

First Responder Hazard Pay Premiums Program Advance Request

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

The First Responder Hazard Pay Premiums program (FRHPPP) 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. This form is to request an advance payment of First Responder Hazard Pay Premiums Program funding.

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 completed First Responder Hazard Pay Premium Program, Reimbursement Request Application Packet along with detailed reports supporting the requested reimbursement amounts.
2. If needed, submit to Treasury a First Responder Hazard Pay Premiums Program Advance Request.
3. Submit to Treasury a FRHPPP Final Payment Report by October 15, 2020.

Advance requests must 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.

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 ADVANCE AMOUNTS			
Are you requesting an advance on a previously filed Application Packet?		Date the previously filed Application Packet was filed with Treasury	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
For each Eligible Employee Type, enter the Hazard Pay Premiums Total Amount Requested and the Total Advance Amount Requested below.			
Eligible Employee Type	Total Amount Requested in the Application Packet	Total Advance 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			

--

PART 2: FIRST RESPONDER HAZARD PAY PREMIUMS ADVANCE AMOUNTS - CONTINUED

1. Will the employees indicated on the previously filed Application Packet be paid with this advance?

Yes No (if no, please amend and resubmit Form 5723 and the Hazard Pay Premiums Payment Report)

2. Do you certify that the hazard pay premium payments will be issued to employees by September 30, 2020?

Yes No

3. Do you certify and agree to return to Treasury by October 15, 2020, any FRHPPP funding not issued to employees by September 30, 2020?

Yes No

4. Do you agree to submit a FRHPPP Final Payment Report by October 15, 2020?

Yes No

PART 3: CERTIFICATION

The undersigned hereby certifies to the Michigan Department of Treasury (Treasury) that the requested hazard pay advance will be issued to eligible employees by September 30, 2020. The undersigned additionally certifies that none of the hazard pay premium amounts being requested from Treasury 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 by October 15, 2020, if any of the amounts are deemed fraudulent, inaccurate or are not paid to eligible employees.

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

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

Title

Date

E-mail completed and signed form 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.

Instructions for *First Responder Hazard Pay Premiums Program* *Advance Request (Form 5725)*

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 333-2920), 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.

Contact Name: Enter the Full name of the individual that can answer any questions related to the form being submitted, including required attachment. The required attachment is the FRHPPP Application Packet. If an Application Packet has already been submitted to Treasury, no attachment is required with this form.

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 this form and the FRHPPP Application Packet submitted.

PART 2: FIRST RESPONDER HAZARD PAY PREMIUMS ADVANCE AMOUNTS

For each of the eligible employee types listed, enter the total amount requested on the "First Responder Hazard Pay Premiums Program - Reimbursement Request" (Form 5723) (located in the FRHPPP Application Packet) and the total advance amount requested.