



HIDALGO COUNTY AUDITOR'S OFFICE

Coronavirus Relief Fund

Reimbursement Request Form

All parts of this form must be completed by the Entity. *Incomplete forms will be returned.*

The information must be legible. Please refer to the instructions page for proper completion of this form.

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

CORONAVIRUS RELIEF FUND EXPENDITURE INFORMATION					
SECTION 2	6. Report Period:	Begin Date	End Date	7. Payment Request No.:	-
	8. Expense Category (check one)		9. Amount Paid:	10. Description of Expense(s):	
	Category 1 Medical expenses				
	Category 2 Public health expenses				
	Category 3 Payroll expenses for employees whose services are substantially dedicated to mitigating or responding to the COVID-19 emergency				
	Category 4 Expenses to facilitate compliance with COVID-19 related public health measures				
	Category 5 Expenses for economic support in connection with the COVID-19 public health emergency				
	Category 6 Other COVID-19-related expenses reasonably necessary to the function of government				
TOTAL					



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ASSURANCES				
SECTION 3	11. Were the expenditures reported above necessary expenditures incurred due to the public health emergency with respect to COVID-19?	Yes	No	
	12. Were the expenditures reported above not accounted for in the budget most recently approved as of March 27, 2020 for your Entity?	Yes	No	
	13. Were the expenditures reported above incurred (paid) during the period that begins on March 1, 2020 and ends on August 31, 2020?	Yes	No	
	14. Has any part of the expenditures reported above been reimbursed by insurance, legal settlement, or any other emergency COVID-19 supplemental funding (whether federal, state, or private in nature)?	Yes	No	

CERTIFICATION	
SECTION 4	The undersigned hereby certifies under penalties of perjury that this request for reimbursement from the Coronavirus Relief Fund is true, complete, and accurate and the expenditures reported are in compliance with all conditions of section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.
	15. Name: <input style="width: 80%;" type="text"/>
	16. Title: <input style="width: 80%;" type="text"/>
	17. Signature: <input style="width: 80%;" type="text"/>
	18. Date: <input style="width: 80%;" type="text"/>

	SUBMISSION INFORMATION	FOR COUNTY USE ONLY
SECTION 5	Submit completed form and supporting documentation via:	19. Reviewed by: <input style="width: 80%;" type="text"/>
	email: COVID-19@auditor.co.hidalgo.tx.us	(Signature)
	mail: Hidalgo County Auditor's Office	20. Name: <input style="width: 80%;" type="text"/>
	Hidalgo County Administration Building	21. Date: <input style="width: 80%;" type="text"/>
	2808 South Business Highway 281	
	Edinburg, Texas 78539-6243	