

# DHSS CARES Act Health Care Relief Fund Application

## Program Summary

The Department of Health and Social Services (DHSS) is charged with distributing funds to healthcare organizations serving clients and patients in Delaware. They are authorized by the State of Delaware to distribute federal funds to health care entities for expenses incurred due to the COVID-19 pandemic.

All expenses must comply with U.S. Treasury Department CARES Act [guidance and FAQ](#). Applicants must attest to terms and conditions required by the State in addition to completing the below application.

Applications will be reviewed on a rolling basis and are due no later than July 16, 2021.

The application is included below. Applicants will need to provide: 1) their organizational information; 2) a brief overview and line-item budget of how the entity will spend awarded funds; 3) 12-month financial statement listing the applicant's Calendar Year (CY) 2019 operating budget and 4) signed certification form.

Final applications should be submitted by email to:

[DHSS\\_CaresAct@delaware.gov](mailto:DHSS_CaresAct@delaware.gov)

Send questions by email to:

[DHSS\\_CARESQuestions@delaware.gov](mailto:DHSS_CARESQuestions@delaware.gov)

## Eligible Applicants

Applicants must be a health care organization or provider serving clients or patients in Delaware and have been in operation as of February 1, 2020. Eligible applicants must have an active license from the Division of Health Care Quality (DHCQ) or the Division of Professional Regulation (DPR), or be an authorized provider of the Division of Developmental Disabilities Services (DDDS) or Division of Substance Abuse and Mental Health (DSAMH). A list of eligible DPR licenses and provider categories can be found on the [FAQ page](#).

## Reporting Requirements

Applicants will be required to attest that they reviewed the U.S. Treasury Department CARES Act [guidance and FAQ](#), will use received funds on acceptable expenses as defined in those documents, as well as to attest to legal terms and conditions. Applicants must also submit a line-item budget of proposed expenditures as well as a 12-month financial statement listing the applicant's Calendar Year (CY) 2019 operating budget.

## Funding

Funding is available through a one-time federal funding award. Goods and services purchased must be received by October 31, 2021.

## Timeline

The timeline will vary based on application submission date and when it receives budget approval. Applications will be reviewed on a rolling basis, with notification of awards beginning to be issued July 16, 2021.

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## Organizational Information

Organization Name: \_\_\_\_\_

Professional Licensing Organization (ex: DPR, DHCQ): \_\_\_\_\_

Type of Professional License (ex: LTC facility, Counselor of Mental Health): \_\_\_\_\_

Professional License ID #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Tax ID # (TIN): \_\_\_\_\_

Business License #: \_\_\_\_\_

Federal Employer ID # (9-digit): \_\_\_\_\_

[FSF Supplier ID](#): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

I certify that my organization serves clients or patients in Delaware. (Initial here): \_\_\_\_\_

I certify that all the information in this application is accurate and complete. (Initial here): \_\_\_\_\_

**Applications are due no later than July 16, 2021.**

**The next page and required documentation must be submitted in order for your application to be considered complete.**

**Applications will be evaluated and considered as they are received.**

**Applications should be submitted by e-mail to [DHSS\\_CaresAct@delaware.gov](mailto:DHSS_CaresAct@delaware.gov)**

## Project Description

Describe specifically how your organization will utilize funds from this program and review U.S. Treasury Department CARES Act [guidance and FAQ](#) for eligible expenses. Additionally, please attach a 12-month financial statement listing the applicant's Calendar Year (CY) 2019 operating budget and a line-item budget of relief fund requests.

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**Applications will be evaluated and considered as they are received.**

**Applications should be submitted by e-mail to [DHSS\\_CaresAct@delaware.gov](mailto:DHSS_CaresAct@delaware.gov)**

## Provider Application Checklist

To streamline the processing and review of your application, please review the following checklist to ensure application is complete. Missing or incomplete information will require DHSS to request additional information from you and that will slow down the processing of your application.

- Completed application that has all fields filled-out on organization information and includes a description/narrative on how you intend to use the funds
- Line-item budget that substantiates your description/narrative (this is the amount requested to be funded)
- Financial statement that includes your operating budget
- Completed provider certification (with notarized signature)