

**Provider Name** 

**Dates Covered** 

Submitted By

Title

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

Complete information about this request. Provider requesting the funds,

Check ONE box to request an Advance of Funds or Reimbusement for funds

dates covered, who is completing the data, and contact information.

Date Submitted				alread	dy spent.			
Phone Number					, , , , ,			
			4					
Request Type:	Advance	Reimbursement	t					
Expenses:				MaineHousing	Use Only			
Expenses associated with staffir	ng:							
		Requested		Document	Approved	Amount not		
Staff	Description	Amount		Received	Amount	Approved	Notes	
This section is used to de	etail additional staff expenses such as			Please do not enter any data in this section. It is for MaineHousing use when reviewing the application and documentation provided.				
	Iditional staff hired, job postings and add	litional						
	ult of COVID19. Provide job titles, type of							
	in be listed as Benefits in both columns.							
				_				
TOTAL			-		\$ -	\$ -		

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

Expenses associated with Hote	els/Motels:					
		Requested	Document	Approved	Amount not	
Vendor	Description	Amount	Received	Amount	Approved	Notes
	List all expenses paid for temporary shelter in Hotels/Motesl in this					
section.						
TOTAL		\$ -		\$ -	\$ -	
How do these expenses relate to preparing for, preventing or responding to COVID19:						

Expenses associated with clear	ning and sanitation					
		Requested	Document	Approved	Amount not	
Vendor	Description	Amount	Received	Amount	Approved	Notes
This section is for addit	ional costs incurred for cleaning supplies	, hand				
soap, disinfectants, etc.	. due to COVID related activities.					
					<u> </u>	
TOTAL		5 -		ļ\$ -	ļ\$ -	
low do these expenses relate	to preparing for, preventing or respond	ing to COVID19:				

PPE Ex	xpenses						
			Requested	Document	Approved	Amount not	
	Vendor	Description	Amount	Received	Amount	Approved	Notes

	tional costs to provide PPE for staff and g						
Examples include glove	es, faces masks, face shields and hand sa	nitizer.					
TOTAL		\$	-		\$ -	\$ -	
How do these expenses relate	How do these expenses relate to preparing for, preventing or responding to COVID19:						

		Requested	Document	Approved	Amount not	
Vendor	Description	Amount	Received	Amount	Approved	Notes
,						
This section is for c	osts associated with participant nee	eds, such as food				
_ and bed intens etc.	<u></u>					
and sea mens etc.						
_ and sea intens etc.						
- and sea interioretes						

Other Expenses							
		Requested	d	Document	Approved	Amount not	
Vendor	Description	Amount		Received	Amount	Approved	Notes
This section is for costs t	This section is for costs that don't seem to fit anywhere else.						
The category for each ex	The category for each expense is less imporant than the explanation as to						
how each relates to COV	how each relates to COVID19, especially for items that are not easy to						

_		_					
explain.							
TOTAL		\$	-		\$ -	\$ -	
How do these expenses relate	to preparing for, preventing or respo	nding to COVID1	L9:				
	This section is	locked as it conta	ains form	nulas that should	d not be changed	l	
			1				
		77	4	Advance Amou	int	Difference	
Total Requested amount		7	4	Advance Amou	int	Difference	
Total Requested amount		<u> </u>			Approved		Reconciled
Total Requested amount  Total approved & not approved	d amount	77	4				Reconciled
	d amount	7					Reconciled
Total approved & not approved	d amount						Reconciled
Total approved & not approved	d amount						Reconciled

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