



**First Responder Hazard Pay Premiums Program
Application Packet
2020 Public Act 144**

Coronavirus Aid, Relief, and Economic Security (CARES) Act,
Public Law 116-136

Application Period: July 7 – September 30, 2020

NOTE: As U.S. Department of the Treasury issues future guidance and clarifications, the specific guidelines listed in this document are subject to change. Changes will be addendums to this document.

Michigan Department of Treasury
First Responder Hazard Pay Premiums Program (FRHPPP)
Table of Contents

Application Instructions.....	1
Program Information	2
Subrecipient Information.....	4
Reimbursement Request (Form 5723)	9
Hazard Pay Premiums Payment Report – Instructions.....	12
Hazard Pay Premiums Payment Report.....	13
Certification	14

Michigan Department of Treasury
First Responder Hazard Pay Premiums Program (FRHPPP)
Application Instructions

The purpose of this document is to provide guidance to eligible applicants that would like to apply for Coronavirus Relief Funding under the Michigan Department of Treasury's First Responder Hazard Pay Premiums Program.

To receive reimbursement, eligible applicants must review, complete, and sign this entire application packet. All pages will either be initialed or signed. Pages 1 through 15 must be returned to the Michigan Department of Treasury via email or fax, as outlined in the document.

If you need to enter more employees than the Hazard Pay Premiums Payment Report (page 13) will allow, the data for the remaining employees must be submitted on additional reports. An excel template can be found at https://www.michigan.gov/treasury/0,4679,7-121-1751_2197-532758--,00.html

Signatures are required on pages 10 and 15. After verifying the entire application packet and reviewing all the requirements and terms and conditions of the grant, the same person needs to initial and date each page and sign both pages 10 and 15. The signatory on form 5723, the page initials, and the certification at the end of the packet must all be the same person.

Questions, contact the Michigan Department of Treasury at: Treas-CARES@michigan.gov or 517-335-0155.

Michigan Department of Treasury
First Responder Hazard Pay Premiums Program (FRHPPP)
Program Information

Program Description

The program was created by 2020 Public Act 123 and amended by 2020 Public Act 144. The program is to reimburse and/or pay for qualifying first responder hazard pay premiums provided to first responders who have performed hazardous duty or work involving physical hardship related to COVID-19. The program is funded under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116-136.

Reimbursements and payments will be on a first-come, first-served basis. An application is deemed to be submitted when all required supporting documentation has been emailed or faxed to the Michigan Department of Treasury.

Eligible Expenditures

Eligible hazard pay premiums must be paid to employees by September 30, 2020 to qualify for the program.

Eligible hazard pay premiums are for:

- Law Enforcement Officers
- Firefighters
- Emergency Medical Technicians (EMTs)
- Paramedics
- 9-1-1 Operators
- Local Unit of Government Corrections Officers
- Airport Public Safety Officers
- Eligible personnel associated with ambulance operations licensed under section 20920 of the Public Health Code (1978 PA 368; MCL 333.20920)
- Private EMTs and paramedics that contract with municipalities or hospitals, if the hazard pay premiums are paid through the applicant

Eligible Applicants

- Cities
- Villages
- Townships
- Counties
- Public Airport Operators
- Ambulance Operations licensed under section 20920 of the Public Health Code (1978 PA 368; MCL 333.20920)
- A local governmental authority, intergovernmental agency, or organization that employs local public safety or local public health personnel and that was established by a city, village, township, county, or group thereof for the primary purpose of providing public safety or public health services.

Available Program Amount

- \$100,000,000

Maximum Available Limits

- \$1,000 per eligible employee
- \$5,000,000 to any one applicant

Michigan Department of Treasury

First Responder Hazard Pay Premiums Program (FRHPPP)

Program Information

Application Period

- July 7 – September 30, 2020

Method of Submission

- The entire application packet must be submitted, with all the required forms, signatures, and initials, to the Michigan Department of Treasury via Email (Treas-CARES@michigan.gov) or fax (517-335-3298) by 11:59 p.m. EST on the last day of the application period.

Distributions

- Payments and Reimbursements will be on a first-come, first-served basis.
- Advance requests (using Form 5725, *First Responder Hazard Pay Premiums Program, Advance Request*) may be submitted to Treasury no later than September 1, 2020
- Advance requests will be processed as follows:
 - Submissions received on or before August 10, 2020, will be paid on August 24, 2020
 - Submissions received on or before September 1, 2020, will be paid on September 15, 2020
- Payments will be made no later than November 14, 2020.

Reporting Requirements

1. Each eligible applicant that applies for a subaward must register with the Federal System for Award Management (SAM). Applicants that apply after July 26, 2020, must register in the SAM system prior to sending an application to the Michigan Department of Treasury. The SAM website is: <https://www.sam.gov/SAM/>.
2. Each applicant must fully complete and return the application packet by the submission deadline with each page dated and initialed including the completion of the following documents in the packet:
 - a. FRHPPP Reimbursement Request (Form 5723)
 - b. Hazard Pay Premiums Payment Report
 - c. Certification
3. Applicants that are requesting an advance payment (i.e. hazard pay premiums have not been paid to the employees yet) must submit Form 5725 "First Responder Hazard Pay Premiums Program, Advance Request" with the Application Packet.
4. Applicants that were required to submit Form 5725, First Responder Hazard Pay Premiums Program, Advance Request, must submit to the Michigan Department of Treasury a Final Program Report by October 15, 2020.

The Michigan Department of Treasury may request an applicant to submit detailed backup (including payroll reports) to support the hazard pay premiums requested to be reimbursed/paid. Please do not submit any detailed backup unless the Michigan Department of Treasury requests submission from the applicant.

Contact Information

Treasury CARES Grant Programs Hotline
517-335-0155

Email Address
Treas-CARES@michigan.gov

Michigan Department of Treasury

First Responder Hazard Pay Premiums Program (FRHPPP)

Subrecipient Information

Subrecipient Information

Funds were awarded to the State of Michigan as Federal Financial Assistance from the U.S. Department of Treasury. The funds were awarded under the Social Security Act, as amended by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") <https://home.treasury.gov/policy-issues/cares/state-and-local-governments> as the Coronavirus Relief Fund (CRF).

CFDA #: 21.019

FAIN #: SLT0040 and SLT0247

Coronavirus Relief Funds are considered federal financial assistance and have been assigned a Catalog of Federal Domestic Assistance (CFDA) or Assistance Listing Number of 21.019. Fund payments are considered to be federal financial assistance subject to the Single Audit Act (31 U.S.C. Sections 7501 – 7507) and the related provisions of the Uniform Guidance, 2 Code of Federal Regulations (CFR) Section 200.303 regarding internal controls, Section 200.330 – 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements. Under the Single Audit Act, local jurisdictions/applicants will need to report expenditures under this program using the CFDA number 21.019.

The State of Michigan is making these funds available to eligible applicants for reimbursement/payment of first responder hazard pay premiums provided to first responders who have performed hazardous duty or work involving physical hardship related to COVID-19. Eligible applicants, including but not limited to the certifying local official/applicant submitting this application, are required to review the CRF guidance and associated FAQs and other documents to certify their compliance with the terms and conditions of the grant at <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>.

Coronavirus Relief Funds are considered federal financial assistance subject to the Single Audit Act and the Uniform Guidance. The following Uniform Guidance provisions have been identified as significant and summarized below. Applicants must review the Uniform Guidance at https://www.ecfr.gov/cgi-bin/text-idx?SID=6214841a79953f26c5c230d72d6b70a1&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl for complete requirements.

Use of Funds

The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that:

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19)
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19. The Guidance says that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are **substantially dedicated** to mitigating or responding to the COVID-19 public health emergency. Hazard pay is a form of payroll expense and is subject to this limitation, so Fund payments may only be used to cover hazard pay for such individuals.

Michigan Department of Treasury
First Responder Hazard Pay Premiums Program (FRHPPP)
Subrecipient Information

Utilization of CARES Act for this Program

For this First Responder Hazard Pay Premiums Program (FRHPPP), eligible applicants can request reimbursement/payment for hazard pay premiums paid or will be paid to eligible employees no later than September 30, 2020. The amount of hazard pay premiums is limited to \$1,000 per employee and \$5,000,000 per applicant.

Coronavirus Relief Fund payments are not required to be used as the source of funding of last resort. However, as noted below, recipients may not use payments from the Fund to cover expenditures for which they will receive reimbursement. For this reason, the State of Michigan’s First Responder Hazard Pay Premiums Program, Reimbursement Request (Form 5723) requires each applicant to affirm that the amounts for which reimbursement/payment is being requested have not been submitted or will not be submitted to another federal source of funding (for example, FEMA) for reimbursement/payment.

To obtain a payroll reimbursement for employees that are not normally classified as public safety and public health, but are “similar” in the context of the guidance (e.g. employees who are substantially dedicated to COVID-19 response), each jurisdiction’s chief administrative officer must decide if their costs are appropriate to charge to the Coronavirus Relief Fund and document the justification for that decision.

Subaward Period of Performance and Available Funding

Under the First Responder Hazard Pay Premiums Program (FRHPPP), reimbursements/payments from the State of Michigan will be issued on a first-come, first-served basis and will cover hazard pay premiums paid to eligible employees during the period of time of March 1, 2020 – September 30, 2020. Eligible applicants receiving funding under this program may not use the proceeds to establish a sub-award to another entity.

The last date of the performance period for the subawards is September 30, 2020.

The total amount of Coronavirus Relief Funds available for the First Responder Hazard Pay Premiums Program is \$100,000,000. Funding will be issued on a first-come, first-served basis once an eligible applicant submits all the required documentation to the Michigan Department of Treasury.

Michigan Department of Treasury

First Responder Hazard Pay Premiums Program (FRHPPP)

Subrecipient Information

Responsibilities, Records, Repayments & Future Audits

The U.S. Department of Treasury has indicated that the two provisions of the Uniform Guidance, 2 Code of Federal Regulations (CFR) Section 200.303 regarding internal controls, Section 200.220 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements are applicable to all CRF subawards at this time. However, guidance is evolving, and jurisdictions will be required to comply with additional guidance as it is published. Effective internal controls must be established and maintained (2 CFR Section 200.303). All reimbursements requested under this program should be accounted for with supporting documentation. Eligible applicants should maintain documentation evidencing that the funds were expended in accordance with federal, state, and local regulations. In accordance with federal Uniform Guidance, funds received under this program shall be included on the eligible applicant's Schedule of Expenditures of Federal Awards (SEFA) and included within the scope of the eligible applicant's Single Audit.

Any funds received under the authorizing legislation for this program expended by the eligible applicant in a manner that does not adhere to the Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136 or Uniform Guidance 2 CFR 200, as applicable, shall be returned to the state. If it is determined that an eligible applicant receiving funds under this act expends any funds under this act for a purpose that is not consistent with the requirements of the Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, or Uniform Guidance 2 CFR 200, the state budget director is authorized to withhold payment of state funds, in part or in whole, payable from any state appropriation.

All subawards are subject to future audits and eligible applicants must allow the State of Michigan, any of its duly authorized representatives and/or the State of Michigan's Office of the Auditor General access to the eligible applicant's records and financial statements to ensure compliance with Federal statutes, regulations and the terms and conditions of the grant award.

Registration

Each eligible applicant that receives a subaward must register with the Federal System for Award Management (SAM). Applicants that apply after July 26, 2020, must register in the SAM system prior to applying to the Michigan Department of Treasury. The SAM website is: <https://www.sam.gov/SAM/>.

Uniform Guidance

The Coronavirus Relief Fund Frequently Asked Questions accessible at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf> confirm that CRF payments are subject to the following requirements in the OMB Uniform Guidance (2 CFR Part 200): section 2 CFR 200.303 regarding internal controls, sections 2 CFR 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements. These Uniform Guidance provisions are summarized below. If further clarification is needed, the Uniform Guidance is available in the electronic Code of Federal Regulations: https://www.ecfr.gov/cgi-bin/text-idx?SID=6214841a79953f26c5c230d72d6b70a1&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

2 CFR 200.303 Internal Controls - The non-Federal entity must:

- 1 Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.
- 2 Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards.
- 3 Evaluate and monitor the non-Federal entity's compliance with statutes, regulations and the terms and conditions of Federal awards.
- 4 Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.
- 5 Take reasonable measures to safeguard protected personally identifiable information.

Michigan Department of Treasury
First Responder Hazard Pay Premiums Program (FRHPPP)
Subrecipient Information

2 CFR 200.330 – 200.332 Subrecipient Monitoring and Management

The First Responder Hazard Pay Premiums Program subawards are for an individual eligible applicant's direct hazard pay premiums cost. The eligible applicant receiving the subaward shall not issue any subawards to any other entity.

Subpart F – Audit Requirements

200.501 – Audit Requirements.

- (a) *Audit required.* A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of this part.

200.508 – Auditee Responsibilities

The auditee must:

1. Procure or otherwise arrange for the audit required.
2. Prepare appropriate financial statements, including the schedule of expenditures of Federal awards.
3. Promptly follow up and take corrective action on audit findings.
4. Provide the auditor with access to personnel, accounts, books, records, supporting documentation, and other information as needed for the auditor to perform the audit.

Record Retention Requirements

Recipients of Coronavirus Relief Fund payments shall maintain and make available to the U.S. Department of Treasury, Office of Inspector General, upon request, all documents and financial records sufficient to establish compliance with subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)), which provides:

d) USE OF FUNDS.—A State, Tribal government, and unit of local government shall use the funds provided under a payment made under this section to cover only those costs of the State, Tribal government, or unit of local government that—

1. *are necessary expenditures incurred due to the public health emergency with respect to COVID-19;*
2. *were not accounted for in the budget most recently approved as of the date of enactment of this section for the State or government; and*
3. *were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.*

Records to support compliance with subsection 601(d) may include, but are not limited to, copies of the following:

1. general ledger and subsidiary ledgers used to account for (a) the receipt of Coronavirus Relief Fund payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
2. budget records for 2019 and 2020;
3. payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
4. receipts of purchases made related to addressing the public health emergency due to COVID-19;
5. contracts and subcontracts entered into using Coronavirus Relief Fund payments and all documents related to such contracts;
6. grant agreements and grant subaward agreements entered into using Coronavirus Relief Fund payments and all documents related to such awards;

Michigan Department of Treasury
First Responder Hazard Pay Premiums Program (FRHPPP)
Subrecipient Information

7. all documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
8. all documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
9. all internal and external email/electronic communications related to use of Coronavirus Relief Fund payments; and
10. all investigative files and inquiry reports involving Coronavirus Relief Fund payments.

Records shall be maintained for a period of five (5) years after final payment is made using Coronavirus Relief Fund monies. These record retention requirements are applicable to prime recipients and their grantees and subgrant recipients, contractors, and other levels of government that received transfers of Coronavirus Relief Fund payments from prime recipients.

First Responder Hazard Pay Premiums Program Reimbursement Request

Filing is mandatory to qualify for payments under 2020 Public Act 144.

The First Responder Hazard Pay Premiums program is to reimburse and/or pay for first responder hazard pay premiums provided to first responders who have performed hazardous duty or work involving physical hardship related to COVID-19.

Eligible applicants are: Cities, Villages, Townships, Counties, Public Airport Operators, Ambulance Operations (licensed under section 20920 of the Public Health Code, 1978 PA 368, MCL 333.20920), and a local government authority, intergovernmental agency, or organization that employs local public safety or local public health personnel and that was established by a city, village, township, county, or group thereof for the primary purpose of providing public safety or public health services.

Applicants must:

1. Submit to the Michigan Department of Treasury (Treasury) a signed *First Responder Hazard Pay Premiums Program, Reimbursement Request* (Form 5723).
2. Submit to Treasury a detailed report that supports the requested reimbursement amounts. The report shall include by employee, the employees name, eligible employee type, amount of first responder hazard pay premium being requested, and date the first responder hazard pay premium was paid/will be paid to the employee. If requesting an advance payment (i.e., the hazard pay premiums payment has not been issued to your employees yet) also submit Form 5725, First Responder Hazard Pay Premiums Program, Advance Request.

Reimbursement Requests must be submitted to Treasury no later than September 30, 2020; however, reimbursements will be processed on a first-come, first-served basis until all funding has been exhausted.

PART 1: APPLICANT INFORMATION			
Applicant Name	Applicant County Name	Federal Identification Number	
Applicant Local Unit Code	Contact Name	SAM DUNS Number	
Contact E-Mail Address	Contact Title	Contact Telephone Number	Extension
PART 2: FIRST RESPONDER HAZARD PAY PREMIUMS			
For each Eligible Employee Type, enter the total amount of Hazard Pay Premiums. Attach a report listing the name of each employee, the eligible employee type, payment date, and the employee's hazard pay amount being requested. Reimbursements are limited to \$1,000 per eligible employee.			
Eligible Employee Types	Number of Employees	Total Amount Requested	
Law Enforcement Officers			
Firefighters			
Emergency Medical Technicians			
Paramedics			
9-1-1 Operators			
Local Unit of Government Corrections Officers			
Airport Public Safety Officers			
Private EMTs/Paramedics (if paid for by the applicant)			
Ambulance Operations (licensed under section 20920 of the Public Health Code)			
Total Number/Amount Requested			

Initial _____ Date _____

PART 3: QUESTIONS

1. Were/will any of the above entered first responder hazard pay premiums been/be reimbursed or funded by any other federal funds?

Yes No

2. Were/are any of the above entered first responder hazard pay premiums included in a reimbursement request under the Public Safety and Public Health Payroll Reimbursement (PSPHPR) program?

Yes No

3. Did you attach a detailed report to support the reimbursement request?

Yes No The report shall include by employee, the employees name, eligible employee type, amount of first responder hazard pay premium being requested, and date the first responder hazard pay premium was paid/will be paid to the employee.

PART 4: CERTIFICATION

The undersigned hereby certifies to the Michigan Department of Treasury that the above requested hazard pay premium amounts are accurate, that no more than \$1,000 per employee has been requested, and that the hazard pay premiums have been paid to eligible employees of the applicant or will be paid to eligible employees by September 30, 2020. The undersigned additionally certifies that none of the above hazard pay premium amounts have been or will be paid for with any other federal funds or are being requested for reimbursement under the State of Michigan's Public Safety and Public Health Payroll Reimbursement program. The applicant agrees to reimburse the State of Michigan if any of the above amounts are deemed to be fraudulent or inaccurate.

Chief Administrative Officer Signature (as defined in [MCL 141.422b](#))

Printed Name of Chief Administrative Officer (as defined in [MCL 141.422b](#))

Title

Date

Completed and signed form (including required documentation) should be E-mailed to: **Treas-CARES@michigan.gov**.

If you are unable to submit via E-mail, fax the completed form and required documentation to 517-335-3298.

For questions, call 517-335-0155.

Initial _____ Date _____

Instructions for *First Responder Hazard Pay Premiums Program, Reimbursement Request (Form 5723)*

PART 1: APPLICANT INFORMATION

Applicant Name: Enter the name of the eligible applicant. Eligible applicants are: Cities, Villages, Townships, Counties, Public Airport Operators, Ambulance Operations (licensed under section 20920 of the Public Health Code, 1978 PA 368, MCL 333.20920), and a local government authority, intergovernmental agency, or organization that employs local public safety or local public health personnel and that was established by a city, village, township, county, or group thereof for the primary purpose of providing public safety or public health services.

Applicant County Name: Enter the county name that the eligible applicant is located in.

Federal Identification Number: Enter the applicant's Federal Employer Identification Number (FEIN).

Applicant Local Unit Code: For Cities, Villages, Townships, and Counties enter the revenue sharing local unit code. All others can leave this field blank. Go to https://www.michigan.gov/documents/treasury/LocalUnitNamesCodes_110812_403341_7.pdf for local unit codes.

Contact Name: Enter the Full name of the individual that can answer any questions related to the form being submitted, including required attachment.

SAM DUNS Number: Enter the federal System for Award Management (SAM) DUNS Number. All applicants that apply after July 26, 2020, must register in the SAM system prior to sending an application packet to the Michigan Department of Treasury.

Contact E-Mail Address/Contact Title/Contact Telephone Number/Extension: Enter the information for the contact person that can answer any questions regarding the reimbursement request.

PART 2: FIRST RESPONDER HAZARD PAY PREMIUMS

For each of the eligible employee types listed, enter the total number of employees and total amount of first responder hazard pay premiums being requested for reimbursement.

PART 3: QUESTIONS

Question 3: To complete the Detailed Report, use the form provided in the First Responder Hazard Pay Premiums Program Application packet.

Initial _____ Date _____

Michigan Department of Treasury
First Responder Hazard Pay Premiums Program (FRHPPP)
Hazard Pay Premiums Payment Report – Instructions

Hazard Pay Premiums Payment Report – Instructions

1. Enter the requested information on the Hazard Pay Premiums Payment Report on page 13 for each eligible employee that was or will be paid an eligible hazard pay premium.
 - a. There could be multiple lines for the same employee.
 - b. The total of the chart should equal the hazard pay premiums amounts being requested for reimbursement on Form 5723 *First Responder Hazard Pay Premiums Program, Reimbursement Request*.
 - c. Attach additional sheets if needed. Initial and date each additional sheet submitted.
 - d. Eligible Employee Types are:
 - i. Law Enforcement Officers
 - ii. Firefighters
 - iii. Emergency Medical Technicians (EMTs)
 - iv. Paramedics
 - v. 9-1-1 Operators
 - vi. Local Unit of Government Corrections Officers
 - vii. Airport Public Safety Officers
 - viii. Eligible personnel associated with ambulance operations licensed under section 20920 of the Public Health Code (1978 PA 368; MCL 333.20920)
 - ix. Private EMTs and paramedics that contract with municipalities or hospitals, if the hazard pay premiums are paid through the applicant
2. Guidelines:
 - a. Do not include any hazard pay premiums that the eligible applicant requested to be reimbursed under the Public Safety and Public Health Payroll Reimbursement Program.
 - b. The program will only reimburse the actual hazard pay premium paid to the employee, not the associated fringes and payroll taxes.

**Michigan Department of Treasury
 First Responder Hazard Pay Premiums Program (FRHPPP)
 Hazard Pay Premiums Payment Report**

	Employee Name	Eligible Employee Type	Actual/Estimated Payment Date	Hazard Pay Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
Subtotal from attached reports				
Total				

Michigan Department of Treasury
First Responder Hazard Pay Premiums Program (FRHPPP)
Certification

I, _____, am the chief executive of _____ (eligible applicant's legal name), and I certify that:

1. I have the authority on behalf of _____ (eligible applicant's legal name) to request a First Responder Hazard Pay Premiums Program payment from the State of Michigan pursuant to Section 801 of 2020 Public Act 144, from the allocation of funds to the State of Michigan from the Coronavirus Relief Fund as created in the CARES Act.
2. I understand that the State of Michigan will rely on this certification as a material representation in issuing a First Responder Hazard Pay Premiums Program payment to _____ (eligible applicant's legal name).
3. _____ (eligible applicant's legal name) is receiving the First Responder Hazard Pay Premiums Program payment as a reimbursement/payment to reimburse and/or pay for first responder hazard pay premiums provided to first responders who have performed hazardous duty or work involving physical hardship related to COVID-19 and will be used only to cover those costs.
4. Any funds provided as a reimbursement/payment from the State of Michigan under the First Responder Hazard Pay Premiums Program that are found to be based on inaccurate, non-qualifying, or fraudulent information will be returned to the State of Michigan.
5. Funds provided as a reimbursement/payment under the First Responder Hazard Pay Premiums Program from the State of Michigan pursuant to this certification must adhere to official federal guidance (2 CFR 200) issued or to be issued on what constitutes a necessary expenditure as described in the guidance for the U.S. Treasury Coronavirus Relief Fund at <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>. I reviewed the guidance prior to completing this request for reimbursement. I understand and agree that any funds expended by an eligible applicant in any manner that does not adhere to official federal guidance shall be returned to the State of Michigan.
6. Any eligible applicant receiving funds under the First Responder Hazard Pay Premiums Program shall retain documentation supporting the reimbursement/payment request, including but not limited to payroll records and timesheets. Such documentation shall be provided to the State of Michigan upon request and maintained by the jurisdiction for five (5) years.
7. Program funds provided pursuant to this application and certification cannot be used as a revenue replacement for lower than expected tax or other revenue collections.
8. Program funds received pursuant to this application and certification cannot be used for expenditures for which the eligible applicant has received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same expense.
9. Program funds received pursuant to this application and certification cannot be used to reimburse or subaward another entity or local unit of government.
10. I have read and agree on behalf of _____ (eligible applicant's legal name) to comply with all applicable provisions and requirements corresponding to the receipt of funds required in the Coronavirus Aid, Relief, and Economic Security Act, Public Law 115-136, and Uniform Guidance, 2 CFR 200.
11. Further, that I understand and agree on behalf of _____ (eligible applicant's legal name) that any funds received under this act and expended by itself or a sub-recipient in any manner that does not comply with the Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, or Uniform Guidance, 2 CFR 200, as applicable shall be returned to the State of Michigan.

**Michigan Department of Treasury
First Responder Hazard Pay Premiums Program (FRHPPP)
Certification**

12. Further, that I understand and agree on behalf of _____ (eligible applicant's legal name) that expenditures are not eligible for reimbursement under this section if such expenses have been or will be reimbursed by any other federal funds, and if such expenditure is reimbursed by any other federal funds the undersigned eligible applicant will return said funds to the State of Michigan.
13. The governing body has been notified of the submission of this application, and are aware of the Federal statutes, regulations and terms and conditions of the grant award.

I certify under the penalties of perjury set forth in the Michigan Penal Code, MCL 750.423, that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

By: _____

Signature: _____

Title: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 2020.

Notary Public

My commission expires _____