



Maine Housing

MAINE STATE HOUSING AUTHORITY

Homeless Initiatives Department
 26 Edison Dr, Augusta, ME 04330
 1-800-452-4668 (in state)
 207-626-4600

Provider Name _____
 Dates Covered _____
 Submitted By _____
 Title _____
 Date Submitted _____
 Phone Number _____

Complete information about this request. Provider requesting the funds, dates covered, who is completing the data, and contact information.

Check ONE box to request an Advance of Funds or Reimbursement for funds already spent.

Request Type: Advance Reimbursement

Expenses:

MaineHousing Use Only

Expenses associated with staffing:			MaineHousing Use Only			
Staff	Description	Requested Amount	Document Received	Approved Amount	Amount not Approved	Notes
TOTAL		-		\$ -	\$ -	

This section is used to detail additional staff expenses such as incentive/hazard pay, additional staff hired, job postings and additional cost of benefits as a result of COVID19. Provide job titles, type of expense and amount. Benefits can be listed as Benefits in both columns.

Please do not enter any data in this section. It is for MaineHousing use when reviewing the application and documentation provided.

How do these expenses relate to preparing for, preventing or responding to COVID19:

Expenses associated with Hotels/Motels:

Vendor	Description	Requested Amount	Document Received	Approved Amount	Amount not Approved	Notes
TOTAL		\$ -		\$ -	\$ -	

List all expenses paid for temporary shelter in Hotels/Motels in this section.

How do these expenses relate to preparing for, preventing or responding to COVID19:

Expenses associated with cleaning and sanitation

Vendor	Description	Requested Amount	Document Received	Approved Amount	Amount not Approved	Notes
TOTAL		\$ -		\$ -	\$ -	

This section is for additional costs incurred for cleaning supplies, hand soap, disinfectants, etc. due to COVID related activities.

How do these expenses relate to preparing for, preventing or responding to COVID19:

PPE Expenses

Vendor	Description	Requested Amount	Document Received	Approved Amount	Amount not Approved	Notes

explain.						
TOTAL		\$ -		\$ -	\$ -	

How do these expenses relate to preparing for, preventing or responding to COVID19:

This section is locked as it contains formulas that should not be changed.



Total Requested amount	Advance Amount	Difference	Reconciled
	Approved	Not approved	
Total approved & not approved amount			

MaineHousing Notes:

Once this form has been completed, supporting documentation should be attached to the submission. Receipts should be sorted in the order in which they appear on the sheet by both category and specific expense. The entire submission should then be emailed to: esgcvprograms@mainehousing.org