

Reimbursement Guidance for Local Health Departments and Districts for COVID-19 Response Activities

The Department of Public Health, Public Health Preparedness Local Health Section has allocated 2.5 million of Crisis Response Cooperative Agreement funding to support local health department reimbursement for COVID-19 response activities. Below is a listing of some of the common approved items for reimbursement and a listing of items which we cannot reimburse for under this funding source. In addition, a checklist has been included with this guidance to ensure submission of a complete reimbursement request package.

Approved Reimbursement Activities/Purchases:

Local Health Department/District Staff Time

- Overtime for LHD staff
- Increase in hours of part-time staff

Purchase of Services

- Translation Services
- IT services
- Website development
- Hotline/Telephone answering services
- Temporary positions/Consultants

Supplies/Purchases

- Laptops/IPads
- Hand sanitizer/disinfecting supplies/thermometers
- PPE purchases for health department
- Technology services for teleworking (Zoom, etc.)
- Educational materials/Printing services
- Hotline/telephone after hours support services
- Mileage Reimbursement

Unapproved for Reimbursement:

Purchases

- Food, coffee, paper plates, napkins, cups etc.
- Toilet Paper
- Office furniture including desks, tables, chairs and lamps
- Refrigerators and medical supplies for vaccinations
- Clothing including uniforms, vests and jackets
- *Mass Vaccination supplies*

Reimbursement to FEMA for consideration

- PPE purchases for Police, Fire and EMS
- Homeless shelter costs including cots
- Hotels and housing costs associated with relocation of homeless populations

COVID-19 Reimbursement Request Checklist

- ☐ **Signed DPH Invoice** with your information added to *only the following boxes*:
- **Box (9)** FEIN number
 - **Box (10)** Health Department/District Name and Address
 - **Box (14)** Authorized signature, telephone, name and title

*****failure to utilize the current State Invoice will result in return of your request for resubmission*****

- ☐ **PO# records:** For each expenditure, copies of Order paperwork from a vendor, this documentation verifies your order and will typically include the following: item name, description, unit price, extended price, shipping, etc.
- ☐ **Paid Invoice records:** For each expenditure, copies of documentation from your organization verifying payment has been made (examples include copies of checks issued, copies of internal Purchase Orders, copies of credit card records)
- ☐ Signed copy of the MS Excel **“Overtime Reimbursement”** tracking sheet with *detailed Justifications** for expenses.
- ☐ Signed copy of the MS Excel **“Supplies, Purchases and Services”** tracking sheet with *detailed Justifications** for expenses.

***Justifications:** requests which do not contain Justifications which detail why the expenditure was necessary and how your HD is utilizing it to aid your area, will be returned with a copy of this Guidance document.

Overtime Justifications: shall detail the COVID-19 response activities the employee performed during the reimbursement period

Supplies, Purchases and Services Justifications: shall detail why the purchase was necessary *and* how it is being utilized by the Health Department to support COVID-19 response activities. **For laptop/tablet, IT purchases,** please identify the individual the purchase is assigned to including their name and title.

Incomplete Reimbursement Request Packets will be returned for completion and resubmission.