the eligible period.

* Number of currently employed eligible employees that performed a job with an elevated risk of exposure to COVID-19 and worked at least 216 hours during the eligible period (March 13, 2020 - May 15, 2020) AND received one week or less of unemployment insurance benefits during the eligible period. Do not include any employees who received more than one week of unemployment insurance benefits or no unemployment insurance benefits during the eligible period.

* Summary Report of Currently Employed Eligible Employees. These are currently employed and not accounted for in previous application submission (if any): 

[This is the link to the template for the summary report upload.](#)

 Upload Files

Or drop files

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Former Employees:

Information entered in the following fields must match information provided in the Summary Report of Former Employees (the spreadsheet of Eligible Employees who are no longer employed by you on the date of the Application):


Former Employees

* Do you have former employees who are eligible to receive Hazard Pay payments because they performed a job with an elevated risk of exposure to COVID-19 during the eligible period (March 13, 2020 – May 15, 2020)?


☒ Yes ☐ No

* Number of former employees that performed a job with an elevated risk of exposure to COVID-19 and worked at least 68 hours and less than 216 hours during the eligible period (March 13, 2020 – May 15, 2020).

* Number of former employees that performed a job with an elevated risk of exposure to COVID-19 and worked at least 216 hours during the eligible period (March 13, 2020 – May 15, 2020).

* Summary Report of Former Employees. These are formerly employed and not accounted for in previous application submission (if any): 

This is the link to the template for the summary report upload.

 Upload Files

 Or drop files

[Link to FAQ](#)

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. Funding requested for former employees will not be shown, as this funding will not be paid to the employer.

Select “Next” to move to the next section.

Hazard Pay Grant Program Application Instructions

Certifications

You must answer each of the following questions and certification to submit your application. Please read each carefully. If you answer “No” to the first Certification, you will be required to upload a PDF scan of a signed and completed Form W9.

Certification

* If you selected “Individual/sole proprietor or single member LLC” as the Applicant’s Federal Tax Classification, then the Social Security Number entered for the Applicant in this Application is the Social Security Number of the person signing this Application; OR If you selected any other Federal Tax Classification for the Applicant (including C Corporation, S Corporation, Partnership, or Trust/Estate), then the person signing this Application on behalf of the Applicant is a U.S. Person and authorized to certify a Form W-9 on behalf of the Applicant. *(If you answer “No,” you will be required to upload a scan of a Form W-9 signed by an authorized person)*

☐ Yes ☐ No

* Please answer the following: Overall, how easy or difficult was it to complete this application?

☐ Very Easy ☐ Easy ☐ Neither ☐ Difficult ☐ Very Difficult

By signing below, I certify individually and on behalf of the Applicant that:

- ☐ I 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 included herein, and to request payment from the State of Vermont on behalf of the Applicant.
- ☐ I have read and understand: (1) the statements included in this application, and (2) the Hazard Pay Program Guidance and the Hazard Pay Application Instructions published at <https://dvh.vermont.gov/front-line-employees-hazard-pay-grant-program>
- ☐ This application identifies all potentially eligible employees who are no longer employed by the employer and who have not previously received a payment of hazard pay from the Applicant funded by the Front-Line Employees Hazard Pay Grant Program
- ☐ Each currently employed and former employee identified in this application, or for whom the Applicant has applied for grant funding herein, is an “eligible employees” that performed a job between March 13, 2020 and May 15, 2020 with an “elevated risk of exposure to COVID-19” (as such terms are defined in Act 136 of 2020, as amended by Acts 154 and 168 of 2020)
- ☐ No currently employed or former employee identified in this application, or for whom the Applicant has applied for grant funding herein, has previously received a payment of hazard pay from the Applicant funded by the Front-Line Employees Hazard Pay Grant Program.
- ☐ I understand that the State of Vermont will rely on each certification included herein 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 or the Department of Financial Regulation related to this application.
- ☐ I acknowledge and agree that the Applicant must spend these grant funds for hazard pay for eligible employees by December 15, 2020.
- ☐ I acknowledge and agree that, if a grant is awarded, the Applicant must submit a reconciliation report to the State of Vermont, Agency of Human Services or Department of Financial Regulation, using the Grant Funds Spending Report available to grant awardees through the online grant portal.
- ☐ To the extent requested hazard pay for employees is greater than hazard pay distributed to employees (including deduction of applicable payroll taxes), 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 (AHS) and the Department of Financial Regulation may share the information on this application with other State of Vermont Agencies and other State of Vermont Agencies can share information with AHS or the Department of Financial Regulation 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 all applicable 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 of its agreements and obligations under this application and the requirements of the Front-Line Employees Hazard Pay Grant Program. “Records” means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of its agreements and obligations under this application and the requirements of the Front-Line Employees Hazard Pay Grant Program. 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 this application and the Front-Line Employees Hazard Pay Grant Program 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”).

Hazard Pay Grant Program Application Instructions

☐ I attest, under penalties of perjury, that all information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. 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.

☐ Under the penalty of perjury, I certify that: @

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding;

☐ IRS has notified the payee that backup withholding applies.

3. I am a U.S. citizen or other U.S. person (defined in the W-9 instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

By typing my name into this box, I hereby agree that this action constitutes my electronic signature to this Application.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

*Signature

*Signature Date

[Back to Dashboard](#) [Back](#) [Submit](#)

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.”