

EXHIBIT “C”



HIDALGO COUNTY Coronavirus Relief Fund Proposed Budget

EDUCATIONAL INSTITUTION CONTACT INFORMATION			
SECTION 1	1. Educational Institution Name:	2. Contact Name:	3. Contact Title:
	4. Mailing Address: (Street, city, state and ZIP code)		5. Contact Phone: ext.

BUDGET PROPOSAL		
6. Justification by Cost Category	7. Incurred Expenses	8. Proposed Expenses
Category 1 - Medical expenses		
Category 2 - Public health expenses		
Category 3 - Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency		
Category 4 - Expenses of actions to facilitate compliance with COVID-19 related public health measures		
Category 5 - Expenses associated with the provision of economic support in connection with the COVID-19 public health		
Category 6 - Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the		
SUBTOTALS	\$ 0.00	\$ 0.00
TOTAL AWARD		\$ 0.00

CERTIFICATION	
SECTION 3	By signing below, I hereby certify that I understand and agree that the CARES Act Funds 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; and (3) were incurred during the period that begins on March 1, 2020, and ends on August 31, 2020. I also understand and agree that my educational institution will be required to provide supporting documentation reflecting the expenditure of grant funds.
	9. Name: _____ 10. Title: _____
	11. Signature: _____ 12. Date: _____