


## **Covid-19 related Paid Leave Grant Program How to Submit a New Grant Application**

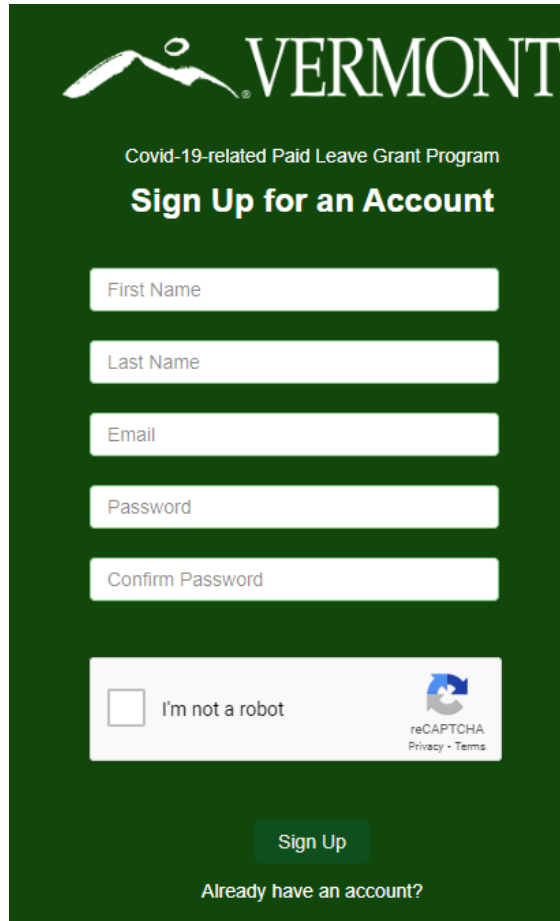
**Please note:** This guide is intended to assist applicants in navigating and submitting the online application for the Covid-19-related Paid Leave Grant Program. Please refer to the [Program Guidance document](#) for detailed information on eligibility. For additional questions or assistance, please contact us at [dfr.paidleavegrants@vermont.gov](mailto:dfr.paidleavegrants@vermont.gov) or call (833) 813-6676.

The application form and this instructions document may change. Please do not save a local copy and instead access these instructions from the link provided at [Covid-19 Paid Leave Grant Program | Department of Financial Regulation \(vermont.gov\)](#) to ensure you are working with the most current instructions. One Quarter can be submitted at a time. **You must allow 24 hours before submitting a new application for an additional quarter. The drop down may not correlate to the quarter you wish to apply for. Enter for the quarter that is available (even if it does not match), and it will be adjusted internally based on the information on the Form 941 you upload to the application. If additional quarters are needed, please continue to wait 24 hours between each submission and refer to our "How to Submit a New Quarter Application from an Existing Account" guide. Please wait 24 hours between each submission to allow us to adjust your application to the appropriate quarter.**

At the [main Covid-19 related Paid Leave Grant Program Portal](#), first-time users will need to create an account by clicking the “Not a member?” link.

 VERMONT  
Covid-19-related Paid Leave Grant Program  
**Login**  
  
  
**Log in**  
[Forgot your password?](#) [Not a member?](#)

**Enter your information, complete the reCAPTCHA and then select the “Sign Up” button.**



The screenshot shows a sign-up form on a dark green background. At the top is the Vermont logo and the word "VERMONT". Below that is the text "Covid-19-related Paid Leave Grant Program" and "Sign Up for an Account". The form contains five input fields: "First Name", "Last Name", "Email", "Password", and "Confirm Password". Below the fields is a reCAPTCHA section with a checkbox labeled "I'm not a robot" and the reCAPTCHA logo. At the bottom of the form is a "Sign Up" button and a link that says "Already have an account?".

**Please note: The email address that you sign up with will be your username. Updates and notices from the Grant program will be sent to this email address. You will need this username and password to view your application status and to update your application if required.**

**After you have created your new account or signed into your existing account, select the “Apply for Grants” button to begin a new application.**

# An Official Vermont Government Website

Covid-19-related Paid Leave Grant Program

THIS GRANT PROGRAM IS FOR QUALIFYING EMPLOYERS ONLY. INDIVIDUAL EMPLOYEES ARE NOT ELIGIBLE TO APPLY.

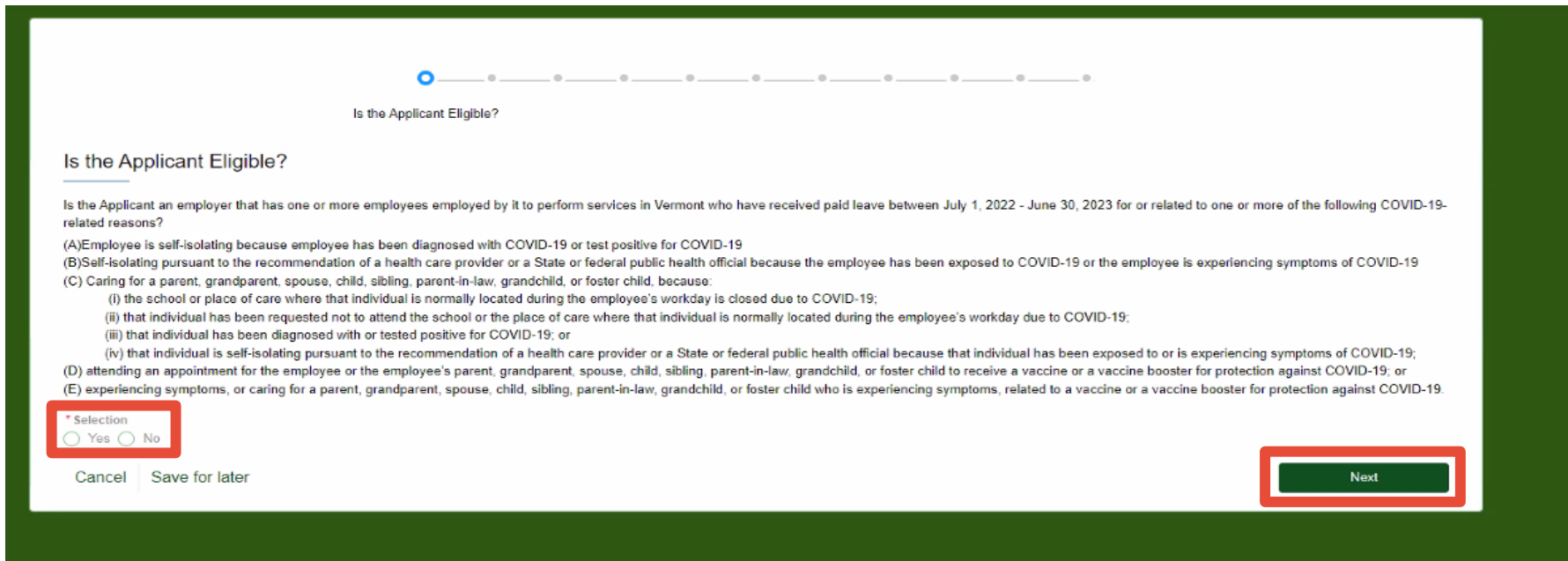
Apply for Grants

Check Application Status

Update Applications

**The first three questions of the application ask whether the employer is eligible to apply for the grant. Grant eligibility is currently limited to Small Businesses, 501(c)(3) Nonprofits, or 501(c)(19) Nonprofits that have experienced a negative economic impact caused or exacerbated by the COVID-19 pandemic.**

**Please answer each question by clicking the appropriate radio button and selecting the “Next” button to move on.**



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 - June 30, 2023 for or related to one or more of the following COVID-19-related reasons?

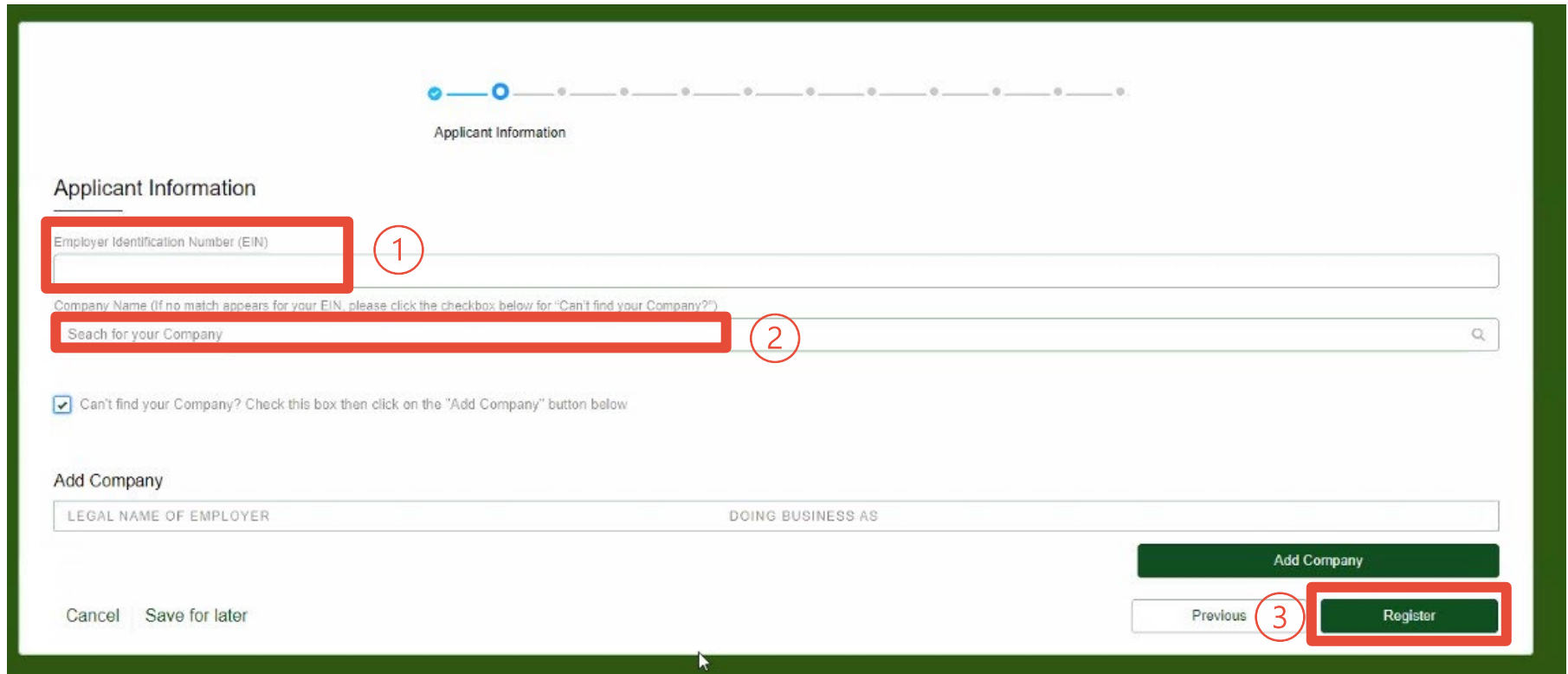
- (A) Employee is self-isolating because employee has been diagnosed with COVID-19 or test positive for COVID-19
- (B) Self-isolating pursuant to the recommendation of a health care provider or a State or federal public health official because the employee has been exposed to COVID-19 or the employee 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

Cancel | Save for later

Next

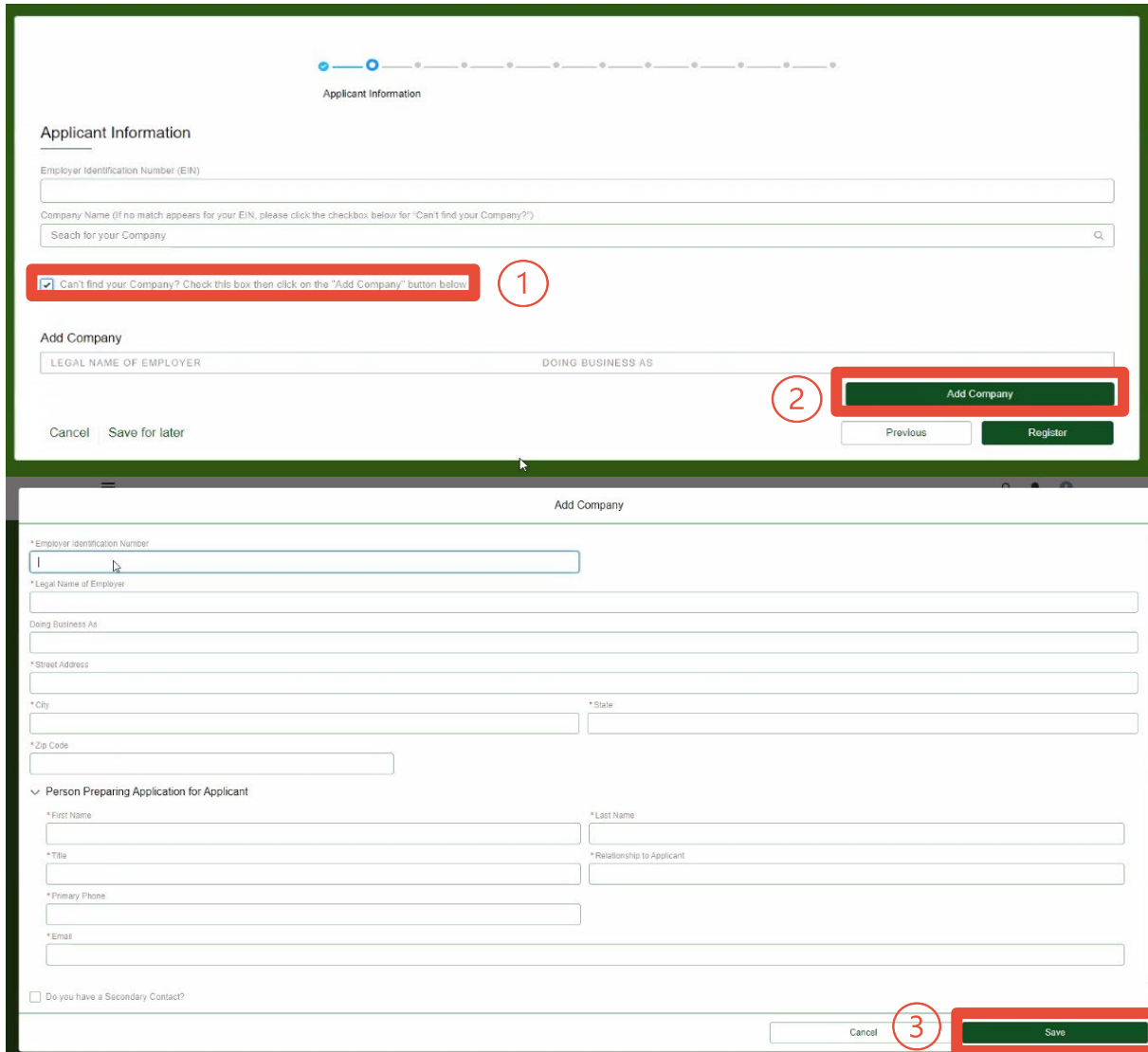
**After completing the eligibility questions, you will find or enter your company information. Please search for your company or entity by entering its Employer Identification Number (EIN), then select your company name from the dropdown. If your company is found, select the “Register” button.**



The screenshot shows a web form titled "Applicant Information" with a progress indicator at the top. The form includes the following elements:

- Employer Identification Number (EIN):** A text input field highlighted with a red box and a circled "1".
- Company Name:** A search input field with a magnifying glass icon, highlighted with a red box and a circled "2".
- Checkbox:** A checked checkbox labeled "Can't find your Company? Check this box then click on the 'Add Company' button below".
- Add Company Section:** A section with two input fields: "LEGAL NAME OF EMPLOYER" and "DOING BUSINESS AS".
- Buttons:** A green "Add Company" button, a "Previous" button, and a green "Register" button highlighted with a red box and a circled "3".
- Navigation:** "Cancel" and "Save for later" buttons at the bottom left.

**If your company is not found, please check the “Can’t find your Company? ...” box and then select the “Add Company” button. You will then enter all the information in the form that populates and select the “Save” button.**



The screenshot displays the 'Applicant Information' form. At the top, a progress bar shows the current step. The form includes the following elements:

- Applicant Information** section with fields for Employer Identification Number (EIN) and Company Name. A search box labeled 'Search for your Company' is also present.
- A checkbox labeled 'Can't find your Company? Check this box then click on the "Add Company" button below' is checked and highlighted with a red box and the number 1.
- The **Add Company** section contains fields for 'LEGAL NAME OF EMPLOYER' and 'DOING BUSINESS AS'. A green 'Add Company' button is highlighted with a red box and the number 2.
- Buttons for 'Cancel', 'Save for later', 'Previous', and 'Register' are located at the bottom of this section.
- The **Add Company** modal form below contains fields for: Employer identification Number, 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), and a checkbox for 'Do you have a Secondary Contact?'. A green 'Save' button is highlighted with a red box and the number 3.


**Fill out employee information or use existing information for each Vermont employee who has used eligible paid leave time that you are applying for reimbursement of.**



The screenshot shows a web form interface for a grant application. At the top, a progress bar consists of 11 circular markers. The first four markers are filled with blue and have checkmarks, indicating completed steps. The fifth marker is currently selected, shown as a blue circle with a white border. The remaining seven markers are grey and empty. Below the progress bar, the text "New Or Existing Employee?" is centered. The form title "New Or Existing Employee?" is underlined. Below the title, the question "Do you want to add a new employee(s) or select any existing employee(s)?" is displayed. Underneath, there is a label "\* Selection" followed by two radio button options: "Add new employee(s)" and "Choose existing employee(s)". At the bottom left, there are two buttons: "Cancel" and "Save for later". At the bottom right, there are two buttons: "Previous" (a light grey button) and "Next" (a dark green button).



**Enter all requested information for new employees. To add information for more than one employee, click the “Add” link in the top right. Select the “Next” button only when you have added all employees.**

  
Employee Information

### Employee Information

Employee Add

\* Employee First Name ❗

Error: Employee First Name is required.

\* 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

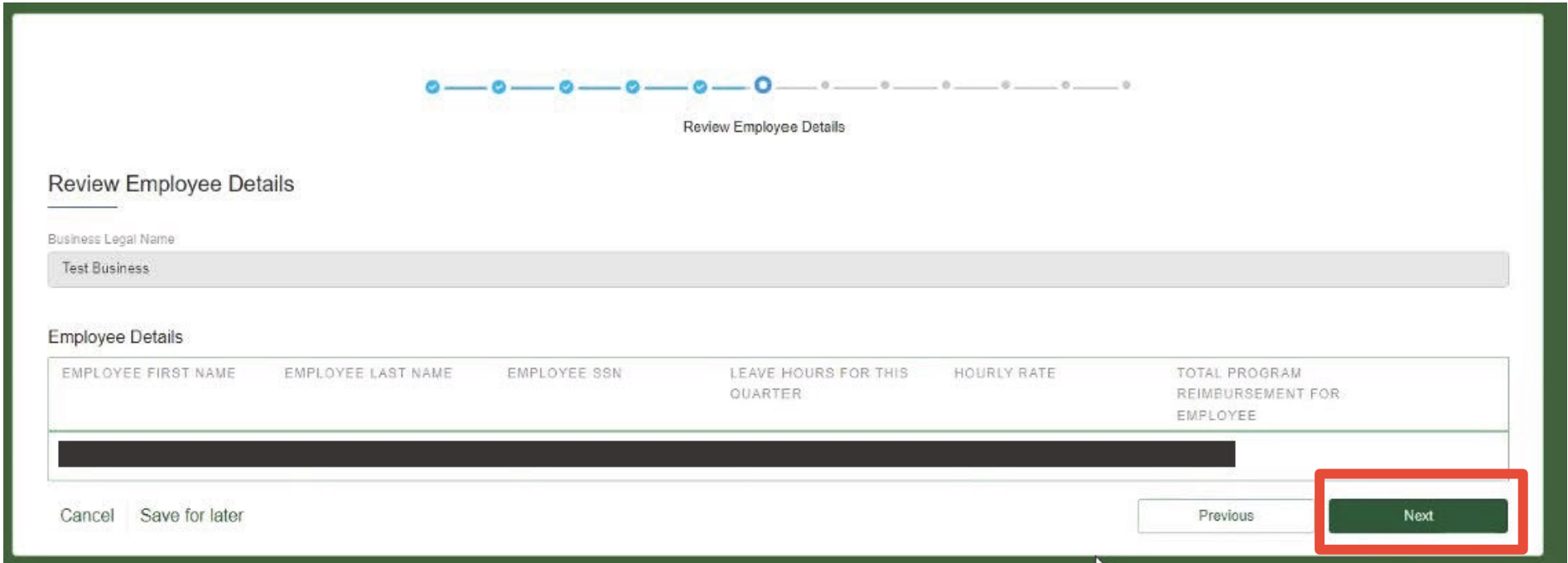
Calculated Hourly Rate (Reimbursement Rate Capped at \$21.25 Per Hour)

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

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

Cancel Save for later Previous Next

**Verify employee information in the summary table show, then select the “Next” button.**



Review Employee Details

Business Legal Name

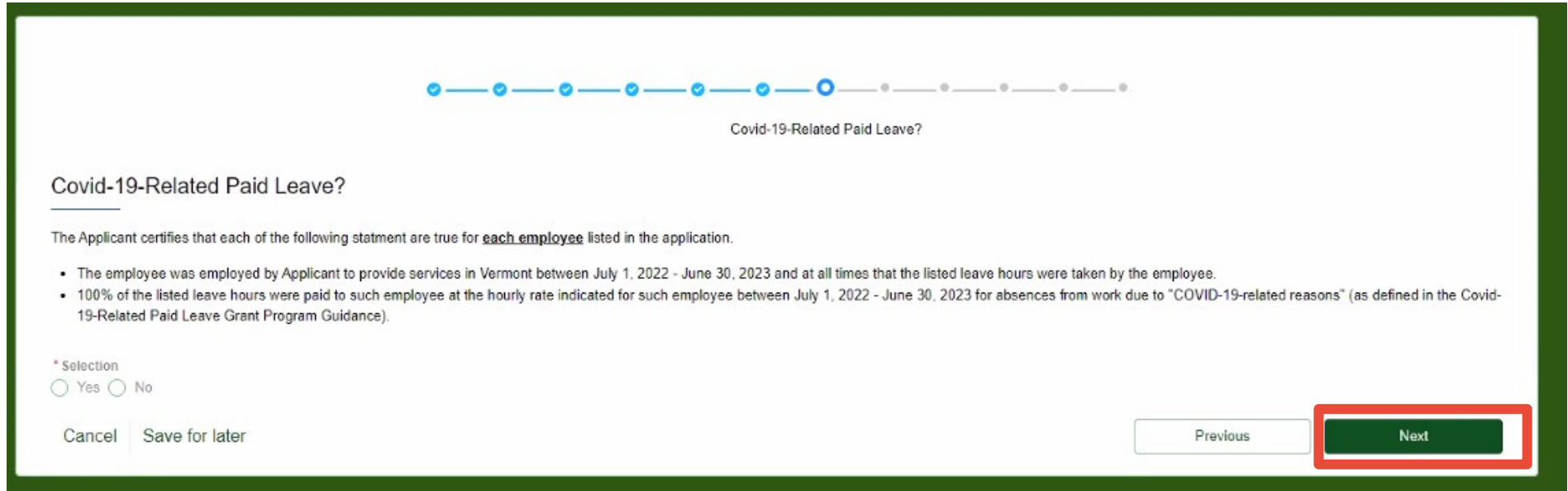
Test Business

Employee Details

EMPLOYEE FIRST NAME	EMPLOYEE LAST NAME	EMPLOYEE SSN	LEAVE HOURS FOR THIS QUARTER	HOURLY RATE	TOTAL PROGRAM REIMBURSEMENT FOR EMPLOYEE
[REDACTED]					

Cancel Save for later Previous **Next**

**Certify as to the Program eligibility of the paid leave time for each employee entered into the application by clicking the appropriate radio button and selecting the “Next” button to move on.**



The screenshot shows a progress bar at the top with 10 steps. The 7th step, labeled "Covid-19-Related Paid Leave?", is currently active. Below the progress bar, the question "Covid-19-Related Paid Leave?" is displayed. A certification statement follows: "The Applicant certifies that each of the following statement are true for each employee listed in the application." Two bullet points list the requirements: 1) The employee was employed by the Applicant in Vermont between July 1, 2022 and June 30, 2023, and at all times that the listed leave hours were taken; 2) 100% of the listed leave hours were paid at the indicated hourly rate for absences due to COVID-19-related reasons. Below the text, there are radio buttons for "Yes" and "No", with "Yes" selected. At the bottom left are "Cancel" and "Save for later" buttons. At the bottom right are "Previous" and "Next" buttons, with the "Next" button highlighted by a red box.

Covid-19-Related Paid Leave?

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

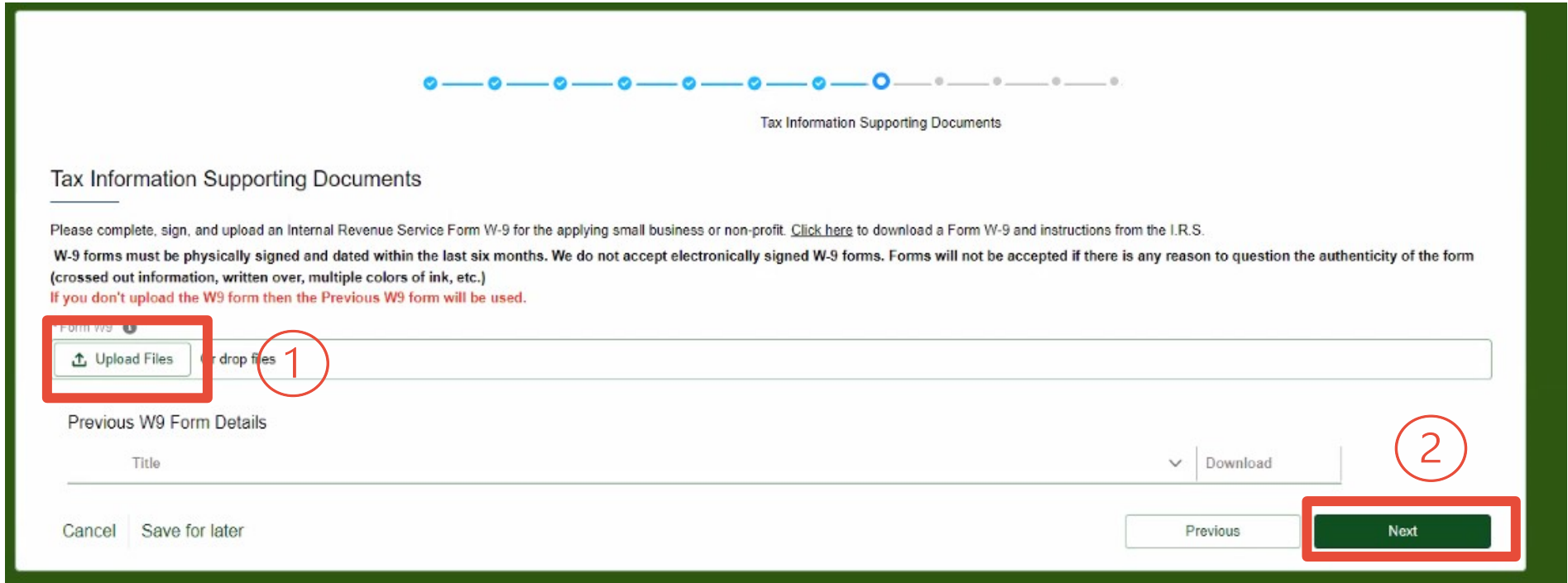
- The employee was employed by Applicant to provide services in Vermont between July 1, 2022 - June 30, 2023 and at all times that the listed leave hours were taken by the employee.
- 100% of the listed leave hours were paid to such employee at the hourly rate indicated for such employee between July 1, 2022 - June 30, 2023 for absences from work due to "COVID-19-related reasons" (as defined in the Covid-19-Related Paid Leave Grant Program Guidance).

\* Selection  
 Yes  No

Cancel | Save for later

Previous | **Next**

**Ensure your scanned digital copy of I.R.S. Form W9 is complete and meets the requirements shown. Select the “Upload Files” button and use your operating system’s file browser to select your Form W9. Then select the “Next” button after confirming all files are attached.**



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.

W-9 forms must be physically signed and dated within the last six months. We do not accept electronically signed W-9 forms. Forms will not be accepted if there is any reason to question the authenticity of the form (crossed out information, written over, multiple colors of ink, etc.)

If you don't upload the W9 form then the Previous W9 form will be used.

Form W9

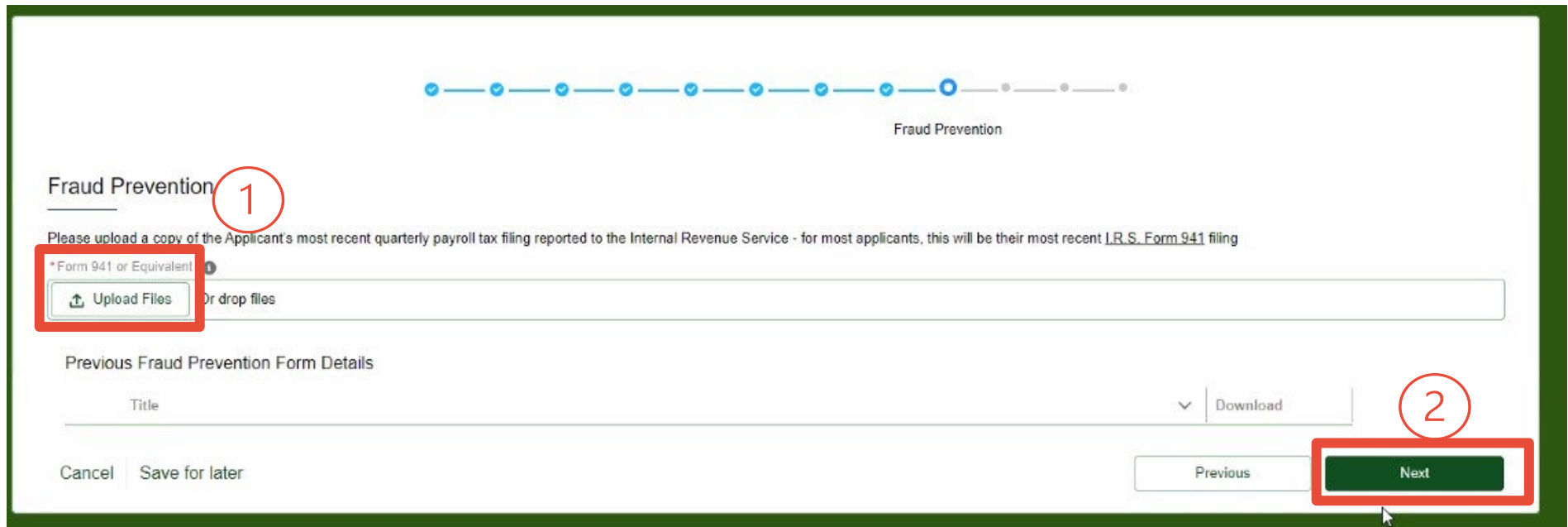
Upload Files or drop files 1

Previous W9 Form Details

Title	Download
	2

Cancel Save for later Previous Next

**Ensure your scanned digital copy of I.R.S. Form 941 (or equivalent) for the quarter you are applying for is complete and meets the requirements shown. Select the “Upload Files” button and use your operating system’s file browser to select your Form 941. Then select the “Next” button after confirming all files are attached. One Quarter can be submitted at a time. You must allow 24 hours before submitting a new application for an additional quarter. The drop down may not correlate to the quarter you wish to apply for. Enter for the quarter that is available (even if it does not match), and it will be adjusted internally based on the information on the Form 941 you upload to the application. If additional quarters are needed, please continue to wait 24 hours between each submission and refer to our "How to Submit a New Quarter Application from an Existing Account" guide. Please wait 24 hours between each submission to allow us to adjust your application to the appropriate quarter.**



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

Upload Files or drop files

Previous Fraud Prevention Form Details

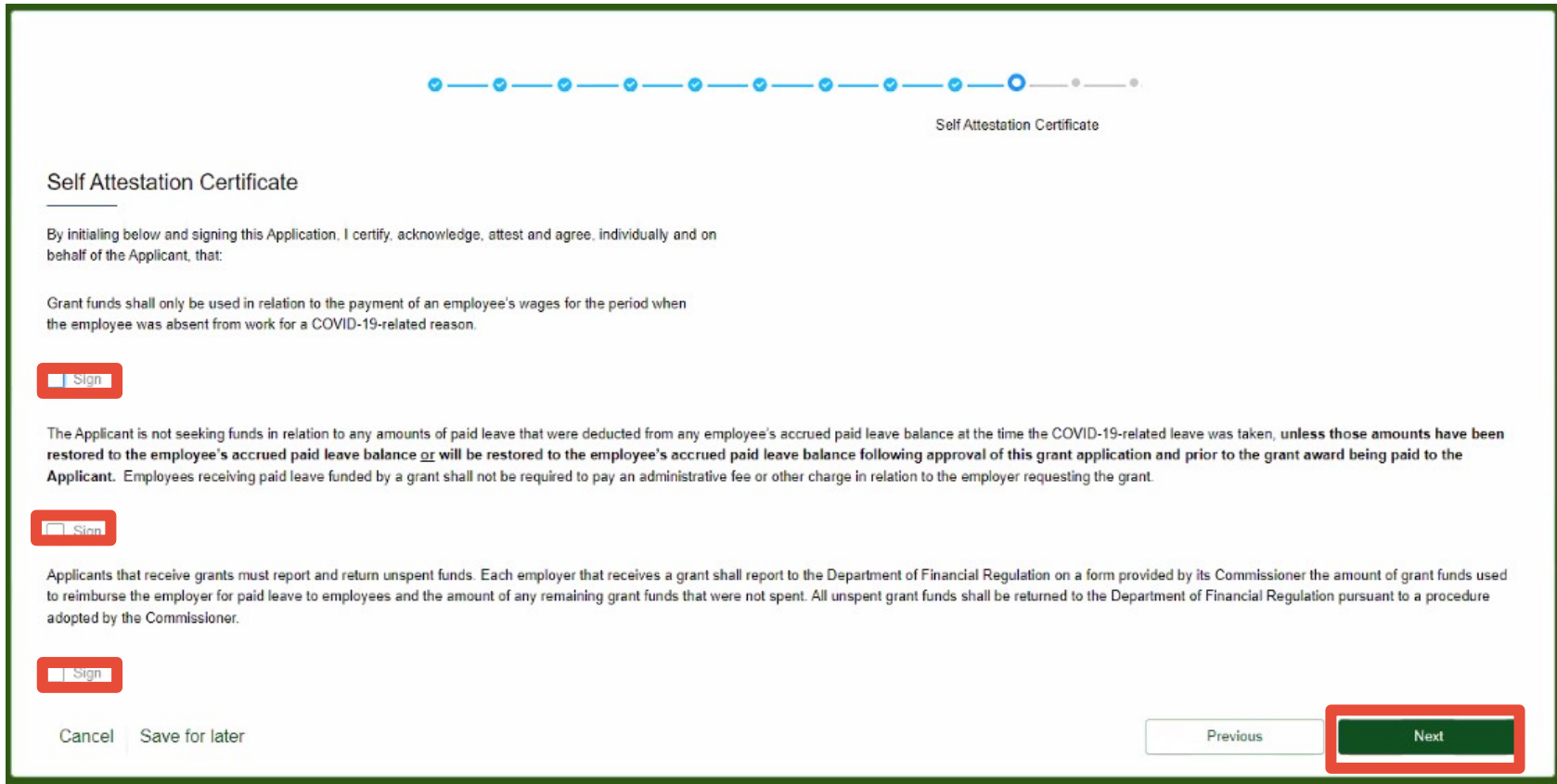
Title

Download

Cancel Save for later

Previous Next

**Complete the Self Attestation Certificate by clicking the checkboxes under each statement, then selecting the “Next” button.**



Progress indicator: 11 steps, step 11 highlighted.

Self Attestation Certificate

By initialing 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 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

Cancel Save for later Previous **Next**

**Complete the Certifications and Assurances by clicking the checkboxes under each statement. Type the name, authorized signature, and title of the Signatory (person filling out the application) as directed, then select “Submit Application”.**

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)

Test Business

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

[Redacted]

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

[Redacted]

\* 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.)

[Redacted]

Date

12-11-2023

Cancel Save for later

Previous

Submit Application

**After submitting the application, the person completing the application may return to the Grant Portal home or close the browser tab. 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. One Quarter can be submitted at a time. You must allow 24 hours before submitting a new application for an additional quarter. The drop down may not correlate to the quarter you wish to apply for. Enter for the quarter that is available (even if it does not match), and it will be adjusted internally based on the information on the Form 941 you upload to the application. If additional quarters are needed, please**



**Covid-19 related Paid Leave Grant Program– How To Submit a New Grant Application**

Document version 1: 12/12/23

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