

# COVID-19-Related Paid Leave Grant Program

## Application Instructions

**Note: This document is intended to assist applicants in navigating the online application form for the Covid-19-Related Paid Leave Grant Program. Please refer to the Program Guidance document for detailed information on eligibility. If you have any questions, please email [DFR.CovidPaidLeave@vermont.gov](mailto:DFR.CovidPaidLeave@vermont.gov).**

**Please be aware: The application form may change at any time, and this document will be updated as needed to reflect changes.**

**First-time users will need to create an account by clicking “Not a Member.”**

VERMONT  
Covid-19-related Paid Leave Grant Program

Login

Username

Password

Log in

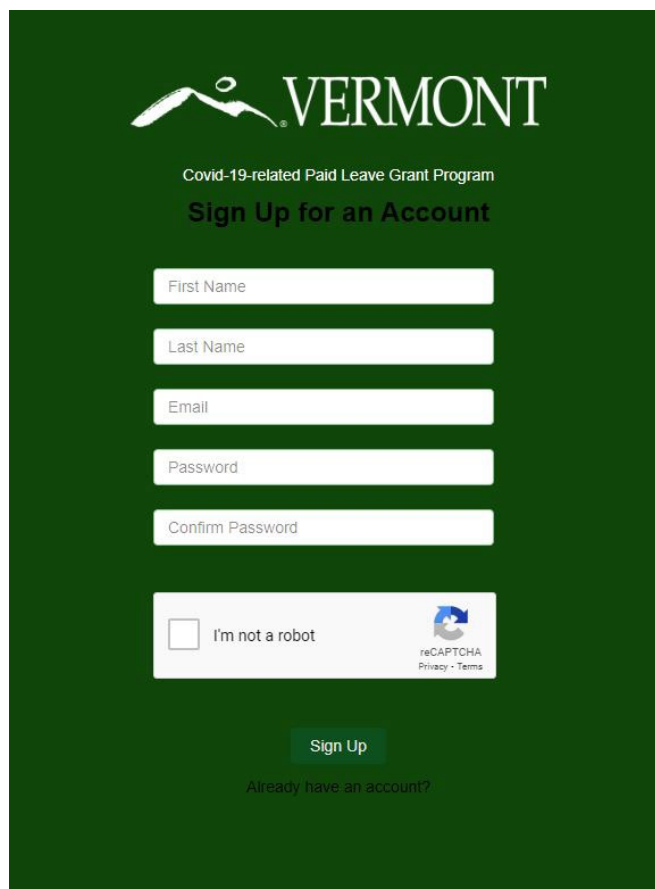
[Forgot your password?](#) [Not a member?](#)

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**The e-mail address that you enter on the screen below will become your username. Updates and notices from the grant program will be sent to this e-mail address. Be sure to save your username and password in a secure location. You will need them to access the grant portal.**

**\*\*\*Be sure to check your “Spam” or “Junk” folder if you do not receive a confirmation e-mail after creating an account.\*\*\***



The image shows a sign-up form for the Vermont COVID-19-related Paid Leave Grant Program. The form is set against a dark green background. At the top left is the Vermont state logo, a stylized mountain range with a person climbing, followed by the word "VERMONT" in white, all-caps serif font. Below the logo, the text "Covid-19-related Paid Leave Grant Program" is written in a smaller white font, followed by "Sign Up for an Account" in a larger, bold white font. The form consists of five white input fields stacked vertically: "First Name", "Last Name", "Email", "Password", and "Confirm Password". Below these fields is a reCAPTCHA widget with a checkbox labeled "I'm not a robot" and the reCAPTCHA logo. At the bottom of the form is a green "Sign Up" button. Below the button, the text "Already have an account?" is displayed in a small white font.

To begin an application, click “Apply for Grants” (highlighted with red arrow, below).



Please note that any section of the application that has a red asterisk (\*) must be completed before moving forward.

Once entering the application, answer each question and then click the green “next” button to move on to the next question.

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**The first three questions of the application ask whether the Applicant, who is the *employer*, is eligible to apply for the grant. For at least the opening of the Program application period for Quarter 1 leave claims, grant eligibility will be limited to the categories of employers listed below.**

Is the Applicant Eligible?

### Is the Applicant Eligible?

Is the Applicant an employer that has one or more employees employed by it to perform services in Vermont who have received paid leave between July 1, 2022 and September 30, 2022 for or related to one or more of the following COVID-19-related reasons?

- (A) Employee is self-isolating because employee has been diagnosed with COVID-19 or test positive for COVID-19
- (B) Self-isolating pursuant to the recommendation of a health care provider or a State or federal public health official because the employee has been exposed to COVID-19 or the employee is experiencing symptoms of COVID-19
- (C) Caring for a parent, grandparent, spouse, child, sibling, parent-in-law, grandchild, or foster child, because:
  - (i) the school or place of care where that individual is normally located during the employee's workday is closed due to COVID-19;
  - (ii) that individual has been requested not to attend the school or the place of care where that individual is normally located during the employee's workday due to COVID-19;
  - (iii) that individual has been diagnosed with or tested positive for COVID-19; or
  - (iv) that individual is self-isolating pursuant to the recommendation of a health care provider or a State or federal public health official because that individual has been exposed to or is experiencing symptoms of COVID-19;
- (D) attending an appointment for the employee or the employee's parent, grandparent, spouse, child, sibling, parent-in-law, grandchild, or foster child to receive a vaccine or a vaccine booster for protection against COVID-19; or
- (E) experiencing symptoms, or caring for a parent, grandparent, spouse, child, sibling, parent-in-law, grandchild, or foster child who is experiencing symptoms, related to a vaccine or a vaccine booster for protection against COVID-19.

\* Selection  
 Yes  No



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What kind of organization is the Applicant?

## What kind of organization is the Applicant?

\* Organization Type?

- Small Business
- 501(c)(3) or 501(c)(19) Nonprofit
- Other (any organization or entity other than a small business or a 501(c)(3) or 501(c)(19) nonprofit organization)

**"Small Business" means:**

"A business concern or other organization that has no more than 500 employees or, if applicable, the size standard in number of employees established by the Administrator of the Small Business Administration for the industry in which the business concern or organization operates; and is a small business concern as defined in section 3 of the Small Business Act (15 U.S.C. 632)".

Federal Register, Vol. 87, No. 18, Rules and Regulations. January 27, 2022 (p. 4377).

**"Nonprofit" means:**

A 501(c)(3) or 501(c)(19) tax-exempt organization

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**To establish eligibility, employers will also need to demonstrate that they have experienced negative economic impact due to the pandemic by uploading supporting documentation later in the application.**

## Negative Economic Impact

\* Has your small business or nonprofit experienced a negative economic impact from the pandemic?

- Yes
- No

**Note:**

Applicants will be required to provide financial documentation that portrays an economic harm caused or exacerbated by the pandemic (for example, lost revenue, increased costs, challenges covering payroll, other operating costs, or general financial insecurity), or by demonstrating that the Applicant is located in a Qualified Census Tract (specific low-income areas designated by U.S. Department of Housing and Urban Development).

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**In this section, please search for your entity using its EIN. If this is your first time using the grant portal, it is very likely that no match will be found. If no record is located, please check the “Can’t find your Company?” box, and then click on the green “Add Company” button.**

## Applicant Information

Employer Identification Number (EIN)

Company Name (If no match appears for your EIN, please click the checkbox below for “Can’t find your Company?”)

Can't find your Company? Check this box then click on the "Add Company" button below

## Add Company

Cancel | Save for later

**COVID-19-Related Paid Leave Grant Program - Application Information**

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**If you click “Add Company”, this form will appear. Please enter all information, and then click the green “save” button.**

Add Company

\* Employer Identification Number  
  
Error: Employer Identification Number is required.

\* Legal Name of Employer

Doing Business As

\* Street Address

\* City  \* State

\* Zip Code

∨ Person Preparing Application for Applicant

\* First Name  \* Last Name

\* Title  \* Relationship to Applicant

\* Primary Phone

\* Email

Do you have a Secondary Contact?

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**After the business information is entered, you will fill out employee information for each Vermont employee that paid leave time is being applied for reimbursement.**

**\*NOTE: to add information for more than one employee, click the “add” button (highlighted below with a red arrow). After information for all employees is entered, you may click the green “next” button.**

## Employee Information

### Employee Information



Add

Employee

\* Employee First Name

\* Employee Last Name

\* Last 4 digits of Employee's SSN

Average weekly hours worked in 6 months preceding first COVID-19-related leave date during the Program Period (if 40 hours or more, leave blank)

\* Leave Hours paid for COVID-19 related reasons between July 1, 2022 and Sept. 30, 2022

\* Hourly Rate of paid leave

Calculated Hourly Rate (Reimbursement Rate Capped at \$21.25 Per Hour)

Total Program Requested Reimbursement for Employee (Capped at \$850)

**In order to add more than one employee click "Add" button on the top right.**

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**After adding employee information, the employer must certify as to the Program eligibility of the paid leave time for each employee entered into the application.**

Covid-19-Related Paid Leave?

Covid-19-Related Paid Leave?

The Applicant certifies that each of the following statements are true for **each employee** listed in the application.

- The employee was employed by Applicant to provide services in Vermont between July 1, 2022 and September 30, 2022 and at all times that the listed leave hours were taken by the employee.
- 100% of the listed leave hours were paid to such employee at the hourly rate indicated for such employee between July 1, 2022 and September 30, 2022 for absences from work due to "COVID-19-related reasons" (as defined in the Covid-19-Related Paid Leave Grant Program Guidance); and
- All such paid leave was paid to the employee consistent with the Applicant's standard operating policy.

\* Selection

Yes  No

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**Each of the next three sections requires that the employer upload certain documentation. The first two questions request copies of tax forms for verification and fraud prevention purposes. Be sure to review the [Paid Leave Grant Program Guidance](#) for information about the documents that must be uploaded.**

**The first document upload section requires you to complete and upload a signed I.R.S. Form W-9. You can find a copy of the form and instructions here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>**


**\*If approved, your grant check will be mailed to the address entered on your Form W-9\***

Tax Information Supporting Documents

### Tax Information Supporting Documents

Please complete, sign, and upload an Internal Revenue Service Form W-9 for the applying small business or non-profit. [Click here](#) to download a Form W-9 and instructions from the I.R.S.

\* Form W9

 Upload Files Or

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**The second document upload section requires you to upload the employer's most recent payroll tax filing reported to the I.R.S. For most applicants, this will be their most recent I.R.S. Form 941.**

Fraud Prevention

### Fraud Prevention

Please upload a copy of the Applicant's most recent quarterly payroll tax filing reported to the Internal Revenue Service - for most applicants, this will be their most recent [I.R.S. Form 941](#) filing

\* Form 941 or Equivalent

Or drop files

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**The final document upload section requires explanation and financial documentation to substantiate that the employer experienced a negative economic impact due to the pandemic. Multiple documents may be uploaded. You must include a separate description of the of the economic harm and explain how the uploaded documents demonstrate this harm. **Carefully review the [Paid Leave Grant Program Guidance](#) before completing this section of the application.****

Confirm Negative Impact

### Confirm Negative Impact

Please upload copies of financial documentation demonstrating an economic harm to the Applicant caused or exacerbated by the pandemic (for example, lost revenue, increased costs, challenges covering payroll, other operating costs, or general financial insecurity), or by demonstrating that the Applicant is located in a Qualified Census Tract (specific low-income areas designated by U.S. Department of Housing and Urban Development).

Include a separate written description of such economic harm and explain how the uploaded documents demonstrate such harm. For more information about what documentation to provide, please review the [Program Guidance available here](#). The grant review team reserves the right to request additional information before approving any Application.

\* Supporting Documents (you may upload multiple documents)

Or drop files

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**The last section of the application will require the applicant employer to make several attestations and certifications regarding eligibility and the receipt and use of federal grant funds.**

Self Attestation Certificate

### Self Attestation Certificate

By checking the boxes below and signing this Application, I certify, acknowledge, attest and agree, individually and on behalf of the Applicant, that:

Grant funds shall only be used in relation to the payment of an employee's wages for the period when the employee was absent from work for a COVID-19-related reason.

Sign

The Applicant is not seeking funds in relation to any amounts of paid leave that were deducted from any employee's accrued paid leave balance at the time the COVID-19-related leave was taken, **unless those amounts have been restored to the employee's accrued paid leave balance or will be restored to the employee's accrued paid leave balance following approval of this grant application and prior to the grant award being paid to the Applicant.** Employees receiving paid leave funded by a grant shall not be required to pay an administrative fee or other charge in relation to the employer requesting the grant.

Sign

Applicants that receive grants must report and return unspent funds. Each employer that receives a grant shall, not later than October 31, 2023, report to the Department of Financial Regulation on a form provided by its Commissioner the amount of grant funds used to reimburse the employer for paid leave to employees and the amount of any remaining grant funds that were not spent. All unspent grant funds shall be returned to the Department of Financial Regulation pursuant to a procedure adopted by the Commissioner.

Sign

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Certifications and Assurances:

## Certifications and Assurances:

An authorized signatory of Applicant must attest to the following by checking the box next to the statement and signing this document.

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

1. I have the authority to bind the Applicant to all terms and conditions of the COVID-19-Related Paid Leave Grant Program, and to make on behalf of Applicant all representations, certifications, and agreements included herein.

Acknowledge and Agree

2. I have read and understand:

(1) the statements included in this application, and

(2) the COVID-19-Related Paid Leave Grant Program Guidance and the COVID-19-Related Paid Leave Grant Program Application Instructions published at: [Grant Program Guidance Document](#).

Acknowledge and Agree

3. Any costs forming the basis of an award under this program have not been covered by any other federal funds or federally forgiven loans received by the Applicant.

Acknowledge and Agree

4. I have the authority to request payment from the State of Vermont. I am requesting payment for costs incurred in connection with section 602 of the Social Security Act, as amended by section 9901 of the American Rescue Plan Act, Public Law No. 117-2 (March 11, 2021) ("Section 602").

Acknowledge and Agree

5. As required by federal law, the Coronavirus State Fiscal Recovery Funds ("SFR") will only be used for approved economic support or costs incurred during the period that begins on March 3, 2021 and December 31, 2024, in response to the COVID-19 public health emergency and its negative economic impacts.

Acknowledge and Agree

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6. Applicant will report on incurred expenses and/or losses, in a form and at a frequency prescribed by the State of Vermont and will cooperate with the State of Vermont in creating and retaining appropriate documentation to demonstrate that the proposed uses meet the requirements of Section 602.

Acknowledge and Agree

7. To the extent that actual expenditures or demonstrated need is less than the total award amount, Applicant agrees to return the balance of unspent funds to the State of Vermont. If the United States Department of the Treasury recoups funds from the State of Vermont based on a determination that these award funds were used in a manner not in compliance with Section 602, Applicant agrees that the State of Vermont may recover funds from Applicant by reducing future funding in State budgets.

Acknowledge and Agree

8. Applicant must repay the award or portion of the award to the Department of Financial Regulation if: any funds received were issued in error; are based on incorrect representations made to the Department of Financial Regulation; or any costs forming the basis of an award under this program are covered by other federal funds or federally forgiven loans received by Applicant. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the Department of Financial Regulation.

Acknowledge and Agree

9. Applicant shall maintain and make available to the State of Vermont and/or United States Department of the Treasury, upon request, all documents and financial records sufficient to establish compliance with Section 602. Records and supporting documentation must be maintained for a period of five years after all funds have been expended or returned to Treasury, whichever is later. Records to support compliance with Section 602 may include, but are not limited to, copies of the following:

- a. General ledger and subsidiary ledgers used to account for (a) the receipt of SFR payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
- b. Budget records;
- c. Payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
- d. Receipts of purchases made related to addressing the public health emergency due to COVID-19;
- e. Contracts and subcontracts entered into using SFR payments and all documents related to such contracts;
- f. Grant agreements and grant subaward agreements entered into using SFR payments and all documents related to such awards;
- g. All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
- h. All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
- i. All internal and external email/electronic communications related to use of SFR payments; and
- j. All investigative files and inquiry reports involving SFR payments.

Acknowledge and Agree

10. To the best of my knowledge, neither Applicant nor Applicant 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.

Acknowledge and Agree

11. Applicant will submit reports as required by the State of Vermont, Agency of Administration, and/or the Department of Financial Regulation.

. . . . .

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12. The Department of Financial Regulation may share the information on this federal award with other Vermont state agencies, and other Vermont agencies can share information with Department of Financial Regulation for the purpose of verifying Applicant's eligibility for this or another award or stimulus payment related to the COVID-19 pandemic.

Acknowledge and Agree

13. If Applicant has a subrecipient relationship, Applicant will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether a Single Audit is required for the prior fiscal year. If a Single Audit is required, Applicant will submit a copy of the audit report to the State of Vermont within 9 months. 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.

Acknowledge and Agree

14. Applicant authorizes the State of Vermont to share data relevant to this award with the U.S. Department of Treasury, including but not limited to previously submitted W-9 data that is related to this award.

Acknowledge and Agree

15. All of Applicant's tax returns are completed and filed through the date of application filing.

Acknowledge and Agree

16. Applicant complies with local, state and federal labor laws.

Acknowledge and Agree

17. Applicant is in good standing with the Vermont Secretary of State.

Acknowledge and Agree

18. Applicant has faced economic harm resulting from or exacerbated by the COVID-19 public health emergency. This award will support Applicant in addressing the economic harm brought on by the COVID-19 public health emergency.

Acknowledge and Agree

19. Applicant understands that, if Federal guidance on the regulations of the State Fiscal Recovery Fund change, it may change the terms of this award.

Acknowledge and Agree

20. I attest, under penalty of perjury, that all information provided on this form, in this application, and the information provided in all supporting documentation and forms is true and accurate. I understand that the State of Vermont will rely on this certification as a material representation in making this federal award.

Further, I understand that intentional misrepresentation of information is fraud and may subject me or my organization to disqualification from receiving further benefits, administrative penalties, and criminal prosecution.

Acknowledge and Agree

By typing my name into the box below labeled "Authorized Signature of Signatory" and clicking "Submit Application," I hereby agree that this action constitutes my electronic signature to this Application, individually and on behalf of the Applicant.

Applicant Name (The name of the small business or non-profit that is applying for the grant)

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**After acknowledging and agreeing to all of the attestations, the person submitting the application on behalf of the employer will need to type their name to electronically sign the application.**

By typing my name into the box below labeled "Authorized Signature of Signatory" and clicking "Submit Application," I hereby agree that this action constitutes my electronic signature to this Application, individually and on behalf of the Applicant.

Applicant Name (The name of the small business or non-profit that is applying for the grant)

TestCo, LLC

Printed Name of Signatory (The name of the individual signing and submitting this application on behalf of the Applicant)

\*Authorized Signature of Signatory (By typing your name below, you will be signing this application on behalf of the Applicant)

\*Title of Signatory (The capacity in which you are signing on behalf of the Applicant, for example: "President," "Executive Director," "Managing Member," "Duly Authorized Agent," etc.)

Date

11-07-2022



Cancel

Save for later

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Submit Application

**After submitting the application, the person completing the application may return to home or close out the grant portal. Please be sure to keep your log-in credentials in a secure place so that you can sign back in to check the status of your application or submit applications for later quarters.**

Thank You

Thank You

Thank You for submitting your application. You can now close this page.

Go to Home