

First Responder Hazard Pay Premiums Program (FRHPPP)

Grant Closing Payment Report

Filing is mandatory to qualify for payments under 2020 Public Act 166.

Completion of this form is required by all FRHPPP applicants awarded as a final certification of the FRHPPP funding received from the State of Michigan.

The FRHPPP was developed to fund first responder hazard pay premium payments provided to first responders that performed hazardous duty or work involving physical hardship related to COVID-19. FRHPPP grant amounts were awarded to applicants based on the FRHPPP application submitted to the Michigan Department of Treasury (Treasury), including the "FRHPPP Reimbursement Request" (Form 5723) and the "Hazard Pay Premiums Payment Report." In addition, all hazard pay premium payments were to be issued no later than October 31, 2020, to eligible employees listed on the "Hazard Pay Premiums Payment Report."

Each FRHPPP applicant that was awarded funding under the FRHPPP must complete this form to certify that the funds awarded were issued according to the applicants FRHPPP application submitted to Treasury, including the employees named, the amounts paid and the date paid. Applicants must:

1. Review the FRHPPP application submitted to Treasury and compare to the actual hazard pay premium payments issued to employees.
2. Select one of the boxes in Part 2 that correlates to how the actual hazard pay premium payments were issued to employees compared to the FRHPPP application submitted.
3. Submit the completed "Grant Closing Payment Report" and any required attachments.

The "Grant Closing Payment Report" must be returned to Treasury by December 11, 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: FRHPPP PAYMENT INFORMATION			
<p>Select the appropriate box below indicating how, when, and to whom the hazard pay premium payments were issued. NOTE: Responses should be based on the FRHPPP application submitted to Treasury.</p> <p><input type="checkbox"/> 1. All employees listed on the FRHPPP application were paid the dollar amount and on the date listed on the FRHPPP application. No additional information is needed at this time; please complete Part 4 on page 2 and submit the entire form to Treasury.</p> <p><input type="checkbox"/> 2. All employees were paid the dollar amount as listed on the FRHPPP application but on a different date.</p> <p style="padding-left: 40px;">Please provide the date of actual payment here: _____</p> <p style="padding-left: 40px;">NOTE: If employees were paid on different dates, please attach a separate report listing each employee's name, the amount paid, and date(s) paid.</p> <p style="padding-left: 40px;">No additional information is needed at this time; please complete Part 4 on page 2 and submit the entire form to Treasury.</p> <p><input type="checkbox"/> 3. Not all employees were paid as listed on the FRHPPP application. Please complete Parts 3 and 4 on page 2 and submit the entire form to Treasury.</p>			

PART 3: REVISED FIRST RESPONDER HAZARD PAY PREMIUMS**THIS PART ONLY NEEDS TO BE COMPLETED IF BOX 3 IN PART 2 IS CHECKED**

For each Eligible Employee Type enter the total amount of hazard pay premiums paid. Attach a report listing the name of each employee paid, the eligible employee type, payment date, and the employee's hazard pay premium amount paid.

Eligible Employee Type	Number of Employees	Total Amount Paid
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 Paid to Eligible Employees		
Enter the Amount Awarded		
Difference. Subtract the amount paid to eligible employees from the amount awarded; a positive amount indicates an overpayment* that must be returned to Treasury.		

* An overpayment must be returned to the Michigan Department of Treasury no later than January 30, 2021. The ["Treasury CARES Act Return of Funds Received" \(Form 5733\)](#) must accompany all overpayments returned.

PART 4: CERTIFICATION

The undersigned hereby certifies to the Michigan Department of Treasury that the information above is accurate. The undersigned additionally certifies that none of the hazard pay premium amounts paid to employees 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

The completed and signed form (including required documentation) should be e-mailed to **Treas-CARES-Audit@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.