State of Tennessee Coronavirus Agricultural and Forestry Business Fund

Department of Agriculture Fund Recipient Informational Packet

TN



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Program Overview

Coronavirus Relief Fund

Through the CARES Act, Congress established the Coronavirus Relief Fund ("CRF"). This fund was established to provide ready funding to State, territorial, local and Tribal governments to address unforeseen financial needs and risks created by the COVID-19 public health emergency. The State of Tennessee ("the State") received a direct allocation of \$2.36 billion from this fund by the U.S. Department of the Treasury ("Treasury"). On August 14th, Governor Bill Lee announced the launch of the Coronavirus Agricultural and Forestry Business Fund ("CAFB Fund"), a \$50 million commitment from the State's CRF allocation.

The CARES Act provides that payments from the CRF may only be used to cover costs 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; and
- 3. were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020

Coronavirus Agricultural and Forestry Business Fund

The CAFB Fund is an incentive program that strengthens supply chains, empowers local agricultural and forestry businesses, and builds a resilient industry by ensuring that Tennessee agribusinesses are compensated for their COVID-19-related expenses. The fund is being overseen by the Tennessee Department of Agriculture.

The goal of the CAFB Fund is to provide funding to COVID-19-affected agricultural, food and forestry businesses; value-added production, and other agriculture-related entities in Tennessee, as well as those who maintain a physical footprint in Tennessee. This allocation is for entities who have yet to receive adequate COVID-19 funding from other sources. Successful recipients must demonstrate business disruption impact, or have incurred costs associated with COVID-19 responses, projects that enhance the food and fiber supply chains, or projects that expand meat processing capacity from March 1, 2020 to October 31, 2020.

The full program description is included as **Appendix A**.

Frequently Asked Questions can be found and will be updated at https://tncaresact.tn.gov/agriculture-faqs.

Eligibility

Program Guidelines

The funds set aside for this program must comply with the CARES Act and Treasury guidance on the Coronavirus Relief Fund. The Terms and Conditions of the fund are written to ensure compliance with these rules. The two essential pieces of those rules for this program, are that all funds are used for expenses that occurred from March 1, 2020 through December 30, 2020 and that the expenses and losses funded are connected to the COVID-19 pandemic.

Priority will be given to organizations that have not received funding through other funding opportunities for business losses and COVID-19 related expenses. Expenses or business losses cannot be covered by this program if they have been, or will be paid, by other federal emergency relief funds. Those funds include, without limitation: the Paycheck Protection Program, USDA CARES Act funding assistance, TN Business Relief Program, and the TN Community CARES Program.

The system of record for the State of Tennessee is the Tennessee Cares Act Management System ("TN CAMS"). All documentation will be stored in this system.

Examples of Eligible Costs

Examples of activities prioritized and encouraged for funding under this program will include without limitation:

- Transportation and labor costs associated with donated food.
- PPE or necessary infrastructure to continue agricultural production safely.
- Extra refrigerators or assets to safely store produce for a longer time period.
- Technology associated with expanding markets and marketing for local agricultural producers to reduce waste and provide healthy food options for Tennesseans.

- Business losses, such as sales losses and export market losses, due to COVID-19.
- Expansion of capacity to meet extra demand created by COVID-19.

Application Process

Application Information

Applications were submitted through TN CAMS and were distributed to the Tennessee Department of Agriculture ("TDA"). Applications were accepted from August 17, 2020 through August 31, 2020.

The CAFB Fund Committee has evaluated applications and notified applicants of their decision. As approved applicants are notified, they will be provided access to TN CAMS. This portal will enable recipients to submit Requests for Funds to reimburse eligible expenses or losses incurred.

Request for Funds

Logging into TN CAMS

After an application has been approved by the CAFB Fund Committee, access to TN CAMS will be provided to the recipient following their attendance to an informational webinar. Recipients will be provided log-in information for two contacts per organization. This will be based on the Primary and Secondary Contact submitted in the application.

Request for Funds ("RFF") Form

To receive funding, recipients will submit a Request for Funds form in TN CAMS. Every submission will require a consent that all Recipient Guidelines, Terms and Conditions have been reviewed and accepted. Recipients should note that, while applicants were encouraged to submit all supporting documentation as part of the application process, recipients may be required to provide additional information and documentation to enable verification of funding eligibility prior to receiving funds. All RFFs must be submitted by November 10, 2020 in order to receive funds. Following the November 10, 2020 deadline, any unused portion of a recipient's allocated funds will be subject to de-obligation so it can be re-allocated for other purposes.

Payment Information

All payments will be processed through TN CAMS as RFFs are approved. Payment will be disbursed via paper checks mailed to your organization. Please ensure the address where you wish to receive checks is accurate in CAMS. Payment for each RFF submitted will be sent to you in a separate check. For this reason, we request that your organization please limit the number of RFFs submitted by grouping expenses that fall within the same expense category into a single RFF. For example, please include a group of invoices for all PPE purchased in one single RFF instead of submitting individual RFFs for each invoice.

Appendices

Appendix A – Program Description

Coronavirus Agricultural and Forestry Business Fund (CAFB Fund)

On Friday, March 27, 2020, the President signed into law the CARES Act, which established the \$150 billion Coronavirus Relief Fund. Amounts paid to States, the District of Columbia, U.S. Territories, and eligible units of local government are based on population as provided in the CARES Act. The State of Tennessee received \$2.36 billion from this fund. From this funding stream, Governor Lee has allocated \$50 million to a reimbursement grant program for agriculture and forestry-related businesses. This program will be a one-time fund and will be called the Coronavirus Agricultural and Forestry Business Fund (CAFB Fund).

A strong agricultural supply chain and system is critical to the function of society and the economy. However, the novel Coronavirus revealed weaknesses, gaps, and disruptions to the food and fiber system. CAFB Fund is an incentive program that strengthens supply chains, empowers local agricultural and forestry businesses, and builds a resilient industry by ensuring that Tennessee agribusinesses are compensated for their COVID-19-related expenses. The fund is being overseen by the Tennessee Department of Agriculture.

The CAFB Fund awards allocations to COVID-19-affected agricultural, food and forestry businesses; value-added production, and other agriculture–related entities in Tennessee, as well as those who maintain a physical footprint in Tennessee. This fund is intended primarily for entities who have yet to receive adequate COVID-19 funding from other sources. Successful recipients must demonstrate business disruption impact or costs associated with COVID-19 responses from March 1, 2020 to October 31, 2020.

The CAFB Fund Committee has reviewed and evaluated applications, and notified all applicants regarding the outcomes.

Relief Categories

The CAFB Fund will fund lost revenue and expenses incurred as a result of COVID-19. Requests for relief must match at least one of the following four categories. If a business qualifies under more than one category, applicants were asked to indicate so on their application.

• **Business Disruption** - This includes requests for reimbursement-based funding for lost revenue, including export market losses, or business disruption caused by the COVID-19 pandemic.

• **Costs Associated with Pandemic Response** – This category includes reimbursement of specific costs related to response to the COVID-19 pandemic. For example, this would include the costs of cleaning

or purchase of personal protective equipment (PPE) needed to increase safety and reduce the transmission of COVID-19.

• **Supply Chain Enhancement** - This category includes projects that strengthen and/or safely build Tennessee's food and fiber supply chains. This fund will be for existing agricultural and forestry businesses and include costs associated with increasing production or processing capacity, increasing the number of employees to combat supply chain issues, as well as throughputs, inventory and raw materials capacity issues created by the COVID-19 pandemic.

• **Increased Meat Processing Capacity** - This category includes projects that create or expand meat processing capacity to solve the problems (facility expansion, fixtures, on-site job training, or equipment that will expand animal throughput, processing capacity, the amount or type of products produced, or processing speed) created by the COVID-19 pandemic.

Recipient Requirements

• Recipient must be a Tennessee entity (i.e. agricultural, food, or forestry business, value-added farm operation, local government, or nonprofit in Tennessee) or have a project based in Tennessee.

• Recipients must address the unique problems created by COVID-19 and demonstrate that their application meets one of the four categories listed above.

• Recipients must agree to receive any payments via paper check, mailed to the address specified by the recipient in the TN CAMS system.

• Once an application is approved, funding is on a reimbursement basis. Recipients must submit documentation of lost revenue and receipts of COVID-19 related expenses prior to reimbursement.

Types of Projects that will be considered for the CAFB Fund

There are a variety of costs that may qualify for reimbursement through the Coronavirus Agricultural and Forestry Business Fund. The following list provides examples but is not comprehensive.

- Transportation and labor costs associated with donated food.
- PPE or necessary infrastructure to continue agricultural production safely.
- Extra refrigerators or assets to safely store produce for a longer time period.

• Technology associated with expanding markets and marketing for local agricultural producers to reduce waste and provide healthy food options for Tennesseans.

- Business losses, such as sales losses and export market losses, due to COVID-19.
- Expansion of capacity to meet extra demand created by COVID-19.

Appendix B – Expense Category Guide

Please use the following guide to help determine the appropriate expense category to choose when submitting RFFs.

Business Disruption

| Example Expense | Expense Category |
|--------------------------------|------------------|
| All Business Disruption Claims | Economic Support |

Costs Associated with Pandemic Response

| Example Expense | Expense Category |
|---------------------------------------|-------------------------------|
| Face Masks/Shields | Personal Protective Equipment |
| Gloves | Personal Protective Equipment |
| Hand Sanitizer | Public Health Expenses |
| Cleaning Supplies | Public Health Expenses |
| Improvements to facilities for safety | Public Health Expenses |
| Website costs to shift sales online | Items Not Listed Above |

Supply Chain Enhancement

| Example Expense | Expense Category | |
|---|---|--|
| Equipment | Items not Listed Above | |
| Construction projects | Items not Listed Above | |
| Payroll for additional employees hired due to increased demand | Budgeted Personnel and Services Diverted to a Substantially Different Use | |
| Additional hours for existing employees due to increased demand | Budgeted Personnel and Services Diverted to a Substantially Different Use | |

Expansion of Meat Processing Capacity

| Example Expense | Expense Category | |
|-----------------------------------|---------------------------------------|--|
| Equipment | Items not Listed Above | |
| Construction projects | Items not Listed Above | |
| Payroll for additional employees | Budgeted Personnel and Services | |
| hired due to increased demand | Diverted to a Substantially Different | |
| | Use | |
| Additional hours for existing | Budgeted Personnel and Services | |
| employees due to increased demand | Diverted to a Substantially Different | |
| | Use | |

Appendix C – Required Documentation Guide

Below is a list of items needed in order to substantiate Requests for Funding. Please note that this list is non-inclusive, and additional items may be required to verify the eligibility of claimed expenses. Your TDA Business Consultants will reach out if additional documentation is required. If you do not believe your claimed expenses fall into one of the categories listed below, your TDA Business Consultants can assist you with compiling the required documentation.

Business Disruption

- 1. 2019 and 2020 Income Statement or Profit & Loss Statement for the period you are claiming a loss of net income for (i.e. March 1-July 31 or March 1-October 31)
- 2. 2019 Income Tax Return (or most recent tax return filed).
- 3. 2019 and 2020 bank statements covering the period you are claiming a loss of net income for (i.e. March 1-July 31 or March 1-October 31)
- 4. If your organization received other COVID-related federal funding, documentation showing the amount of funding received.

Costs Associated with Pandemic Response/ Supply Chain Enhancement Increased Meat Processing Capacity

Payroll

- 1. Payroll register for dates claimed
- 2. Employee roster including assigned department, employee title, employee pay rates, and fringe benefits rates
- 3. Proof of Payment
- 4. Description of work performed (if absent from time sheet)

Purchases under contracts

- 1. Copy of contract including vendor, lease, or rental agreements
- 2. Invoice/ receipt, if applicable, including;
 - a. Date of transactions
 - b. Vendor name and address
 - c. Brief description of services performed, or items leased/ rented
 - d. Total cost claimed
- 3. Shipping/receiving documents showing date of receipt, if applicable
- 4. Check copy or other proof of payment

Purchases not under contracts

- 1. Invoice / receipt supporting expenses claimed. Including:
 - a. Date of purchase
 - b. Vendor Name and Address
 - c. Brief description of items purchased
 - d. Cost of items
- 2. Shipping/receiving documents showing date of receipt, if applicable
- 3. Check copy, or other proof of payment

Appendix D – CAMS Home Page Guide

This document is an overview of the TN CAMS website. This will help guide you through all details of the website and how to navigate the dashboard. See the following for further details and instructions.

LOG IN

The recipient will first navigate to tncaresact.tn.gov. Once the recipient accesses the Tennessee CARES Act Management System, he or she will access the Log In in link in the top right corner.

| | Log in |
|---|---------------------------------------|
| TN Epartment of Finance & Administration | TENNESSEE CARES ACT MANAGEMENT SYSTEM |
| Welcome to the Tenn | essee Cares Act Management System |
| State of Tenne | ssee Cares Act |

The recipient will then be directed to the Log In portal. The recipient will proceed to log in with his or her username and password.

| Image: Programmer of Section and Se | | | | Log_in |
|---|--------------------------|---|-------|----------|
| Log in Login by username/email address You can use your username or email address to login. Password Enter the password that accompanies your username. | TN Finance Adminis | t of TENNESSEE CARES ACT MANAGEMENT SY | 'STEM | |
| Login by username/email address You can use your username or email address to login. Password Enter the password that accompanies your username. | | | HOME | PROGRAMS |
| Copyright © 2020. All rights reserved | Log in | You can use your username or email address to login. Password Enter the password that accompanies your username. LOG IN | | |

REQUEST DASHBOARD

Once the recipient has successfully logged in, he or she will be immediately directed to their personal dashboard. The "Request Dashboard" contains two different tabs :

- Dashboard
- RFF Form

| TN Department of Finance & Administration | TENNESSEE CARES ACT MANAGEMENT SYSTEM | HOME | PROGRAMS | REQUEST DASHBOARD |
|---|---------------------------------------|------|----------|-------------------|
| Ag Recipient | | | | |
| Dashboard RFF Form | | | | |

THE DASHBOARD

The Dashboard is used to give an Overview of Funds, Account Information, Educational Videos and Documents, and a listing of the Requests for Funding (RFF) that have been submitted.

| ashboard RFF For | m | | | |
|------------------------------|-----------------------|--------------------------------|-------------------------|--|
| Allocated Amount \$50,000 | Amount Paid \$0.00 | Amount in Process \$0.00 | Amount Unpaid \$0.00 | |
| Welcome to your TN (| CAMS account! | | | Recipient Information |
| | | | | Mailing Address CAFB Fund Recipient Example Address Example City, TN 37010 United States |
| | | | | |

OVERVIEW OF FUNDS

The "Dashboard" gives a breakdown of the recipient's funds. It shows the amount allocated, paid, in-process, and un-paid to the applicant.

| ashboard RFF Fo | rm | | | |
|------------------------------|-----------------------|--------------------------------|-------------------------|--|
| Allocated Amount \$50,000 | Amount Paid \$0.00 | Amount in Process \$0.00 | Amount Unpaid \$0.00 | |
| Welcome to your TN | CAMS account! | | | Recipient Information |
| | | | | Entity Type: Organization |
| | | | | Mailing Address CAFB Fund Recipient Example Address Example City, TN 37010 United States |
| | | | | |

ACCOUNT INFORMATION

The "Dashboard" shows the recipient's account information including entity type and mailing address. The applicant can check here to ensure the information entered is correct.

| \$0.00 | Process \$0.00 | \$0.00 | |
|-------------|-------------------|--------|--|
| MS account! | | | Recipient Information |
| | | | Entity Type: Organization |
| | | | Mailing Address CAFB Fund Recipient Example Address Example City, TN 37010 United States |
| | | \$0.00 | \$0.00 |

REQUESTS FOR FUNDING

Once the recipient has submitted an RFF, it will auto-populate at the bottom of the "Dashboard". This is where the recipient will be able to see RFFs that he or she has submitted and can see the status of the RFF, as well.

| ashboard <u>RFF Form</u> | 1 | | | |
|------------------------------|-----------------------|--------------------------------|-------------------------|---|
| Allocated Amount \$50,000 | Amount Paid \$0.00 | Amount in Process \$0.00 | Amount Unpaid \$0.00 | |
| Welcome to your TN C | AMS account! | | | Recipient Information Entity Type: Organization Mailing Address |
| | | | | CAFB Fund Recipient Example Address Example City, TN 37010 United States |

RFF FORM

The Request for Funding (RFF) Form is where the recipient will submit each request by filling out the information and submitting it. They will select the tab outlined in blue below to submit an RFF. Please see Appendix E below for more information and guidance on the RFF submission process.

| TENNESSEE CARES ACT MANA | HOME PROGRAMS REQUEST DASHBOAR |
|---|--|
| - Destriant | |
| g Recipient | |
| | |
| ashboard RFF Form | |
| | |
| Request for Funding (RFF) | |
| Request for Funding (RFF) | |
| | |
| Applicant Information | |
| , ipplicant information | |
| Entity: Ag Recipient Submitted by: CAFB Fu | und Recipient |
| Entity Type: Organization Date: 09/20/2020 | |
| Title: President | |
| | |
| | The request must demonstrate that the cost meets all of the |
| Specify Cost, Date(s), and Association | following criteria: |
| | Necessary expenditures incurred due to the public health |
| Is this a joint expense with another entity? | emergency |
| | Costs are not accounted for in the most recently approved budget |
| ○ Yes ○ No | Costs were incurred and expended between March 1, 2020 and |
| Have you applied for any other source of federal funding for the | December 30, 2020 |
| expenses for which you are seeking a reimbursement in this request? | Additionally the costs must be clearly categorizeable as one of the |
| | Additionally, the costs must be clearly categorizeable as one of the following: |
| ○Yes ○No | lonoving. |
| O TES O NU | Administrative Expenses |
| Have you been granted any other federal funds for the expenses for | Budgeted Personnel and Services Diverted to a Substantially |
| which you are seeking a reimbursement in the request? | Different Use |
| •••••••••••••••••••••••••••••••••••••• | COVID-19 Testing and Contact Tracing |
| ⊖Yes ⊖No | Economic Support (Other than small business, housing, and food |
| | assistance) |
| | Expenses Associated with the Issuance of Tax Anticipation Notes |
| Was the expense incurred over multiple dates? | Facilitating Distance Learning |
| O Yes O No | Food Programs |

Appendix E – RFF Submission Guide

This document is an overview of the RFF process on the TN CAMS website. This will help guide you through all details of how to properly and effectively submit an RFF. See the following for further details and instructions.

RFF FORM – Specify Costs, Date(s), and Association

The 'Specify Costs, Date(s), and Association' section is where the recipient will select the correct information regarding their eligible expenses or business disruption claims. If there are multiple expenses that fall under the same category, please include all of those relevant expenses within the same Request for Funding Form.

See below for information regarding each question as well as relevant expense categories.

| | The request must demonstrate that the cost meets all of the |
|---|--|
| Specify Cost, Date(s), and Association | following criteria: |
| Is this a joint expense with another entity? | Necessary expenditures incurred due to the public health emergency |
| Yes ONo | Costs are not accounted for in the most recently approved budget Costs were incurred and expended between March 1, 2020 and |
| lave you applied for any other source of federal funding for the | December 30, 2020 |
| expenses for which you are seeking a reimbursement in this request? | Additionally, the costs must be clearly categorizeable as one of the following: |
| ⊖Yes ⊖No | Administrative Expenses |
| Have you been granted any other federal funds for the expenses for | Budgeted Personnel and Services Diverted to a Substantially |
| which you are seeking a reimbursement in the request? | Different Use |
| | COVID-19 Testing and Contact Tracing |
| ⊖Yes ⊖No | Economic Support (Other than small business, housing, and food assistance) |
| Was the expense incurred over multiple dates? | Expenses Associated with the Issuance of Tax Anticipation Notes Facilitating Distance Learning |
| ⊖Yes ⊖No | Food Programs |
| Request Amount 😨 | Housing Support |
| | Improve Telework Capabilities of Public Employees |
| | Medical Expenses |

"Is this a joint expense with another entity?"

Select '**Yes**' if you are filing this Request for Funding in congruence *with another business or entity that is also a recipient under this program.* Then specify the name of the entity you are filing this with.

Select '**No**' if the expenses being claimed are expenses not incurred in conjunction with another recipient under this program.

| Specify Cost, Date(s), and Association | |
|--|--|
| Is this a joint expense with another entity? | Specify Cost, Date(s), and Association |
| ● Yes ○ No | Is this a joint expense with another entity? |
| Please specify which one | ⊖ Yes |
| | |

"Have you applied for any other source of federal funding for the expenses for which you are seeking a reimbursement in this request?"

Select '**Yes**' if the recipient has already applied for any separate source of federal funding *for the expenses the applicant is seeking for reimbursement in this request for funding*. Then provide: Date of application, the amount requested, and the source of funding. These separate sources of federal funding include, but are not limited to: USDA CFAP grants, PPP Loans, TN Small Business Grants, and the TN Community CARES Program.

| Have you applied for any other source of federal funding for the expenses for which you are seeking a reimbursement in this request? | | | | |
|--|--------|----------------|--|--|
| ● Yes ○ No | | | | |
| Date of application | Amount | Funding Source | | |

Select '**No**' if the recipient has NOT applied for any separate source of federal funding for the expenses the recipient is seeking a reimbursement in this request for funding.

Have you applied for any other source of federal funding for the expenses for which you are seeking a reimbursement in this request?

🔾 Yes 💿 No

"Have you been granted any other federal funds for the expenses for which you are seeking a reimbursement in this request?"

If you selected **Yes** on the previous question:

- Select Yes if the recipient has been approved for any separate source of federal funding for the expenses the applicant is seeking for reimbursement in this request for funding. Then specify: the dates received, the amount granted, and the funding source. These separate sources of federal funding include, but are not limited to: USDA CFAP grants, PPP Loans, TN Small Business Grants, and the TN Community CARES Program.
- Select **No** if the recipient has NOT been granted these separate sources of federal funding

If you selected **No** on the previous question:

- Select No

Have you been granted any other federal funds for the expenses for which you are seeking a reimbursement in the request?

O Yes ○ No

| Date funds were | Amount granted | Funding Source | |
|-----------------|----------------|----------------|--|
| received | | | |
| | | | |

Have you been granted any other federal funds for the expenses for which you are seeking a reimbursement in the request?

○ Yes ● No

"Was the expense incurred over multiple dates"

Select '**Yes**' if the expense incurred over multiple dates between March 1st, 2020 and December 30th, 2020. For example: If an entity were to purchase \$2,000 worth of hand sanitizer once on September 3rd, then purchase hand sanitizer again on September 13th; that would be an expense incurred over multiple dates.

Select '**No**' if the expense was incurred on a single date.

For Request Amount

- Input the **TOTAL AMOUNT** of eligible expenses or business disruption the recipient is trying to request reimbursement for within this RFF. This can include more than one expense so long that they are all within the same expense category.
- The request amount should be less than or equal to the allocated amount

| Was the expense incurred over mu | Itiple dates? |
|----------------------------------|--------------------|
| ● Yes O No | |
| Request Amount ? | |
| | |
| | |
| Expense Start Date 🕐 | Expense End Date 🕐 |
| | |
| | |

Select 'No' if the expense incurred did not.

| Was the expense incurred over multiple dates? | | | |
|---|----------------|--|--|
| ○ Yes | | | |
| Request Amount ? | Expense Date 🕜 | | |
| | | | |
| | | | |

Expense Category

There are multiple choices available when prompted to select the appropriate expense category relating to your Request for Funding Form. All of which are listed to the right side of the image. If the recipient is unsure about what category your expense(s) fall under, please refer to Appendix B for guidance.

| Have you applied for any other source of federal funding for the | December 30, 2020 |
|---|--|
| expenses for which you are seeking a reimbursement in this request? | Additionally, the costs must be clearly categorizeable as one of the |
| | following: |
| Yes No Have you been granted any other federal funds for the expenses for which you are seeking a reimbursement in the request? Yes No Was the expense incurred over multiple dates? Yes No | Administrative Expenses Budgeted Personnel and Services Diverted to a Substantially Different Use COVID-19 Testing and Contact Tracing Economic Support (Other than small business, housing, and food assistance) Expenses Associated with the Issuance of Tax Anticipation Notes Facilitating Distance Learning Food Programs |
| Request Amount 🕜 | Housing Support Improve Telework Capabilities of Public Employees |
| | Medical Expenses |
| | Nursing Home Assistance |
| Expense Category | Payroll for Public Health and Safety Employees |
| - Select - 🗸 🗸 | Personal Protective Equipment |
| | Public Health Expenses Small Business Assistance |
| | Unemployment Benefits |
| | Workers' Compensation |
| | Items Not Listed Above |
| | |

Additional Information

Provide a narrative that effectively explains in as much detail as possible the expenses you are claiming. Narrative must include an explanation of why the expenses were necessary due to the COVID-19 pandemic, or a statement that loss of net income was incurred due to the COVID-19 pandemic.

| Additional Information | |
|------------------------|---|
| | Please provide any additional information that supports your determination that these expenses are eligible and necessary and meet the requirements set forth in section 601(d) of the Social Security Act as outlined in the U.S. Treasury Guidance. |

Upload Supporting Documentation

Upload supporting documentation regarding the expenses or business disruption incurred. If the recipient has more than one file to upload, add the appropriate amount of rows with the "ADD" selection and upload accordingly.

Upload Supporting Documentation

| | Supporting Document | Comment | |
|-----|---|---------|-----|
| | Choose File No file chosen | | |
| | One file only. | | |
| \$ | 5 MB limit. | | (+) |
| | Allowed types: txt, rtf, pdf, doc, docx, xls, xlsx. | | |
| | | | |
| ADD | 1 more items | | |

Submit Request For Funding

Review the attestation statements shown in the screenshots below as well as the terms and conditions outlined in the State of Tennessee's Coronavirus Relief Fund Recipient Guidelines. Then once completed; select both boxes that state "I acknowledge" and submit the **Request For Funding.**

Attached is a listing of supporting documentation that is required for different types of expense submitted for reimbursement. By checking this box, I certify that I have attached all required documentation. I also acknowledge that additional information or documentation may be requested during the review of this Request.

I acknowledge

I certify to the best of my knowledge and belief that the Request and supplementing documentation is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Additionally, I acknowledge that my organization has an affirmative obligation to identify and report any duplication of benefits. I understand that the State has an obligation and the authority to deobligate or offset any duplicated benefits. I further understand, all funds are subject to recapture and repayment for non-compliance and could require repayment at a later date should an audit determine payments to be an unallowable cost.

Finally, I certify that I have read and agree to the terms and conditions as outlined in the <u>State of Tennessee's Coronavirus Relief Fund Recipient</u> <u>Guidelines</u>.

I acknowledge

SUBMIT