



MaineHousing

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.

Expenses:			MaineHousing Use Only			
Expenses associated with staffing:			Document Received	Approved Amount	Amount not Approved	Notes
Staff	Description	Requested Amount				
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.

Enter details that describe how expenses are related to COVID19 preparation, prevention or response in the box below the yellow line in each

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		Difference	
	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