



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						
	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						
	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						
	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						
	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						
	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	
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.						
SECTION 7	21. Name:			22. Title:			
	23. Signature:			24. Date:			
SECTION 7	SUBMISSION INFORMATION			FOR COUNTY USE ONLY			
	Submit completed form and supporting documentation via: email: ARPA@auditor.co.hidalgo.tx.us mail: Hidalgo County Auditor's Office Hidalgo County Administration Building 2808 South Business Highway 281 Edinburg, Texas 78539-6243			Budget Office		Auditor's Office	
				25. Reviewed by: (signature)		28. Reviewed by: (signature)	
				26. Name:		29. Name:	
				27. Date:		30. Date:	

HIDALGO COUNTY AUDITOR'S OFFICE

Instructions For American Rescue Plan Act (ARPA) Reimbursement Request Form

GENERAL INSTRUCTIONS

Please complete all sections of the Reimbursement Request Form and forward the completed form along with supporting documentation via:

email: APRA@auditor.co.hidalgo.tx.us
mail: HIDALGO COUNTY AUDITOR
ATTN: GRANTS DIVISION
Hidalgo County Administration Building
2808 South Business Highway 281
Edinburg, Texas 78539-6243

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. **Contact Name:** Enter the name of the person we should contact for questions related to the reimbursement request and/or supporting documentation.
3. **Contact Title:** Enter the title of the contact person.
4. **Mailing Address:** Enter the mailing address where reimbursement checks should be mailed.
5. **Contact Phone:** Enter the Contact's phone number (and ext., if applicable.)

Section 2: Type of Request

6. Payment Type:
- If this is one time payment request, check box and enter request amount then proceed to Section 5.
- If this is a periodic reimbursement request, check box then proceed to Section 3.

Section 3: ARPA Expenditure Information

7. **Report Period:** Enter the beginning and ending dates of the period covered by reimbursement request.
The Begin Date should not predate March 3, 2021.
8. **Payment Request No.:** Requests for reimbursement can be made by completing multiple request forms. Each request should be sequentially numbered using 3 letters of the entity and the number of the request. For example, the Entity would number its first payment request form as ENT-1, the second payment request form as ENT-2, and so on.

No. 9 - 13: To Be Completed by Entity

9. **Invoice No.:** Enter the invoice no. for which the entity is requesting reimbursement.
10. **Check Date:** Enter the date of the check used to pay for the invoice for which reimbursement is being requested.
11. **Check No.:** Enter the check number used to pay for the invoice for which reimbursement is being requested.
12. **Check Amt.:** Enter the amount of the check used to pay for the invoice for which reimbursement is being requested.
13. **Total:** Enter the total for all invoices for which reimbursement is being requested.

No. 14 - 16: To Be Completed by the Hidalgo County Budget Office

14. **Project Name:** Enter the project name assigned to the entity/contract.
15. **Approved Amount:** Enter the amount approved by the Budget Office for payment, after the documents have been reviewed.
16. **Expense Category:** Indicate the type of expenditure for which reimbursement is being requested. The category should agree to the ARPA allowed categories.
17. **Total:** Enter the total amount for all invoices approved by the Budget Office for payment.

Section 4: Documentation Check List

The documentation on the checklist is the minimum documentation required to support the reimbursement amount.
Additional information may be requested, as needed.

Section 5: Assurances

18. 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 respect to COVID-19.
19. Indicate by checking either the **Yes** or **No** box whether the expenditures reported in Section 2 were incurred (paid) on or after March 3, 2021.
20. Indicate by checking either the **Yes** or **No** box whether any part of the expenditures reported in Section 2 has been reimbursed by insurance, legal settlement, or any other emergency COVID-19 supplemental funding (whether federal, state, or private in nature).

Section 6: Certification

21. **Name:** Enter the name of the authorized representative signing this form.
22. **Title:** Enter the title of the authorized representative signing the form.
23. **Signature:** Original signature of the authorized representative is required.
24. **Date:** Enter or print the date the form was signed.

Section 7: For County Use Only

Budget Office

25. **Reviewed by:** Original signature of the employee responsible for reviewing the form and supporting documentation.
26. **Name:** Print the name of the reviewer.
27. **Date:** Print the date the review was completed.

Auditor's Office

28. **Reviewed by:** Original signature of the employee responsible for reviewing the form and supporting documentation.
29. **Name:** Print the name of the reviewer.
30. **Date:** Print the date the review was completed.