
Vaccination Reimbursement Webinar

June 1, 2021



Public Health Division

Agenda

Welcome	2:30-2:35 PM
Why We Are Here	2:35-2:40 PM
FEMA Reimbursement Processes	2:40-2:50 PM
FEMA Vaccine Funding	2:50-2:55 PM
Reimbursement Phases	2:55-3:10 PM
Q&A Period	3:10-3:30 PM

Why We Are Here

As part of our commitment to the community, OHA Public Health Division is **partnering with our Local Public Health Authorities (LPHAs) to provide access and funding for vaccination work**

We are excited to share today what this **vaccination effort process** entails as well as how LPHAs can obtain reimbursement and ongoing support

Why We Are Here

OHA Public Health Division is submitting vaccination related claims for reimbursement on behalf of Local Public Health Authorities (LPHAs) and other entities

- **FEMA Contract Period:** 12/1/2020 – 7/31/2021
- **Initial Invoice Period:** 12/1/2020 – 3/31/2021

To receive initial reimbursement, you must complete a reimbursement request and summary invoice using the Invoice Package template sent out by OHA Public Health Division

FEMA Reimbursement Process

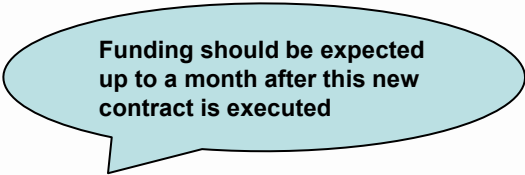
Submitting expenditures for reimbursement entails the following:

- **Detailed documentation** of reimbursables
- **Reconciling documentation provided** to original reimbursement request
- **Higher level of scrutiny** on expenditures submitted (i.e., all claims must relate to vaccination)

After initial reimbursement by OHA, you are **required to provide** **detailed documentation** that supports the original summary invoice and reimbursement request for only **vaccine related expenditures**

LPHA Vaccine Funding

OHA Public Health Division is funding approximately 15 LPHAs that have partnered with our Vaccine Planning Unit



Funding should be expected up to a month after this new contract is executed

LPHAs will receive vaccine funding in a new contract, separate from LPHA IGAs

- LPHAs will receive all contract funding **(\$1,000,000) via reimbursement** for expenditures for the following time periods
 - 12/1/2020 – 3/31/2021 and 4/1/2021 – 7/31/2021
- **LPHAs can request additional funds** to increase the total NTE as-needed
 - To do so, please reach out to ohacovid.fema@dhsoha.state.or.us

LPHA Vaccine Funding

FEMA vaccine funding applies to the following expenditures:

- ✓ Expenditures are vaccine-related
 - Somethings that you may normally not expect to be covered under ELC may be reimbursable if it relates to the vaccine (e.g., software system for vaccines)
- ✓ Expenditures are not covered by other funding (e.g., county/state funds)
- ✓ Expenditures eligible for this initial round of funding are from 12/1 – 3/31

LPHA Vaccine Funding

FEMA vaccine funding does not apply to:

- ✓ Vaccine outreach activities covered by existing PE 01 funding – those costs that fall outside of your PE 01 budgeted activities
- ✓ Vaccine-related incentives

Reimbursement Phases

Below is an overview of the ongoing LPHA reimbursement process

- OHA is here to guide you along this process and ensure reimbursement best aligns with LPHA cash flow needs



Phase 1

To obtain reimbursement, eligible entities must complete the Reimbursement Request Form and Summary Invoice package



Phase 2

For OHA to obtain reimbursement, entities must submit documentation that reconciles to the original reimbursement request



Phase 3

OHA will perform a reconciliation between LPHA invoices and expense documentation

Reimbursement Phases

Forms must be sent to
ohacovid.fema@dhsosha.state.or.us

As part of **Phase 1**, you will be required to complete the **LPHA Vaccine Invoice Package Excel**, which contains the following tabs for completion:

1. Invoice Summary
2. Reimbursement Request Form

Instructions		
<p align="center">OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION CBO COVID-19 VACCINATION REIMBURSEMENT REQUEST</p> <p>CBO: [Enter your community-based organization name] Report Period: 12/1/2020 - 3/31/2021</p>		
BREAKDOWN OF VACCINE EXPENDITURES		
ALLOWABLE ACTIVITY	\$ Amount Requested	EXPENDITURE DOCUMENTATION WILL BE REQUIRED TO BE SUBMITTED AT A LATER DATE
All expenditures must be related to vaccination		The following rows provide examples of documentation required to be submitted with each claim
Staff Time for the following activities: <ul style="list-style-type: none"> Management, coordination, and planning Time spent at vaccination event Staff recruitment, management, and training of staff and volunteers Outreach and/or communications Evaluation and reporting Greeters, registration, patient, flow 		Payroll / Record keeping report documentation that ties staff time to vaccination work
Instructions		
Invoice#: OHA Agreement #: Date: Recipient: CBO Name Address City, State, Zip Contact Telephone Email address Tax ID/EIN#	Justification of total cost, and invoices (if that expense(s) relate to vaccination work or Google Maps) that expense(s) relate to vaccination work	
Preferred: Submit Invoice to ohacovid.fema@dhsosha.state.or.us Mail To: Oregon Health Authority Fiscal and Operations Attn: Finance 800 NE Oregon Street Suite 930 Portland, Oregon 97232		
Description Enter description of event Total Due \$		
< > Instructions 1. Invoice Summary 2. Reimbursement Request Form		

Today, we will be performing a short demo of how to complete this form!

Reimbursement Phases

Today, we will be performing a short demo of how to complete this form!

During **Phase 2**, LPHAs will complete an **additional expense report package** that tracks supporting documentation for their original reimbursement request

As you complete your initial Phase 1 reimbursement request,
please keep track of the following documentation to be submitted:

- ✓ **Payroll / record keeping** for **vaccine-related** staff work
- ✓ **Receipts and vaccine substantiation** for expenditures

Please see Appendix #1 for detailed examples of the expense report package

Reimbursement Phases

In **Phase 3**, OHA will be performing a **final reconciliation** between:

- Initial reimbursement request submitted in Phase 1
- Documentation and vaccine substantiation submitted in Phase 2

If you have any expenditures that you're not sure if they meet the **reimbursable criteria, OHA is here to help**

- Please refer to Slide 14 for contact information

Reimbursement Phases

Reimbursement will be provided on an ongoing basis and LPHAs will be expected to provide “Phase 1” and “Phase 2” documentation for all additional requests

Q&A Period

If you have additional questions & comments after this meeting please reach out to the following contacts:

Where to Submit

Email Address: ohacovid.fema@dhsosha.state.or.us

- ✓ Submit all vaccine reimbursement packages in **Excel format**
- ✓ Submit all vaccine documentation (e.g., receipts) in **PDF format**
- ✓ Email maximum attachment size is **25MB**
- ✓ Submit any vaccine contract-related questions
- ✓ Submit any reimbursement and invoice-related questions

OHA LPHA Website

www.healthoregon.org/lhd

Appendix #1

FEMA Funding Reimbursement Package

– Good Example

Tab 1 – Invoice Summary

Instructions

Invoice#:	1
OHA Agreement #:	15
Date:	5/11/2021
Recipient	CBO XYZ
	1075 Broadview Drive
	Salem, Oregon, 97301
	John Doe
	410-523-0196
	CBOXYZ@gmail.com
Tax ID/EIN#	32486456
Preferred:	Submit Invoice to ohacovid.fema@dhsosha.state.or.us
Mail To:	Oregon Health Authority
	Fiscal and Operations
	Attn: Finance
	800 NE Oregon Street Suite 930
	Portland, Oregon 97232
Description	Vaccine Sites
Total Due	\$ 617,975.00

The blue parts of the form are filled out and the formulas are pulling in accurately from other tabs of the report.

Tab 2 – Reimbursement Request Form

BREAKDOWN OF VACCINE EXPENDITURES			
	<u>ALLOWABLE ACTIVITY</u> All expenditures must be related to vaccination	<u>\$ Amount Requested</u>	<u>\$ Amount Documented</u>
1	Staff Time for the following activities: <ul style="list-style-type: none"> • Management, coordination, and planning • Time spent at vaccination event • Staff recruitment, management, and training of staff and volunteers • Outreach and/or communications • Evaluation and reporting • Greeters, registration, patient, flow • Public health reporting, data entry (e.g., amount of time taken to complete this request, administrative work) 	\$6,975.00	\$6,975.00
2	Subcontractor or Contract Work	\$250,000.00	\$250,000.00
3	Workforce Recruitment and Training	\$50,000.00	\$50,000.00
4	Mileage and Parking <ul style="list-style-type: none"> • Example: mileage to and from the event 	\$500.00	\$500.00
5	Outreach Materials <ul style="list-style-type: none"> • Examples: Facebook ads, fliers 	\$195,000.00	\$195,000.00

The blue section is filled out with the amount that was invoiced and aligns with the **amounts documented** in other tabs (no red cells).

Tab 3a – Labor Documentation

Instructions

**OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION CBO COVID-19 LABOR DOCUMENTATION**

CBO: CBO XYZ

Contract #: 15

Expense Period: 12/1/2020 - 3/31/2021

STEP 1

Do you have a payroll time keeping system? (use dropdown in D14)	No	Step 2 is to complete Tab 3b.
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STEP 2

Payroll Output File Name	
Payroll Output \$ Amount (must match amount in Payroll Output File)	

Instructions | 1. Invoice Summary | 2. Reimbursement Request Form | **3a. Labor Documentation** | 3b. Labor Input | 4. Expense Documentation | 5. Certification | +

In this example, there is no payroll system, so we use tab 3b to track the labor amounts. If there is a payroll system, we would ignore tab 3b and fill out Step 2 here.

Tab 3b – Labor Input

Enter in the **time** and employee **hourly rate**.

Employee Name/ Title		Status	Reg / OT	12/1/2020	12/2/2020	12/3/2020	12/4/2020	12/5/2020	12/6/2020	12/7/2020	12/8/2020	12/9/2020	12/10/2020	12/11/2020	12/12/2020	12/13/2020	12/14/2020	12/15/2020	12/16/2020	12/17/2020	12/18/2020	12/19/2020	12/20/2020	12/21/2020	12/22/2020	12/23/2020	12/24/2020
Name	Kevin Coffey	FT	REG	8	8	8	8		8	8	8	6	9			8	8	8	8	8				8	8	8	
Title	CBO XYZ		OT1				2																			1	
			OT2																								

The sheet will calculate the total cost based on this information and the **overtime rate**.

TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
	[Insert Hourly Rate in this column]	[Insert Benefit Rate in this column]		
135.00	\$ 50.00		\$ 50.00	\$ 6,750.00
3.00	\$ 75.00		\$ 75.00	\$ 225.00

OT1 Rate			
1.5			
135.00	TOTAL REG HOURS	REG TIME TOTAL	\$ 6,750.00
3.00	TOTAL OT HOURS	OT TOTAL	\$ 225.00
138.00	TOTAL HOURS	TOTAL COST	\$ 6,975.00

Tab 4 – Expense Documentation

Select the reimbursable activity type and enter in specific receipt/invoice information. Once all invoices related to the reimbursement request are entered, pdf the receipts/invoices in one file per activity type

OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION CBO COVID-19 EXPENSE DOCUMENTATION
 CBO: CBO XYZ
 Contract #: 15
 Expense Period: 12/1/2020 - 3/31/2021

Ref	Reimbursable Activity (Select from Dropdown)	Invoice Date	Store / Company Name	Invoice # (if applicable)	Details and Vaccine-Related Substantiation	\$ Amount
1	Subcontractor or Contract Work	1/1/2021	CVS	100	Gift card incentive for 100 people attending vaccine event	\$ 50,000
2	Subcontractor or Contract Work	1/20/2021	Home Depot	5	Materials for Vaccine Sites Across Salem	\$ 200,000
3	Other	1/28/2021	Dunkin Donuts	21	Coffee and Donuts to provide at Vaccine Sites	\$ 10,000
4	Workforce Recruitment and Training	2/1/2021	N/A	N/A	Time and materials spent hiring volunteers and training volunteers	\$ 50,000
5	Outreach Materials	2/19/2021	Multiple	N/A	Outreach materials spent to get people to come out and get vaccinated	\$ 195,000
6	Vaccine Site Space Rental	2/19/2021	Multiple	N/A	Vaccine Site Space Rental(s)	\$ 100,000
7	Mileage and Parking	1/5/2021	N/A	N/A	Parking for multiple VAX sites	\$ 500
8	Translation and Interpretation Services and/or Capabilities	2/15/2021	Oregon Translating Services	11200	Spanish translating services at VAX sites	\$ 5,000
9	Event-Required Purchases Not Otherwise Covered Above	1/14/2021	Multiple	115	Misc. VAX Site expenditures	\$ 250
10	Supplies and Equipment Not Supplied by Federal Government	1/14/2021	Multiple	0011234	Traffic Cones	\$ 250
11						

Tab 5 – Certification

CERTIFICATE		
I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 CFR 200.415)		
<i>Please type your signature in the box below</i>		
3/1/2021	John Doe (Finance - CBO XYZ)	John Doe
DATE	PREPARED BY	AUTHORIZED AGENT SIGNATURE

In the last tab, sign and date to certify that all information provided is complete and accurate.

Appendix #2

FEMA Funding Reimbursement Package

– Errors Example

Tab 1 – Invoice Summary

A	B	C	D	E
1	Instructions			
2				
3	Invoice#:	1		
4	OHA Agreement #:		No contract #	
5	Date:	5/12/2021		
6	Recipient	CBO ABC		
7		1075 Broadview Drive		
8		Salem, Oregon, 97301		
9		Ashley Johnson		
10			no phone number	
11		CBOABC@gmail.com		
12	Tax ID/EIN#	90652317		
13				
14	Preferred:	Submit Invoice to ohacovid.fema@dhsosha.state.or.us		
15	Mail To:	Oregon Health Authority		
16		Fiscal and Operations		
17		Attn: Finance		
18		800 NE Oregon Street Suite 930		
19		Portland, Oregon 97232		
20				
21	Description		No description	
22	Total Due	\$ 437,030.00		
23				
24				
25				
26				
27				
28				
29				
30				
		1. Invoice Summary	2. Reimbursement Request	

Tab 2 – Reimbursement Request Form

OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION CBO COVID-19 VACCINATION REIMBURSEMENT REQUEST

CBO: CBO ABC
Report Period: 12/1/2020 - 3/31/2021

Legend
Blue cells - require input
Gray Cells - informational / automatically populate

BREAKDOWN OF VACCINE EXPENDITURES				
	ALLOWABLE ACTIVITY All expenditures must be related to vaccination	\$ Amount Requested	\$ Amount Documented	EXPENDITURE DOCUMENTATION WILL BE REQUIRED TO BE SUBMITTED AT A LATER DATE The following rows provide examples of documentation required to be submitted with each claim
1	Staff Time for the following activities: • Management, coordination, and planning • Time spent at vaccination event • Staff recruitment, management, and training of staff and volunteers • Outreach and/or communications • Evaluation and reporting • Greeters, registration, patient, flow • Public health reporting, data entry (e.g., amount of time taken to complete this request, administrative work)	\$23,000.00	\$0.00	Payroll / Record keeping report documentation that ties staff time to vaccination work
2	Subcontractor or Contract Work	\$300,000.00	\$311,500.00	Subcontractor contract, substantiation of total cost, and invoices (if available)
3	Workforce Recruitment and Training		\$0.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
4	Mileage and Parking • Example: mileage to and from the event	\$500.00	\$0.00	Map of the route (e.g., MapQuest or Google Maps) Receipt(s) and substantiation that expense(s) relate to vaccination work
5	Outreach Materials • Examples: Facebook ads, fliers	\$8,530.00	\$8,530.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
<div> <div>Instructions</div> <div>1. Invoice Summary</div> <div>2. Reimbursement Request Form</div> <div>3a. Labor Documentation</div> <div>3b. Labor Input</div> <div>4. Ex ...</div> </div>				

Instructions for Completing Reimbursement Request Form:
1. Complete all fields in blue highlight with your invoice reimbursement request.
2. If submit the invoice separately (12/1/2020-3/31/2021), please copy and paste the amount requested from your original reimbursement request form.
3. Column E is automatically populated based on the detailed documentation provided in tabs 3a, 3b (Labor Documentation) and 4 (Expense Documentation).
4. The cells in column E will highlight red if the amount does not equal the invoice dollar value in column D.
5. If there are red cells in column E, please review the invoice amount and the documentation input in tabs 3a, 3b, and 4 to ensure the correct values were added.
6. If there are no red cells and column D amounts equal column E amounts, this tab is complete.

All red highlight boxes indicate values do not equal.

Tab 2 – Reimbursement Request Form

6	Translation and Interpretation Services and/or Capabilities	\$5,000.00	\$5,000.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
7	Vaccine Site Space Rental	\$100,000.00	\$100,000.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
8	Event-Required Purchases Not Otherwise Covered Above • Example: technology		\$0.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
9	Incentives Under \$50		\$0.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
10	Supplies and Equipment Not Supplied by Federal Government: • Examples: Personal protective equipment, storage, patient/traffic flow, signage		\$0.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
11	Transportation for Patients and/or Workforce		\$0.00	Receipt(s) and substantiation that expense(s) relate to vaccination work; for example, Uber, Lyft or other Rideshare App receipts
12	Transport Supplies		\$0.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
13	Legal and Compliance Services		\$0.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
14	Administrative Overhead Costs • Example: insurance		\$0.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
15	Staff costs for remote events (lodging, per diem) **Excluded Cost: Hotels for those who were vaccinated**		\$0.00	Per diem should show breakdown based on government rate (GSA rate) Receipt(s) and substantiation that expense(s) relate to vaccination work
16	Other (please include other expenses and brief explanation as to how it is vaccine related)	\$0.00	\$0.00	Receipt(s) and substantiation that expense(s) relate to vaccination work
17	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and substantiation that expense(s) relate to vaccination work
18	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and substantiation that expense(s) relate to vaccination work
19	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and substantiation that expense(s) relate to vaccination work
20	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and substantiation that expense(s) relate to vaccination work
21	Other Description: (To be Filled in by CBO if applicable)			Receipt(s) and substantiation that expense(s) relate to vaccination work
	Insert Cells Above If Additional "Other" Expenses Required			
	TOTAL EXPENDITURES	\$437,030.00	\$425,030.00	

Total values do not equal.

Tab 3a – Labor Documentation

Instructions

OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION CBO COVID-19 LABOR DOCUMENTATION

CBO: CBO ABC

Contract #: 0

Expense Period: 12/1/2020 - 3/31/2021

STEP 1

Do you have a payroll time keeping system? (use dropdown in D14)	Yes	Please move onto Step 2.
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STEP 2

Payroll Output File Name	
Payroll Output \$ Amount (must match amount in Payroll Output File)	

Instructions for Completing Labor Documentation:

1. Use dropdown in cell D14 (blue) to determine if you have a payroll time keeping system and export data (Yes/No)
2. If you answer "Yes", move to "Step 2" on this tab.
 2a. Attach the payroll time keeping export with this invoice package, put the name of the time keeping export file in cell D17 (blue) so it is easily identifiable
 2b. Make sure to put \$ amount from time keeping export into D18.
3. If you answered "No", move on to tab 3b to manually enter labor/time keeping data.

LPHA indicated a payroll system but did not complete Step 2 fields.

Instructions	1. Invoice Summary	2. Reimbursement Request Form	3a. Labor Documentation	3b. Labor Input	4. Ex ... (+)
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Tab 3b – Labor Input

TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
	[Insert Hourly Rate in this column]	[Insert Benefit Rate in this column]		
355.00	\$ 50.00		\$ 50.00	\$ 17,750.00
21.00	\$ 75.00		\$ 75.00	\$ 1,575.00
5.00	\$ 100.00		\$ 100.00	\$ 500.00
127.00	\$ 25.00		\$ 25.00	\$ 3,175.00

OT1 Rate	1.5		
482.00	TOTAL REG HOURS	REG TIME TOTAL	\$20,925.00
26.00	TOTAL OT HOURS	OT TOTAL	\$ 2,075.00
508.00	TOTAL HOURS	TOTAL COST	\$23,000.00

Employee Name/ Title		Status	Reg / OT	12/1/2020	12/2/2020	12/3/2020	12/4/2020	12/5/2020	12/6/2020	12/7/2020	12/8/2020	12/9/2020	12/10/2020	12/11/2020	12/12/2020	12/13/2020	12/14/2020	12/15/2020	12/16/2020	12/17/2020	12/18/2020	12/19/2020	12/20/2020	12/21/2020	12/22/2020	12/23/2020
Name	Ashley Johnson	FT	REG	8	8	8	8			8	8	8	7	9			8	8	8	8	8			8	8	8
Title	Coordinator of CBO ABC		OT1				2											3						8	8	3
			OT2																							
Name	Mary Ellis	PT	REG	6	6	4	4			6	6	2	6				4	4	5	6						
Title	Assistant of CBO ABC		OT1																							
			OT2																							
Name	Instructions for Completing Expense Documentation: 1. Manually enter employee labor into this tab based on total amount in Reimbursement Request Form 2. Enter employee's Name and title in column B (each employee should be individually separated out)		REG																							
Title			OT1																							
			OT2																							
Name			REG																							
Title			OT1																							
			OT2																							
Name			REG																							
Title			OT1																							
			OT2																							

Instructions

1. Invoice Summary

2. Reimbursement Request Form

3a. Labor Documentation

3b. Labor Input

4. Ex ...

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This tab was completed even though LPHA indicated they have a payroll system.

Tab 4 – Expense Documentation

OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION CBO COVID-19 EXPENSE DOCUMENTATION

CBO: CBO ABC

Contract #: 0

No contract #

Expense Period: 12/1/2020 - 3/31/2021

Ref	Reimbursable Activity (Select from Dropdown)	Invoice Date	Store / Company Name	Invoice # (if applicable)	Details and Vaccine-Related Substantiation	\$ Amount
1	Subcontractor or Contract Work	1/5/2021	Walmart	100		\$ 10,000
2	Subcontractor or Contract Work	1/5/2021	Home Depot	5	Materials for Vaccine Sites	\$ 176,500
3	Subcontractor or Contract Work	1/5/2021	Ben's Hot Dogs	21	Hot Dogs provided at vaccine site	\$ 50,000
4	Subcontractor or Contract Work	1/5/2021	Walmart	99	Utensils, drinks, snack items for vaccine participants	\$ 75,000
5	Outreach Materials	2/19/2021	Multiple	N/A		\$ 8,530
6	Vaccine Site Space Rental	2/19/2021	Multiple	N/A	Vaccine Site Space Rental(s)	\$ 100,000
7	Translation and Interpretation Services and/or Capabilities	1/5/2021	Transcribe LLC	N/A	Spanish translators for vaccine site	\$ 5,000
8						
9						
10						
11						
12						
13						
14						
15						
16						

2. Reimbursement Request Form 3a. Labor Documentation 3b. Labor Input 4. Expense Documentation 5. Certificatic ...

Tab 5 – Certification

CERTIFICATE		
I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 CFR 200.415)		
Please type your signature in the box below		
5/12/2021	Ashley Johnson	
DATE	PREPARED BY	AUTHORIZED AGENT SIGNATURE

LPHA did not provide signature to certify the document.

3a. Labor Documentation 3b. Labor Input 4. Expense Documentation **5. Certification** + ◀