

MUST COMPLETE BY 5 PM TUESDAY FEBRUARY 15th

The municipalities authorized COVID User needs to log onto the OPM Portal using their e-mail address and password:

- <u>https://opmportal.opm.ct.gov</u>
- Sign into the portal:
 - Enter Username email address
 - Enter Password
 - If you have forgotten your password, enter your Username and click "Reset Password". An email will be sent with a temporary password.
- Verify your information is correct and edit as necessary

Portal Logon		
Username		
Password		
Login		

Reset Password

Thank you for logging in.

Under the Municipal CRF Program heading (left side of page), click on GEN-Audit Details

ADM - Reporting
Municipal CRF Program
GEN - Home
GEN - Audit Details
GEN - Expenditures
GEN - Reporting

Select your municipality under "Select Town"

Municipal Parameters			
Municipal		Audit Period	
0001: Andover	~	July 1, 2020 through December 31, 2021 🗸	View Data

Audit Period is self-populated

Municipal Parameters			
Municipal Audit Period			
0001: Andover	~	July 1, 2020 through December 31, 2021 V	View Data

Click "View Data"

Municipal Parameters		
Municipal	Audit Period	
0001: Andover	✓ July 1, 2020 through December 31, 2021 ✓	View Data

This is your municipality reporting screen

Municipal Parameters		
Municipal	Audit Period	
0001: Andover	✓ July 1, 2020 through December 31, 2021 ✓ View Data	

CRF Audit Details			
Submission Date N/A			
CRF Muni	CRF Municipal Balances For Audit Period		
Total CRF Municipal	Amount		\$24,648.00
Total FEMA Approved Amount			\$0.00
Total CRF Municipal Claim			\$0.00
Total CRF Municipa	l Balance		\$24,648.00
Invoice(s)			Payperiods
Add Invoice		Add Pay Pe	riod Manage Employees
Current View: Invoices			
View Invoices			View Pay Periods
	No Requ	ests Found	

Your Total CRF Municipal Amount is your December 2020 population formula allotment

Municipal Parameters		
Municipal	Audit Period	
0001: Andover	✓ July 1, 2020 through December 31, 2021 ✓	View Data

CRF Audit Details		
Submission Status Not Submitted		
Submission Date N/A		
CRF Municipal Balances For Audit Period		
Total CRF Municipal A	mount	\$24,648.00
Total FEMA Approved Amount \$0.00		
Total CRF Municipal Claim		\$0.00
Total CRF Municipal Ba	alance	\$24,648.00
Invoice(s)		Payperiods
Add Invoice	<u>Add Pay Pe</u>	riod Manage Employees
Current View: Invoices		
View Invoices		View Pay Periods
N	o Requests Found	

There are two sections for reporting -

- Add invoice
- Add Pay Period / Manage Employees

Recommend completing each section separately and completely.

Municipal Parameters			
Municipal		Audit Period	
0001: Andover	~	July 1, 2020 through December 31, 2021 🗸	View Data

CRF Audit Details		
Submission Status Not Submitted		
Submission Date N/A		
CRF Municipal Bala	ances For Audit Period	
Total CRF Municipal Amount	\$24,648.00	
Total FEMA Approved Amount \$0.00		
Total CRF Municipal Claim	\$0.00	
Total CRF Municipal Balance	\$24,648.00	
Invoice(s)	Payperiods	
Add Invoice	Add Pay Period Manage Employees	
Current View: Invoices		
View Invoices	View Pay Periods	
No Requ	uests Found	

Submission of invoices - Click "Add Invoice"

Municipal Parameters		
Municipal	Audit Period	
0001: Andover	✓ July 1, 2020 through December 31, 2021 ✓ View Data	

Submi	CRF Au ssion Status	dit Details Not Submitt	ted
Subn	nission Date	N/A	
CRF Mt	inicipal Bala	nces For A	udit Period
Total CRF Munici	pal Amount		\$24,648.00
Total FEMA Approv	ved Amount		\$0.00
Total CRF Muni	icipal Claim		\$0.00
Total CRF Munici	pal Balance		\$24,648.00
Invoice(s)		Payperiods
Add Invoice		Add Pay Pe	riod Manage Employees
	Current Vi	ew: Invoice	25
View Invoices			View Pay Periods
	No Requ	ests Found	

"Add Invoice Information" Screen:

Return To Home Screen

	Add In	voice Information		
Name of Payee/Vendor/Contractor				
Date of Payee Invoice		Actual Date Goods and/or Services Received		
Date of Grantee Payment to Payee		Grantee Check Number		
Invoice Number		PO Number		
			• Yes	
Individual Approving Payment		Vendor W-9 On File (not older than 2 years)	\bigcirc_{No}	
				Save Invoice
	CRF Mu	nicipal Information		
		CRF Municipal Amount		\$24,648.00
		CRF Municipal Amount Claimed		\$0.00
		CRF Municipal Amount Available		\$24,648.00

Enter all invoice information:

Return To Home Screen

	Add In	voice Information		
Name of Payee/Vendor/Contractor	ABC Contracting Services			
Date of Payee Invoice	08/01/2020	Actual Date Goods and/or Services Received	08/15/2020	
Date of Grantee Payment to Payee	09/01/2020	Grantee Check Number	5468	
Invoice Number	985	PO Number	n/a	
			• Yes	
Individual Approving Payment	Alice Smith	Vendor W-9 On File (not older than 2 years)	\bigcirc_{No}	
			[Save Invoice
	CRF Mu	inicipal Information		
		CRF Municipal Amount		\$24,648.00
		CRF Municipal Amount Claimed		\$0.00
		CRF Municipal Amount Available		\$24,648.00

Click "Save Invoice"

Return To Home Screen

	Add In	voice Information	
Name of Payee/Vendor/Contractor	ABC Contracting Services		
Date of Payee Invoice	08/01/2020	Actual Date Goods and/or Services Received	08/15/2020
Date of Grantee Payment to Payee	09/01/2020	Grantee Check Number	5468
Invoice Number	985	PO Number	n/a
			• Yes
Individual Approving Payment	Alice Smith	Vendor W-9 On File (not older than 2 years)	O _{No}
			Save Invoice
	CRF Mu	nicipal Information	
		CRF Municipal Amount	\$24,648.00
		CRF Municipal Amount Claimed	\$0.00
		CRF Municipal Amount Available	\$24,648.00

Invoice has been created and is noted as "Invoice Created"

Invoice Created

Return To Home Screen

Enter the line item detail for the invoice created:

Invoice Created

Return To Home Screen

	Ad	d Invoice Information	
Name of Payee/Vendor/Contracto	r ABC Contracting Service		
Date of Payee Invoic	e 08/01/2020	Actual Date Goods and/or Services Received	08/15/2020
Date of Grantee Payment to Paye	e 09/01/2020	Grantee Check Number	5468
Invoice Numbe	er 985	PO Number	n/a
Individual Approving Paymen	It Alice Smith	Vendor W-9 On File (not older than 2 years)	Yes No
			Add Line Item Save Invoice
	CRF	Municipal Information	
		CRF Municipal Amount	\$24,648.00
		CRF Municipal Amount Claimed	\$0.00
			\$21,010.00
		Line Item	
	Category	Cleaning Supplies 🗸	
	Item Description		
	Total Amount		
1	FEMA Approved Percentage		
	FEMA Approved Amount		
	CRF Requested Percentage		
	CRF Requested Claim		
	quested chann	Save Line Item	

Use the category drop down for selecting the eligible category

Only utilize FEMA if applicable, as the reimbursement was changed to 100%. Enter "0" if for no FEMA Approved Percentage, otherwise the percentage FEMA approved (paid)

	Line Item
Category	Cleaning / Disinfection of Public Buildings 🗸
Item Description	Town Hall Cleaning
Total Amount	1258.98
FEMA Approved Percentage	0
FEMA Approved Amount	\$0.00
CRF Requested Percentage	100%
CRF Requested Claim	\$1,258.98
	Save Line Item

Click "Save Line Item"

	Line Item
Category	Cleaning / Disinfection of Public Buildings \checkmark
Item Description	Town Hall Cleaning
Total Amount	1258.98
FEMA Approved Percentage	0
FEMA Approved Amount	\$0.00
CRF Requested Percentage	100%
CRF Requested Claim	\$1,258.98
	Save Line Item

Line Item has been created

Line Item Created

Return To Home Screen

		Invoice I	Line Item(s)					
						Invoi	ce Total \$1,2	58.98	
	Category	Description	Total Amount	FEMA Approved Percentage	FEMA Approved Amount	CRF Requested Percentage	CRF Requested Claim	Status	
Edit/Update	Cleaning / Disinfection of Public Buildings	Town Hall Cleaning	\$1,258.98	0.00 %	\$0.00	100.00 %	\$1,258.98	Pending	<u>Remove</u>

Return to Home Screen

Line Item Created

Return To Home Screen

Home Screen after Invoice/Line Items entered

	Municipal Parameters	
Municipal	Audit Period	
0001: Andover	✓ July 1, 2020 through December 31, 2021 ✓	View Data

				CREAnd	lit Details						
			Submissi	on Status N	ot Submittee	1					
			Submis	sion Date N	A						
										<u>Subm</u>	it To OPM
			CRF Mu	nicipal Bala	nces For Au	ıdit Perioo	1				
		Total	CRF Municipa	l Amount						5	\$24,648.00
		Total F	EMA Approve	l Amount							\$0.00
		Tot	al CRF Municij	pal Claim							\$1,258.98
		Total	CRF Municipa	l Balance						\$	\$23,389.02
		Invoice(s)]	Payperiods			
Add Invoice	2					<u>Add</u>	Pay Perio	<u>d</u>		<u>Manage I</u>	<u>Employees</u>
				Current Vi	ew: Invoice	s					
View Invoid	<u>ces</u>									View P	<u>ay Periods</u>
	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	Invoice Number	PO Number	Total Invoice	FEMA Approved Amount	CRF Request Amount	
Edit/View	8/1/2020	ABC Contracting Service	8/15/2020	9/1/2020	5468	985	n/a	\$1.258.98	\$0.00	\$1.258.98	Remove

Each Invoice or Pay Period will subtract the expenses off your Total CRF Municipal Amount, and show any remaining balance

				Municipal P	arameters	;					
		Municipa	al		Au	idit Perio	d				
		0001: Andover		✓ July 1, 2	020 throu	igh Decer	mber 31, 2	021 🗸 🛝	/iew Data		
						<u> </u>					
				CRF Audi	t Details						
			Submissi	on Status Not	t Submitted	1					
			Submis	sion Date N/A	1						
										<u>Subm</u>	<u>it To OPM</u>
			CRF Mu	nicipal Balan	ces For Au	idit Perio	1				
		Total	CRF Municipa	l Amount						\$	624,648.00
		Total F	EMA Approved	l Amount							\$0.00
		Tot	al CRF Munici	pal Claim							\$1,258.98
		Total	CRF Municipa	l Balance						S	623,389.02
		Invoice(s)					I	Payperiods			-
Add Invoice	e	()				Add	Pav Period	1		Manage I	Employees
	-			Current View	w: Invoice	s		-			
View Invoid	ces									View P	av Periods
		27. 6									
	Date of	Name of Payee,	Actual Date Goods and/or	Date of Grantee	Grantee	Invoice	РО	Total	FEMA	CRF	
	Payee	vendor, or,	Services	Payment to	Number	Number	Number	Invoice	Amount	Amount	
	Invoice	Contractor	Received	Payee							
Edit/View	8/1/2020	ABC Contracting Service	8/15/2020	9/1/2020	5468	985	n/a	\$1,258.98	\$0.00	\$1,258.98	<u>Remove</u>

Complete this for all invoices for the period July 1, 2020 through December 31, 2021 prior to starting the Pay Period section.

From the Home Screen begin the Pay Period section. Click "Manage Employees":

				Municipal F	arameters	S				
		Municip	al		A	udit Perio	d			
		0001: Andover		✓ July 1, 2	2020 throu	igh Decer	mber 31, 2	2021 🗸 🛝	View Data	
						-				
				CDEAN	4 70 - 4 - 11 -					
			Carboniasi	CKF Aud	t Details	4				
			Submissi	ion Status No	t Submittee	a				
			Submis	sion Date N/2	4					
			CRF Mu	nicipal Balan	ces For Au	idit Perio	1			
		Total	CRF Municipa	l Amount						
		Total F	EMA Approve	d Amount						
		Tot	al CRF Munici	pal Claim						
		Total	CRF Municipa	al Balance						
		Invoice(s)						Payperiods		
Add Invoice						Add	Pay Perio	<u>d</u>		
				Current Vie	w: Invoice	S				
View Invoice	es									
		Name of								
	Date	Payee,	Actual Date	Date of	Grantee				FEMA	
	01 D	Vendor,	Goods and/or	Grantee	Check	Invoice	PO	Lotal	Approved	
	Tayee	or,	Pageired	Payment to	Number	Number	Number	Invoice	Amount	
	Invoice	Contractor	Received	1 ayee						
Edit/View	8/1/2020	ABC Contracting Service	8/15/2020	9/1/2020	5468	985	n/a	\$1,258.98	\$0.00	5
		<u> </u>						-		



450 Capitol Avenue Hartford, Connecticut 06106-1379 ct.gov/opm Employee has been created

	Ad	ld Employee	
	Emp Ba	loyee Created ck to Home	
	А	ll Employees	
	Name	Title	
View/Edit	John Doe	Public Works Foreman	<u>Remove</u>

Complete this for all payroll employees that are part of hazard pay, enforcement of Executive Orders, Overtime related to response, Public Safety personnel costs and Public Health personnel costs

	Add	d Employee	
	Emple Bac	oyee Created <u>k to Home</u>	
	Al	l Employees	
	Name	Title	
View/Edit	Chris Jones	Health Director	<u>Remove</u>
View/Edit	John Doe	Public Works Foreman	<u>Remove</u>

Click "Back to Home"

Add Employee

Employee Created Back to Home

	Al	l Employees	
	Name	Title	
View/Edit	Chris Jones	Health Director	<u>Remove</u>
View/Edit	John Doe	Public Works Foreman	Remove

450 Capitol Avenue Hartford, Connecticut 06106-1379 ct.gov/opm

Click "Add Pay Period"

				Municipal 1	Parameters	S					
		Municipa	al		A	udit Perio	d				
		0001: Andover		✓ July 1,	2020 throu	igh Decer	mber 31, 2	021 🗸 🛝	/iew Data		
						-					
				CRFAud	it Details						
			Submissi	on Status No	ot Submittee	d					
			Submis	sion Date N/	A						
										<u>Subm</u>	it To OPM
			CRF Mu	nicipal Balaı	ices For Au	idit Perio	d				
		Total	CRF Municipa	l Amount						5	624,648.00
		Total F	EMA Approved	d Amount							\$0.00
		Tot	al CRF Munici	nal Claim							\$1 258 98
		Total	CRF Municina	l Balanco							222 280 02
		Invoice(s)	CRI Municipa	ii Dalance			1	Dermorioda			25,589.02
A 117 - 1		Invoice(s)						ayperiods		16 1	- 1
Add Invoice	2					Add	Pay Period	<u>1</u>		Manage	<u>employees</u>
				Current Vie	w: Invoice	S					
View Invoic	<u>es</u>									View P	<u>ay Periods</u>
	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	Invoice Number	PO Number	Total Invoice	FEMA Approved Amount	CRF Request Amount	
Edit/View	8/1/2020	ABC Contracting Service	8/15/2020	9/1/2020	5468	98 5	n/a	\$1,258.98	\$0.00	\$1,258.98	<u>Remove</u>

Pay Period Screen

	Pay Period		
Check Date		Pay Period Ended	
Individual Approving Payment			-
			Save Pay Period

Enter first pay period

	Pay Period			
Check Date	07/23/2020	Pay Period Ended	07/16/20)20
Individual Approving Payment	Jane Seymour			
				Save Pay Period

Click "Save Pay Period"

	Pay Period		
Check Date	07/23/2020	Pay Period Ended	07/16/2020
Individual Approving Payment	Jane Seymour		
			Save Pay Period

Pay Period Created

		Pay Period			
Check	Date 07/23/2020		Pay Period Ende	07/16/2	.020
Individual Approving Pay	ment Jane Seymour				
					Save Pay Period
	Pay I	y Period Cre Back to Hon	eated ne		
	Add E	mployee To Pa	y Period		
	Employee	Chris Jones:	Health Director	~	
	Type of Payment	○ Base Pay	○ _{Comp} ○ _{Ove}	rtime	
	Basis For Pay	\bigcirc Hourly \bigcirc	Lump Sum		
	Gross Pay				
	Disbursement Amount				
			Save Empl	oyee	

Add Employees to Pay Period utilizing the drop down

		Pay Period			
Check	Date 07/23/2020	I	Pay Period Ended	07/16/2	2020
Individual Approving Pay	ment Jane Seymour				
					Save Pay Period
	Pa	y Period Crea Back to Hom	nted <u>e</u>		
	Add E	Chris Jones: H	Period	×	
	Type of Payment	O Base Pay	Comp Overti	me	
	Basis For Pay	\bigcirc Hourly \bigcirc	Lump Sum		
	Gross Pay				
	Disbursement Amount				
			Save Employ	vee	

Enter the employee information

Add Employee To Pay Period			
Employee	John Doe: Public Works Foreman 🗸		
Type of Payment	$\bigcirc_{\operatorname{Base Pay}} \bigcirc_{\operatorname{Comp}} \circledast_{\operatorname{Overtime}}$		
Basis For Pay	● Hourly ○ Lump Sum		
Gross Pay	3850.00		
Disbursement Amount	850.00		
	Save Employee		

Click "Save Employee"

Add Employee To Pay Period				
Employee	John Doe: Public Works Foreman 🗸			
Type of Payment	$\bigcirc_{\operatorname{Base Pay}} \bigcirc_{\operatorname{Comp}} \circledast_{\operatorname{Overtime}}$			
Basis For Pay	● Hourly ○ Lump Sum			
Gross Pay	3850.00			
Disbursement Amount	850.00			
	Save Employee			

Employee Added to Pay Period

Employee Added to Pay Period
Back to Home

Complete this for all employees in this pay period

Employee Added to Pay Period <u>Back to Home</u>									
Add Employee To Pay Period									
Employee	Chris Jones: Health Director								
Type of Payment	\bigcirc Base Pay \bigcirc Comp \bigcirc Overtime								
Basis For Pay	$\bigcirc_{\rm Hourly} \bigcirc_{\rm Lump \ Sum}$								
Gross Pay									
Disbursement Amount									
	Save Employee								

	Employee	Type Of Payment	Basis For Pay	GrossPay	Disbursement	
View/Edit	Chris Jones	Overtime	Hourly	\$2,580.00	\$350.00	<u>Remove</u>
View/Edit	John Doe	Overtime	Hourly	\$3,850.00	\$850.00	Remove

Once all employees are entered for pay period, click "Save Pay Period".

	Pay Period								
Check I	Date 7/23/202	0		Pay Pe	riod Ended 7/1	6/2020			
Individual Approving Payn	nent Jane Sey	/mour							
						Sa	ve Pay Period		
	Em	ployee <u>B</u> a	Added to ack to He	o Pay Pe ome	eriod				
	_	Add Em	ployee To l	Pay Perio	d	_			
	Em	ployee	Chris Jone	s: Health	Director N	<u> </u>			
	Type of Pa	yment	🔾 Base Pag	y ○ Con	np Overtime				
_	Basis F	or Pay	O Hourly	○ _{Lump}	Sum				
	Gro	ss Pay							
D	isbursement A	mount							
				S	ave Employee	•			
	Employee	Type Of Paymen	Basis For t Pay	GrossPay	Disbursement				
View/Edi	t Chris Jones	Comp	Hourly	\$2,580.00	\$350.00	<u>Remove</u>			
View/Edi	t John Doe	Comp	Hourly	\$3,850.00	\$850.00	<u>Remove</u>			

Pay Period has been updated

Pay Period Updated Back to Home

When Pay Period is complete, click "Back to Home"

Pay Period Updated Back to Home

Complete this process for all pay periods for the period July 1, 2020 through December 31, 2021.

Totals have been updated to reflect Pay Periods with Invoices:

				Municipal 1	Parameter	S					
		Municipa	al		A	udit Perio	d				
		0001: Andover		✓ July 1, 3	2020 throu	igh Decer	mber 31, 2	2021 🗸 🛝	/iew Data		
				CRF Aud	it Details						
			Submissi	on Status No	t Submitte	d					
			Submis	sion Date N/	A						
										Subm	it To OPM
	CRF Municipal Balances For Audit Period										
	Total CRF Municipal Amount \$24,648.										24,648.00
		Total F	EMA Approved	d Amount							\$0.00
		Tot	al CRF Municij	pal Claim							\$3,658.98
		Total	CRF Municipa	l Balance						5	20,989.02
		Invoice(s)]	Payperiods			
Add Invoice	2					<u>Add</u>	Pay Period	1		<u>Manage I</u>	Employees
				Current Vie	w: Invoice	S					
View Invoic	es									View P	ay Periods
	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	Invoice Number	PO Number	Total Invoice	FEMA Approved Amount	CRF Request Amount	
Edit/View	8/1/2020	ABC Contracting Service	8/15/2020	9/1/2020	5468	985	n/a	\$1,258.98	\$0.00	\$1,258.98	Remove

Click on View Pay Periods to view entries

Municipal Parameters							
Municipal Audit Period							
0001: Andover	✓ July 1, 2020 through December 31, 2021 ✓ View Data						

				CRF Aud	it Details						
			Submissi	on Status No	t Submittee	1					
			Submis	sion Date N/2	A						
										Subm	it To OPM
			CRF Mu	nicipal Balan	ces For Au	dit Perioo	1				
		Total	CRF Municipa	l Amount						5	24,648.00
		Total F	EMA Approved	d Amount							\$0.00
		Tot	al CRF Munici	oal Claim							\$3.658.98
		Total	CRF Municipa	l Balance						\$	520 989 02
		Invoice(s)					i	Payperiods			
Add Invoice	e	2010100(0)			Add Pay Period Manage Employees				Employees		
	-			Current Vie	w: Invoice	s					<u></u>
View Invoid	nes.			Current vie	W. Involce	9				View P	av Periods
VICW IIIVOI										<u>view i</u>	
	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	Invoice Number	PO Number	Total Invoice	FEMA Approved Amount	CRF Request Amount	
Edit/View	8/1/2020	ABC Contracting Service	8/15/2020	9/1/2020	5468	985	n/a	\$1,258.98	\$0.00	\$1,258.98	Remove

Pay Period screen

Municipal Parameters							
Municipal Audit Period							
0001: Andover	~	July 1, 2020 through December 31, 2021 🗸	View Data				

CRF Audit Details										
Submission Status Not Submitted										
Submission Date N/A										
Submit To OPM										
CRF Municipal Balances For Audit Period										
Total CRF Munici	pal Amou	nt		S	24,648.00					
Total FEMA Approv	ed Amou	nt			\$0.00					
Total CRF Muni	cipal Clai	m			\$3,658.98					
Total CRF Munici	pal Balan	ce	\$20,989.02							
Invoice(s)			Payp	eriods						
Add Invoice		<u>Add Pay Pe</u>	riod	<u>Manage E</u>	<u>Employees</u>					
	Current V	iew: Pay Perio	ds							
View Invoices				View Pa	<u>ay Periods</u>					
Check Date	Payroll Period Ended	Individual Approving Payment	Disb	Total ursement						
Edit/View 7/23/2020 7	7/16/2020	Jane Seymour		\$1,200.00	Remove					

From the Home Screen you can go between the Invoices and Pay Period screens



Ensure all information has been entered and accurate for both sections – Invoices and Pay Periods.

Your Total CRF Municipal Balance should be "0". You can not report more than your Total CRF Municipal Amount.

After you ensured all information is correct, click "Submit to OPM"

				170 (
			Municip	oal Parameters					
	Municipal			Audit Period					
0001: Andover	r		✓ July	1, 2020 throu	gh Dec	ember 3	1, 2021 🗸	View Data	
					-		-		
			CRFA	Audit Details					
		Subm	ission Stati	us Not Submitte	ed				
		Sub	mission Da	te N/A					
						Submi	it To OPM		
		CRF M	lunicipal B	alances For Au	dit Per	iod			
	Total	CRF Munic	ipal Amou	nount S			24,648.00		
	Total FI	EMA Appro	oved Amou	ount \$0.00					
	Tota	al CRF Mur	nicipal Clair	cipal Claim \$3,658					
	Total	CRF Muni	cipal Balan	ce		S	20,989.02		
		Invoice(s)			Paype	riods			
	Add Invoice			Add Pay Pe	eriod 1	Manage F	Employees		
		-	Current V	iew: Pay Perio	ds				
	View Invoid	es		, i i i i i i i i i i i i i i i i i i i		View P	ay Periods		
				Ter dist days 1		_	~		
		Check	Payroll		T	otal			
		Date	Feriod	Approving	Disbu	rsement			
			Ended	Payment					
	Edit/View	7/23/2020	7/16/2020	Jane Seymour	\$	1,200.00	<u>Remove</u>		

You will then see the Town Submission and Submission Certification Page

Town Information	
Town Code and Name	0001: Andover
Policy Name/ Description	Does the Municipality have a written policy?
Accounting and Financial Reporting to include month-end close procedures	○ Yes ○ No
Vendor approval and set up	○ _{Yes} ○ _{No}
Vendor maintenance and updates	○ Yes ○ No
Invoice approval authority	○ Yes ○ No
Check signing and wire disbursement authority	○ Yes ○ No
Payroll approval and processing	○ _{Yes} ○ _{No}
Overtime policy	○ Yes ○ No
Comp/Vacation policy	○ Yes ○ No
Bonus policy	○ Yes ○ No
Any other type of leave/pay policy	○ _{Yes} ○ _{No}
Federal and State grants management and compliance	○ Yes ○ No
Conflict of interest policy	○ Yes ○ No
Policy on ethical sign-offs	○ Yes ○ No
Controls to prevent fraud and detect fraud	○ _{Yes} ○ _{No}
Document Uploads	
FEMA Document (If FEMA was used)	Choose File No file chosen
Invoice Transactional Detail	Choose File No file chosen
Payroll Transactional Detail	Choose File No file chosen
Submission Certification	

The municipality is entitled to allocation pursuant to the American Rescue Plan Act of 2021 – Coronavirus Local Fiscal Recovery Fund and the State of Connecticut Coronavirus Relief Fund (CRF) Municipal Program.
 Municipality understands that Federal dollars cannot under any circumstance be claimed twice for the same spending.
 Municipality certifies that it will comply with the provisions of the US Department of Treasury as outlined in the attached signed copies of (1) Award Terms and Conditions Agreement and (2) Assurances of Compliance with Civil Rights Requirements.
 I am the representative of the municipality has complied with all the statements above; I attest that the information provided on this claim is true, accurate, and complete; and I attest that all known complaints and/or frauds have been fully disclosed in this filing.

□ I certify the submission of this claim.

Submit Audit Data

Answer each policy Name/Description - Does the municipality have a written program?

Policy Name/ Description		
Accounting and Financial Reporting to include month-end close procedures	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Vendor approval and set up	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Vendor maintenance and updates	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Invoice approval authority	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Check signing and wire disbursement authority	\bigcirc Yes	$\bigcirc_{\rm No}$
Payroll approval and processing	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Overtime policy	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Comp/Vacation policy	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Bonus policy	\bigcirc Yes	$\bigcirc_{\rm No}$
Any other type of leave/pay policy	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Federal and State grants management and compliance	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Conflict of interest policy	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Policy on ethical sign-offs	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$
Controls to prevent fraud and detect fraud	$\bigcirc_{\rm Yes}$	$\bigcirc_{\rm No}$

Completed Responses

Policy Name/ Description	
Accounting and Financial Reporting to include month-end close procedures	\odot Yes \bigcirc No
Vendor approval and set up	\odot _{Yes} \bigcirc _{No}
Vendor maintenance and updates	$\bigcirc_{\rm Yes} \ \textcircled{\ }_{\rm No}$
Invoice approval authority	\odot Yes \bigcirc No
Check signing and wire disbursement authority	\odot Yes \bigcirc No
Payroll approval and processing	\odot _{Yes} \bigcirc _{No}
Overtime policy	\odot Yes \bigcirc No
Comp/Vacation policy	$\textcircled{O}_{Yes} \bigcirc_{No}$
Bonus policy	$\textcircled{O}_{Yes} \bigcirc_{No}$
Any other type of leave/pay policy	$\bigcirc_{\rm Yes} \ \circledast_{\rm No}$
Federal and State grants management and compliance	$\textcircled{O}_{Yes} \bigcirc_{No}$
Conflict of interest policy	$\textcircled{O}_{Yes} \bigcirc_{No}$
Policy on ethical sign-offs	$\textcircled{O}_{Yes} \bigcirc_{No}$
Controls to prevent fraud and detect fraud	$\textcircled{O}_{Yes} \bigcirc_{No}$

Upload required documents - PDF files only

- FEMA Document This must be the FEMA Approval Letter
- Invoice Transactional Detail This must be from your municipalities Financial Management System (i.e.: MUNIS check register)
- Payroll Transactional Detail This must be from your municipalities Financial Management System or payroll company

No additional documents or invoices are to be included or uploaded.

Document Uploads		
FEMA Document (If FEMA was used)	Choose File	No file chosen
Invoice Transactional Detail	Choose File	No file chosen
Payroll Transactional Detail	Choose File	No file chosen

Click "Choose File"

Document Uploads		
FEMA Document (If FEMA was used)	Choose File	No file chosen
Invoice Transactional Detail	Choose File	No file chosen
Payroll Transactional Detail	Choose File	No file chosen

The file name will appear when properly uploaded:

Document Uploads		
FEMA Document (If FEMA was used)	Choose File	No file chosen
Invoice Transactional Detail	Choose File	Transactiont Andover.pdf
Payroll Transactional Detail	Choose File	No file chosen
Submission Contification		

Once you have uploaded the required documentation, you need to certify your submission.

Submission Certification			
 The municipality is entitled to allocation pursuant to the American Rescue Plan Act of 2021 – Coronavirus Local Fiscal Recovery Fund and the State of Connecticut Coronavirus Relief Fund (CRF) Municipal Program. Municipality understands that Federal dollars cannot under any circumstance be claimed twice for the same spending. Municipality curifies that it will comply with the provisions of the US Department of Treasury as outlined in the attached signed copies of (1) Award Terms and Conditions Agreement and (2) Assurances of Compliance with Civil Rights Requiren 4. I am the representative of the municipality listed above who is authorized to execute this submission. I attest that the municipality has complied with all the statements above; I attest that the information provided on this claim is true, accurate, and complete, and I attest that all known complaints and or frauds have been fully disclosed in this filing. 			
Click the box to certify			

Click "Submit Audit Data"

Submit Audit Data

The Home Screen will update showing the submission status and date.

CRF Audit Details	
Submission Status Not Submitted	
Submission Date N/A	
Cuthanid	T- ODM

You will receive a confirmation email for your records that your submission has been received.

January 20, 2022 Portal Presentation and Instructions are posted at: <u>Municipal CRF Program (ct.gov)</u>