



# STATE OF CONNECTICUT

OFFICE OF POLICY AND MANAGEMENT  
Intergovernmental Policy and Planning Division



## MUNICIPAL CRF PROGRAM PORTAL CLAIM INSTRUCTIONS JULY 1 - DECEMBER 30, 2020 PERIOD

**MUST COMPLETE BY 5 PM FRIDAY DECEMBER 18<sup>TH</sup>**

1. Log onto the OPM Portal using your e-mail address and password
  - <https://www.appsvcs.opm.ct.gov/opmportal/portalhome.aspx>
  - Sign into the portal:
    - Username - your email address
    - Password
  - Verify your information is correct and edit as necessary

Office of Policy and Management - Application Portal

Login

Portal Login

Username

Password

Login

[Reset Password](#)

2. Under the Municipal CRF Program heading (left side of page), click on GEN-Home



3. Select your **Municipality** and **Claim Range** period the click "View Data".

Municipal Parameters		
Municipal	Claim Range	
0001: Andover	July 1, 2020 - December 30, 2020	View Data

4. This is your municipality "Home Screen":

Municipal Parameters		
Municipal	Claim Range	
0001: Andover	July 1, 2020 - December 30, 2020	<a href="#">View Data</a>

CRF Claim	
Submission Status	Not Submitted
Submission Date	N/A
CRF Municipal Cumulative Balances	
Total CRF Municipal Amount	\$31,419.64
Total FEMA Approved Amount	\$0.00
Total CRF Municipal Claim	\$6,771.64
Total CRF Municipal Balance	\$24,648.00
CRF Municipal Claim Invoice Totals	
Total Invoice Amount	\$0.00
Total FEMA Approved Amount	\$0.00
Total CRF Requested	\$0.00
Invoice(s)	
<a href="#">Add Invoice</a>	
No Requests Found	

5. Online Claim Submission – Select "Add Invoice"

Municipal Parameters		
Municipal	Claim Range	
0001: Andover	July 1, 2020 - December 30, 2020	<a href="#">View Data</a>

CRF Claim	
Submission Status	Not Submitted
Submission Date	N/A
CRF Municipal Cumulative Balances	
Total CRF Municipal Amount	\$31,419.64
Total FEMA Approved Amount	\$0.00
Total CRF Municipal Claim	\$6,771.64
Total CRF Municipal Balance	\$24,648.00
CRF Municipal Claim Invoice Totals	
Total Invoice Amount	\$0.00
Total FEMA Approved Amount	\$0.00
Total CRF Requested	\$0.00
Invoice(s)	
<a href="#">Add Invoice</a>	
No Requests Found	

**You must enter one Vendor as follows:**

- Name of Payee/Vendor/Contractor - **(Name of Municipality) Town of Andover**
- Date of Payee Invoice - **Today's Date**
- Actual Date Goods and/or Services Received - **Today's Date**
- Date of Grantee Payment to Payee - **Today's Date**
- Grantee Check Number - **(Use your Municipal Code) 001**

Add Invoice Information			
Name of Payee/Vendor/Contractor	Town of Andover		
Date of Payee Invoice	12-17-2020	Actual Date Goods and/or Services Received	12-17-2020
Date of Grantee Payment to Payee	12-17-2020	Grantee Check Number	001
			Save Invoice
CRF Municipal Information			
		CRF Municipal Amount	\$31,419.64
		CRF Municipal Amount Claimed	\$6,771.64
		CRF Municipal Amount Available	\$24,648.00

Click "SAVE INVOICE"

Add Invoice Information			
Name of Payee/Vendor/Contractor	Town of Andover		
Date of Payee Invoice	12-17-2020	Actual Date Goods and/or Services Received	12-17-2020
Date of Grantee Payment to Payee	12-17-2020	Grantee Check Number	001
			<a href="#">Add Line Item</a> Save Invoice
CRF Municipal Information			
		CRF Municipal Amount	\$31,419.64
		CRF Municipal Amount Claimed	\$6,771.64
		CRF Municipal Amount Available	\$24,648.00

6. Add Invoice Line Item

Enter all required data for the Line Item

- Select the Category – **Other**
- Other Description – **Muni CRF**
- Enter the Total Amount of the Item – **This is your CRF Municipal Amount Available**
- Enter the percentage of FEMA reimbursement for the item – **0%**

The FEMA Approved Amount, CRF Request Percentage and CRF Requested Amount are automatically calculated.

Line Item	
Category	Other <input type="button" value="v"/>
Other Description	Muni CRF
Total Amount	24648
FEMA Approved Percentage	0
FEMA Approved Amount	\$0.00
CRF Requested Percentage	100%
CRF Requested Claim	\$24,648.00
<input type="button" value="Save Line Item"/>	

Click "Save Line Item"

Line Item	
Category	Other <input type="button" value="v"/>
Other Description	Muni CRF
Total Amount	24648
FEMA Approved Percentage	0
FEMA Approved Amount	\$0.00
CRF Requested Percentage	100%
CRF Requested Claim	\$24,648.00
<input type="button" value="Save Line Item"/>	

You will see that the line item has been created.

Invoice Line Item(s)							Invoice Total
							\$24,648.00
Category	Total Amount	FEMA Approved Percentage	FEMA Approved Amount	CRF Requested Percentage	CRF Requested Claim	Status	
<a href="#">Edit/Update</a> Other	\$24,648.00	0.00 %	\$0.00	100.00 %	\$24,648.00	Not Submitted	<a href="#">Remove</a>

The CRF Municipal Amount Available should be \$0.00.

Line Item Created

[Return To Home Screen](#)

Add Invoice Information			
Name of Payee/Vendor/Contractor	Town of Andover		
Date of Payee Invoice	12/17/2020	Actual Date Goods and/or Services Received	12/17/2020
Date of Grantee Payment to Payee	12/17/2020	Grantee Check Number	001
			<a href="#">Add Line Item</a> <input type="button" value="Save Invoice"/>
CRF Municipal Information			
	CRF Municipal Amount	\$31,419.64	
	CRF Municipal Amount Claimed	\$31,419.64	
	CRF Municipal Amount Available	\$0.00	

Next "Return to Home Screen"

Line Item Created

[Return To Home Screen](#)

Add Invoice Information			
Name of Payee/Vendor/Contractor	Town of Andover		
Date of Payee Invoice	12/17/2020	Actual Date Goods and/or Services Received	12/17/2020
Date of Grantee Payment to Payee	12/17/2020	Grantee Check Number	001
			<a href="#">Add Line Item</a> <input type="button" value="Save Invoice"/>
CRF Municipal Information			
	CRF Municipal Amount	\$31,419.64	
	CRF Municipal Amount Claimed	\$31,419.64	
	CRF Municipal Amount Available	\$0.00	

7. Go back to the "Home Screen" and review the Claims Submission

Municipal Parameters		
Municipal	Claim Range	
0001: Andover	July 1, 2020 - December 30, 2020	<a href="#">View Data</a>

CRF Claim										
Submission Status	Not Submitted									
Submission Date	N/A									
<a href="#">Submit To OPM</a>										
CRF Municipal Cumulative Balances										
Total CRF Municipal Amount	\$31,419.64									
Total FEMA Approved Amount	\$0.00									
Total CRF Municipal Claim	\$31,419.64									
Total CRF Municipal Balance	\$0.00									
CRF Municipal Claim Invoice Totals										
Total Invoice Amount	\$24,648.00									
Total FEMA Approved Amount	\$0.00									
Total CRF Requested	\$24,648.00									
Invoice(s)										
<a href="#">Add Invoice</a>										
Date of Payee Invoice	Name of Payee, Vendor, or Contractor	Actual Date Goods and/or Services Received	Date of Grantee Payment to Payee	Grantee Check Number	Total Invoice	FEMA Approved Amount	CRF Request Amount	OPM Status		
<a href="#">Edit/View</a>	12/17/2020	Town of Andover	12/17/2020	12/17/2020	001	\$24,648.00	\$0.00	\$24,648.00	Not Submitted	<a href="#">Remove</a>

Ensure all information has been entered and accurate and click "Submit to OPM".

CRF Claim	
Submission Status	Not Submitted
Submission Date	N/A
<a href="#">Submit To OPM</a>	

## 8. Online Claim Submission – Certification

- Enter the Town FEIN Number, Congressional District and DEMHS Region.

Municipal Parameters		
Municipal	Claim Range	
0001: Andover	July 1, 2020 - December 30, 2020	<input type="button" value="View Data"/>

Town Information	
Town Code and Name	0001: Andover
Town FEIN	12345
Congressional District	Congressional District 2
DEMHS Region	Region 3

- Certify the information and Submit the CRF Claim.

### Submission Certification

1. Municipality understands that Federal dollars cannot under any circumstances be claimed twice for the same spending.
2. Municipality certifies that the funds in this claim will meet the following three Federal conditions: (1) Necessary expenditures incurred due to the public health emergency with respect to ... COVID-19; (2) Not budgeted as of March 27, 2020 when the CARES Act was enacted; and (3) Incurred on or after March 1, 2020, through December 30, 2020.
3. As a condition of accepting Federal Coronavirus Relief Fund money, we have maximized the use of other Federal programs first (i.e.: FEMA, ESSERF, CDBG, ESG).
4. The amount of the allocation is equal to or less than the amount of public safety salary and fringe benefit costs from March 1st – December 30th.
5. Municipality agrees to (1) maintain detailed accounting records with respect to the project, reflecting expenditures set forth above; and (2) make such records available to its auditors and to the state upon request. Such records must be maintained until OPM notifies the Municipality that the retention period has been met, or until any retention period required by the Federal Government has been met, whichever is later.
6. Municipality agrees to abide by all reporting requirements promulgated by the Federal government as a condition of accepting Federal Coronavirus Relief Fund money.
7. The Municipality is entitled to reimbursement for the project pursuant to the Federal Coronavirus Aid, Relief and Economic Security Act (CARES Act) and the State of Connecticut Coronavirus Relief Fund (CRF) Municipal Program.
8. The Municipality's legislative/governing body has authorized the submission of this request for COVID-19 related expenditure reimbursement and such authorization is memorialized in the minutes of any required municipal meeting.
9. I am the representative of the municipality listed above who is authorized to execute this form.
10. I attest that the information provided on this claim is true, accurate and complete.

**I certify the submission of this claim.**

**You will receive a confirmation email that your Claim has been submitted to OPM**