

State of Colorado Department of Human Services

Program Eligibility Checklist for SLFRF Expenditure Category #2.3: Household Assistance Cash Transfers

Applicant & Proposed Funding Use Eligibility Determination Checklist¹

This checklist is intended to assist the Colorado Department of Human Services verify and document the eligibility of proposed programs by Department subrecipients that would seek to use federal State & Local Coronavirus Fiscal Recovery Funding (SLFRF) to provide home visit services that facilitate a healthy childhood environment. The checklist references applicable rules for SLFRF Expenditure Category (EC) 2.3: *Household Assistance Cash Transfers* and other federal rules.

I. Basic Project Information

SLFRF Funded Project Name (if applicable)	Click or tap here to enter text.
Department (SLFRF Grantor)	Colorado Department of [Insert Department Name]
Subrecipient Program Administrator (if applicable)	Click or tap here to enter text.
Applicant Name	Click or tap here to enter text.
Application Reviewer	Click or tap here to enter text.
Award Amount Requested	Click or tap here to enter text.
Awarded Amount	Click or tap here to enter text.
Anticipated Subrecipient Program Start (if applicable)	Click or tap here to enter text.
Anticipated Subrecipient Program End (if applicable)	Click or tap here to enter text.

II. Eligible Benefitting Class Determination

SLFRF Funding Rules allow for SLFRF to be used to enable cash assistance programs or transfers. Such programs, as with all Expenditure Category #2 projects, must respond to the negative economic impacts of the pandemic on a household or class of households. Therefore, to qualify households as applicants for any form of SLFRF funded cash assistance, a household must meet at least one of U.S. Treasury's approved thresholds for establishing the households as having been negatively impacted from the economic harms of the COVID-19 pandemic.²

This section should be used to verify that the applicant seeking cash assistance qualifies as impacted from the negative economic harms of the COVID-19 pandemic based on SLFRF Funding Rules, in addition to any other Department eligibility criteria. Any supporting information that is required as evidence of meeting these thresholds would also be described in this section; in addition to being attached as separate documentation.

¹ This checklist is intended to aid SLFRF grantees in documenting programmatic funding use compliance with U.S. Treasury Coronavirus State and Local Fiscal Recovery Fund Rules (87 Fed. Reg. 4338) (hereinafter referred to as "SLFRF Funding Rules") and other applicable federal regulations. Completion of the checklist should not be construed as a substitute for all measures necessary to assure that applicable federal rules for program design, execution, reporting, and related funding use and cost management are adequately documented and reported upon according to U.S. Treasury rules and the overarching Code of Federal Regulations.

² SLFRF Funding Rules at 4362.

State of Colorado Department of Human Services

Program Eligibility Checklist for SLFRF Expenditure Category #2.3: Household Assistance Cash Transfers

Does the Applicant meet Department eligibility criteria separate from SLFRF mandates (if applicable)?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant meet one or more of the following thresholds for being “negatively impacted” from the economic harms caused or exacerbated by the COVID-19 public health emergency?
<input type="checkbox"/> The Applicant is either an individual household that has an annual income at or below 65% of the Area Median Income (AMI) for the County in which the Applicant is situated – or – resides in a Census Tract in which 50% or more the households meet this AMI threshold <input type="checkbox"/> The Applicant is either an individual household that has an annual income at or below 300% of Federal Poverty Guidance (FPG) – or – resides in a Census Tract in which 50% or more the households meet this FPG threshold <input type="checkbox"/> The Applicant is an individual household that demonstrate eligibility for any of the following federal assistance programs: Children’s Health Insurance Program (“CHIP”); Childcare Subsidies through the Child Care and Development Fund (“CCDF”) Program; or Medicaid <input type="checkbox"/> The Applicant is an individual household that demonstrates it experienced unemployment during the period of the COVID-19 public health emergency <input type="checkbox"/> The Applicant is an individual household that demonstrates it has experienced increased food or housing insecurity during the period of the COVID-19 public health emergency <input type="checkbox"/> The Applicant meets some other threshold established by the Department that meets SLFRF Funding Rules for assuring that households that were negatively economically impacted from the COVID-19 pandemic are provided childcare services using SLFRF Describe and attach any supporting documentation in support of any of the above thresholds identified for the Applicant.

III. Cash Assistance/Transfer Documentation

What is the form of assistance that would be provided to the Applicant?
<input type="checkbox"/> Cash Transfer (cash assistance directly deposited into an Applicant’s account) <input type="checkbox"/> Cash Card (i.e., provision of a bank-card) <input type="checkbox"/> Reimbursement for Program Eligible Costs <input type="checkbox"/> In-Kind Assistance with a Calculable Cash Value <input type="checkbox"/> Other Forms of Monetary Assistance Describe and attach any supporting documentation related to assistance amount, terms, limitations, allowances, etc.

State of Colorado Department of Human Services

Program Eligibility Checklist for SLFRF Expenditure Category #2.3: Household Assistance Cash Transfers

Is the Cash Assistance provided to the Applicant “reasonably proportional” and related to the negative economic impacts that the Program is intending to address?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe basis for determination.

IV. Subrecipient/Contractor/Beneficiary Fund Use Tracking Determination

SLFRF Grantees must monitor and document that SLFRF use among their subrecipients, beneficiaries, and contractors is consistent with applicable grant rules, the Code of Federal Regulations, and other applicable federal, state, and local regulations. Subrecipients of SLFRF Grantees have the same obligation to monitor and document funding use compliance of their own subrecipients, beneficiaries, and contractors. This section should be used to confirm that appropriate documentation and controls are in place based on the designation status of parties involved with the Program.

1. Is the Provider considered a subrecipient ?	Choose an item.
a. If yes, is the amount of SLFRF to be received greater than \$50,000?	Choose an item.
b. If yes, please attach a description of the process to be utilized in evaluating the subrecipient’s compliance risks (e.g., prior experience in managing federal funds, previous audits, personnel; along with processes to be used monitor funding use by the subrecipient).	
c. If the Applicant is a subrecipient, regardless of the amount provided, please attach their description of how they will oversee and monitor the use of SLFRF provided to them by the Department.	
2. Is the Provider considered a beneficiary ?	Choose an item.
a. If yes, are individual payment(s) anticipated to be more than \$50,000?	Choose an item.
b. If yes, please attach a description of the process through which such beneficiaries are assessed for eligibility, funding use in line with program rules, the avoidance of duplicating benefits, and monitoring for fraudulent activity.	
c. Based on any terms applied to the cash assistance (if applicable), please describe how Department is to monitor and enforce.	

V. Other Federal Regulation Applicability Determination

Depending on the nature of the aid, confirm whether other federal regulations may apply outside of SLFRF program requirements. The following is a checklist to use in confirming the applicability of some of the most common additional regulations that could apply.	
a. Does the aid provided adhere to Uniform Cost Principles under the Code of Federal Regulations (2 C.F.R. 200)	Choose an item.

State of Colorado Department of Human Services

Program Eligibility Checklist for SLFRF Expenditure Category #2.3: Household Assistance Cash Transfers

b. Does the aid provided adhere to any applicable federal, state, and local procurement, contracting, and conflicts-of-interest laws and regulations (including validation that contractors are in good standing)	Choose an item.
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VI. Duplication of Benefit Determination

Has the Applicant received any of the below types of financial assistance <u>for the same purpose</u> as what the Applicant is seeking through this program?	
a. Other federal, state, or local public funding (including subsidized loans)	Choose an item.
b. Insurance proceeds of any type (Including amount for which applicant was entitled to receive but did not collect)	Choose an item.
c. Philanthropic, Foundation, or other charitable grants, gifts, or other awards for the same purpose as what the Applicant seeks through this program.	Choose an item.
What is the total amount of funding that the Applicant has received from any of the below sources of funding for the same purpose as the program?	
a. Other federal, state, or local public funding? (including subsidized loans)	\$
b. Insurance proceeds of any type (Including amount for which applicant was entitled to receive but did not collect)	\$
c. Philanthropic, Foundation, or other charitable grants, gifts, or other awards for the same as purpose as what the Applicant seeks through this program.	\$
Total Amount in Duplicating Benefit (for same purpose as Program Award):	\$
Adjusted Award Total:	
Initial Award Amount (without DOB calculation):	\$
Adjusted Award Amount (Initial Award Amount minus Total Amount in Duplicating Benefit):	\$