

COVID-19 Monthly Expenditures by Community Revised August 2020



Instructions

Please submit a report for expenditures from March 1 - June 30, 2020 using this revised form and submit to: GOV.OMB.COVIDFUNDING@alaska.gov by September 8, 2020.

Also, please use this revised form to report your community information and monthly COVID-19 expenses by expenditure category from now on. Monthly reports should be submitted within 30 days of each month's end. Contact 907-465-4660 with any questions. If you've already submitted your July or August expenses using the old form, please resubmit them using the new form by September 30, 2020.

Community Information

| | | | |
|----------------|----------------------|--|----------------------|
| Community Name | <input type="text"/> | Street Address Including City, State, and ZIP Code | <input type="text"/> |
| Contact Name | <input type="text"/> | Telephone | <input type="text"/> |
| Email Address | <input type="text"/> | Web Site | <input type="text"/> |

For Month Ending:
MM/DD/YYYY

Spending Area (cont.)

| | | |
|-------------------|----|----------------------|
| Distance Learning | \$ | <input type="text"/> |
| Public Health | \$ | <input type="text"/> |
| Nursing Home Asst | \$ | <input type="text"/> |
| Food Programs | \$ | <input type="text"/> |
| Housing Support | \$ | <input type="text"/> |
| Small Bus Asst | \$ | <input type="text"/> |
| Other Econ Supp | \$ | <input type="text"/> |
| Other | \$ | <input type="text"/> |
| TOTAL | \$ | <input type="text"/> |

Spending Area

| | | |
|-----------------------|----|----------------------|
| Administrative | \$ | <input type="text"/> |
| Pay (Different Use) | \$ | <input type="text"/> |
| Pay (Pub Hlth & Sfty) | \$ | <input type="text"/> |
| Testing & Tracing | \$ | <input type="text"/> |
| Medical Expenses | \$ | <input type="text"/> |
| Telework Capabilities | \$ | <input type="text"/> |
| Tax Ant. Notes | \$ | <input type="text"/> |

Signature

Signature of the Person Submitting this Form

Name

Date of Signature

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MM | DD | YYYY |

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Per Treasury's Coronavirus Relief Fund reporting guidelines released earlier this month the State of Alaska must report expenditures by the categories listed on the previous page for all of its transfers to other government entities greater than or equal to \$50,000.

For further information and clarification on reporting requirements, please refer to U.S. Treasury's letter at the following link:

[http://higherlogicdownload.s3.amazonaws.com/NASBO/9d2d2db1-c943-4f1b-b750-0fca152d64c2/UploadedImages/Documents/Treasury Office of Inspector General Coronavirus Relief Fund Recipient Reporting Update OIG-CA-20-025_7_31_20.pdf](http://higherlogicdownload.s3.amazonaws.com/NASBO/9d2d2db1-c943-4f1b-b750-0fca152d64c2/UploadedImages/Documents/Treasury%20Office%20of%20Inspector%20General%20Coronavirus%20Relief%20Fund%20Recipient%20Reporting%20Update%20OIG-CA-20-025_7_31_20.pdf)

No definitions or further clarification was provided for these expenditure categories.

However a better understanding of what is meant may be obtained by review Treasury's guidance and frequently asked question documents on eligible expenditures.

<https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>

<https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf>

For expenditures of \$25,000 or more, please provide additional information on the following page. This can be simply the name of the vendor and a brief description of what was purchased and why, or the name of the grant recipient and the grant program. For example, *Small business relief grant to Made Up Business*.

The following page should also be used to provide a brief description for any expenses reported in the "Other" category on page 1.

Finally, please provide a description of your community's overall plan for the Coronavirus Relief Funds in the box provided at the bottom of the following page.

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THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

| Date | Amount >\$25K | Spending Area | Description |
|------|---------------|---------------|-------------|
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Describe your overall plan for expenditures.