



HIDALGO COUNTY AUDITOR'S OFFICE

American Rescue Plan Act (ARPA)

Reimbursement/Payment Request Form

All parts of this form must be completed. **Incomplete forms will be returned.** The information must be legible. Please refer to the instructions page for proper completion of this form.

SECTION 1	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. _____	

SECTION 2	TYPE OF REQUEST	
SECTION 2	6. Payment Type:	
	If this is a one time payment request, check box and enter request amount then proceed to Section 5. <input type="checkbox"/> \$ _____	If this is a periodic reimbursement request, check box then proceed to Section 3. <input type="checkbox"/>

SECTION 3	ARPA EXPENDITURE INFORMATION						
SECTION 3	7. Report Period:	Begin Date	End Date	8. Payment Request No.: _____			
	To Be Completed By Entity			Budget Office Use Only			
	9. Invoice No.	10. Check Date	11. Check No.	12. Check Amt.	14. Project Name	15. Approved Amt.	16. Expense Category
	13. TOTAL			\$-	17. TOTAL		\$-

SECTION 4	DOCUMENTATION CHECK LIST			
SECTION 4	Purchasing Policy (should only be provided once)		Quotes	Copies of cancelled checks
	Sam.gov verification for each vendor		Bids	Invoices
	Purchase Order for each invoice		Contracts	Detail Check History Report

SECTION 5				ASSURANCES			
SECTION 5	18. This request is for necessary expenditures incurred due to the public health emergency with respect to COVID-19?	Yes		No			
	19. Were the expenditures reported above incurred (paid) on or after March 3, 2021?	Yes		No			
	20. Has the request/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			

SECTION 6		CERTIFICATION	
The undersigned hereby certifies under penalties of perjury that this request for reimbursement from the Coronavirus Local Fiscal Recovery Fund is true, complete, and accurate and the expenditures reported are in compliance with all conditions of section 603 of the Social Security Act, as added by section 9901 of the American Rescue Plan Act ("ARPA"). I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.			
21. Name:		22. Title:	
23. Signature:		24. Date:	

SECTION 7	SUBMISSION INFORMATION	FOR COUNTY USE ONLY	
		Budget Office	Auditor's Office
SECTION 7	Submit completed form and supporting documentation via:	25. Reviewed by: (signature)	28. Reviewed by: (signature)
	email: ARPA@auditor.co.hidalgo.tx.us		
	mail: Hidalgo County Auditor's Office	26. Name:	29. Name:
	Hidalgo County Administration Building		
	2808 South Business Highway 281	27. Date:	30. Date:
	Edinburg, Texas 78539-6243		

HIDALGO COUNTY AUDITOR'S OFFICE	
Instructions For American Rescue Plan Act (ARPA) Reimbursement Request Form	
GENERAL INFORMATION	
Please complete all sections of the Reimbursement Request Form and attach the requested form along with supporting documentation as follows:	
email: ARPA@auditor.ca.hidalgo.tx.us	
name: HIDALGO COUNTY AUDITOR	
ATTN: GRANTS DIVISION	
Hidalgo County Administration Building	
2300 South Business Highway 281	
Edinburg, Texas 78740-4240	
Please note that the review process takes anywhere from 10 to 30 days to complete. All payments will be paid via check.	
Section 1: Entity Contact Information	
1. Entity Name: Enter the name of the entity. 2. Entity Name: Enter the name of the entity. 3. Entity Name: Enter the name of the entity.	
4. Contact Name: Enter the name of the person we should contact for questions related to the reimbursement request and/or supporting documentation. 5. Contact Name: Enter the name of the person we should contact for questions related to the reimbursement request and/or supporting documentation. 6. Contact Name: Enter the name of the person we should contact for questions related to the reimbursement request and/or supporting documentation.	
7. Contact Title: Enter the title of the contact person. 8. Contact Title: Enter the title of the contact person. 9. Contact Title: Enter the title of the contact person.	
10. Mailing Address: Enter the mailing address where reimbursement checks should be mailed. 11. Mailing Address: Enter the mailing address where reimbursement checks should be mailed. 12. Mailing Address: Enter the mailing address where reimbursement checks should be mailed.	
13. Contact Phone: Enter the contact's phone number (area code, if applicable). 14. Contact Phone: Enter the contact's phone number (area code, if applicable). 15. Contact Phone: Enter the contact's phone number (area code, if applicable).	
Section 2: Type of Request	
16. Payment Type: Enter the type of payment request. 17. Payment Type: Enter the type of payment request. 18. Payment Type: Enter the type of payment request.	
Section 3: ARPA Reporting Information	
19. Report Period: Enter the beginning and ending dates of the period covered by reimbursement request. 20. Report Period: Enter the beginning and ending dates of the period covered by reimbursement request. 21. Report Period: Enter the beginning and ending dates of the period covered by reimbursement request.	
22. Payment Request No.: Requests for reimbursement can be made by completing multiple request forms. Each request should be sequentially numbered starting with 0001 and increasing by one for each request. 23. Payment Request No.: Requests for reimbursement can be made by completing multiple request forms. Each request should be sequentially numbered starting with 0001 and increasing by one for each request.	
24. To Be Completed by Entity	
25. Check Date: Enter the date of the check used to pay for the invoice for which reimbursement is being requested. 26. Check Date: Enter the date of the check used to pay for the invoice for which reimbursement is being requested.	
27. Check No.: Enter the check number used to pay for the invoice for which reimbursement is being requested. 28. Check No.: Enter the check number used to pay for the invoice for which reimbursement is being requested.	
29. Check Amt.: Enter the amount of the check used to pay for the invoice for which reimbursement is being requested. 30. Check Amt.: Enter the amount of the check used to pay for the invoice for which reimbursement is being requested.	
31. Total: Enter the total for all invoices for which reimbursement is being requested. 32. Total: Enter the total for all invoices for which reimbursement is being requested.	
Section 4: ARPA Approval Information	
33. Approved Amount: Enter the amount approved by the Budget Office for payment, after the documents have been reviewed. 34. Approved Amount: Enter the amount approved by the Budget Office for payment, after the documents have been reviewed.	
35. Expense Category: Indicate the type of expenditure for which reimbursement is being requested. The category should agree to the ARPA allowed. 36. Expense Category: Indicate the type of expenditure for which reimbursement is being requested. The category should agree to the ARPA allowed.	
Section 5: Documentation Check List	
The documentation on the checklist is the minimum documentation required to support the reimbursement amount.	
Section 6: Reimbursement	
37. Indicate by checking either the Yes or No box whether the expenditures reported in Section 2 were incurred due to the public health emergency with/without COVID-19.	
38. Indicate by checking either the Yes or No box whether the expenditures reported in Section 2 were incurred (paid) on or after 1/8, 2020.	
39. Indicate by checking either the Yes or No box whether any part of the expenditures reported in Section 2 has been reimbursed by insurance, grant, settlement, or any other emergency COVID-19 supplemental funding (whether federal, state, or private).	
Section 7: Signatures	
40. Title: Enter the title of the authorized representative signing the form. 41. Title: Enter the title of the authorized representative signing the form.	
42. Signature: Original signature of the authorized representative is required. 43. Signature: Original signature of the authorized representative is required.	
44. Date: Enter or print the date the form was signed. 45. Date: Enter or print the date the form was signed.	
Section 8: For County Use Only	
46. Reviewed By: Original signature of the employee responsible for reviewing the form and supporting documentation. 47. Reviewed By: Original signature of the employee responsible for reviewing the form and supporting documentation.	
48. Name: Print the name of the reviewer. 49. Name: Print the name of the reviewer.	
50. Date: Print the date the review was completed. 51. Date: Print the date the review was completed.	