



New Castle County
CARES Act Reimbursement Request Process
July 9, 2020



CARES Act

New Castle County was allotted \$322 million dollars from the United States Federal Government as part of the CARES Act. The CARES Act provides fast and direct economic assistance for American workers and families, small businesses, and preserves jobs for American industries and will assist in covering the costs created by COVID-19 pandemic.

NCC Expenditures

A detailed list of expenditures is linked below.

[CARES Act Expenditures](#)

Municipality & Fire Company Reimbursement

Step 1 - Complete Certification Form

Below you will find the form for your municipality or fire company. Please download the form, fill it out completely, have it notarized by a Notary Public, and mail to the following address:

County Attorney
New Castle County Office of Law
87 Reads Way, New Castle, DE 19720

[Municipality Certification Form](#)

[Fire Company Certification Form](#)

Step 2 - Receive Credentials

Once the certification form is processed, New Castle County will email authorized users their credentials that can then be used to submit reimbursement requests.

Step 3 - Submit Reimbursement Requests

Authorized users can submit new requests and check the status of existing requests using the links below.

[Reimbursement Request Form](#)

[Check Reimbursement Status](#)



U.S. Treasury Department Resources

[CARES Act website](#)

[Coronavirus Relief Fund Guidance for State, Local & Tribal Governments Updated 6/30/2020](#)

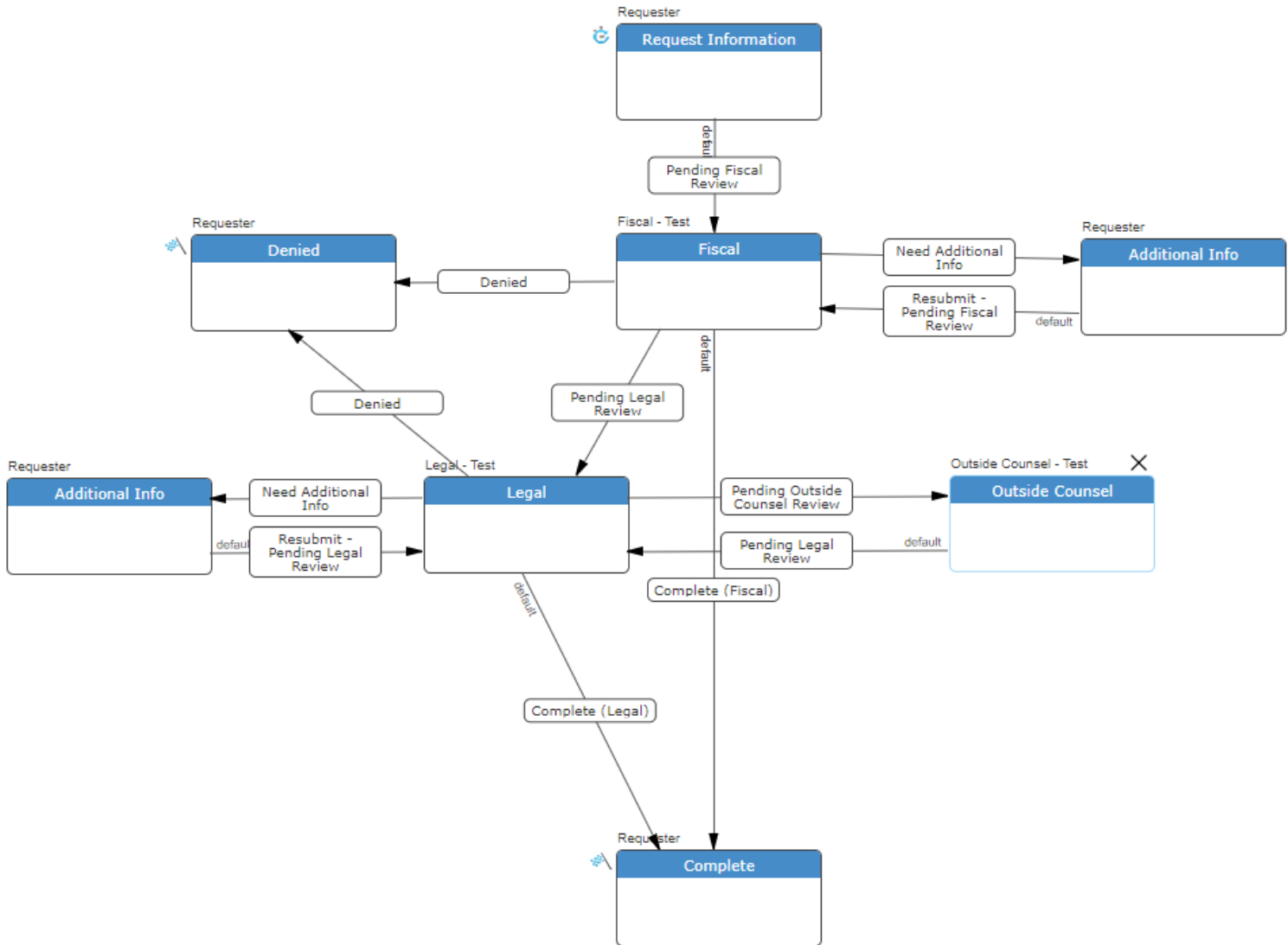
[Frequently Asked Questions 4/22/2020](#)

[Frequently Asked Questions 5/4/2020](#)

[Frequently Asked Questions 6/24/2020](#)



Workflow





Applicant/Requester View



Contact Info Request Info Compliance Risk Monitoring



**NEW CASTLE
COUNTY | DE**

Municipal Government and Fire Company Reimbursement Request Form CARES Act - COVID-19 Expenditures

Instructions

Section 5001 of the CARES Act provides funding for all states and any local government with a population that exceeds 500,000. New Castle County, as a recipient of funds under Section 5001 of the CARES Act, has dedicated a portion of such funds to reimburse municipal governments and fire companies in New Castle County that have qualified COVID-19 expenditures. This funding may only be used to cover costs that were incurred during the period March 1, 2020 to December 30, 2020. CARES Act funds **cannot be used for any expenses that were accounted for in the budget approved as of March 27, 2020 or to replace lost revenue.**

All sections must be completed to be considered for reimbursement. Incomplete/missing information may delay processing.

Contact Information

First Name *

Last Name *

Title/Position

Telephone Number *

Email Address *

Municipality or Fire Company Name *

Taxpayer Identification Number *
(Format: ##-#####)

DUNS Number
(Format: ##-###-####)



Applicant/Requester View



Address Line 1 *

Address Line 2

City *

State *

Zip Code *

Request Information

Type of Request *

- Reimbursement
- Pre-approval

Project/Initiative Title *

Intended Use of Funds Being Requested *

Upload Additional Documentation (if needed)



Applicant/Requester View



Contact Info Request Info Compliance Risk Monitoring



Request Information

COVID-19 Expenditure Information – List total amounts, by categories, of qualified COVID-19 expenditures for which you are requesting reimbursements. For each category of expenses that you are requesting you must attach a detailed spreadsheet and supporting documents to substantiate your claim.

Category *

Select all that apply

- Salaries and Wages
- Employee Benefits
- Materials/Supplies
- Contractual Services
- Equipment
- Other

Salaries and Wages *

Upload Supporting Collateral

Select files...

Employee Benefits *

Upload Supporting Collateral

Select files...

Material/Supplies *

Upload Supporting Collateral

Select files...

Total Amount Requested

Back

Next



Applicant/Requester View



Contact Info Request Info Compliance Risk Monitoring



Compliance Risk Monitoring

Compliance Risk Monitoring Information – Funds disbursed through this program are subject to the requirements at 2 C.F.R. Part 200.331(b). For each category, provide all requested information and supporting documentation where appropriate. If additional space is needed to fully respond, attach additional pages as necessary.

List any previous sub-awards you have received from any federal agency, including any sub-awards that are the same or similar in nature to the current requested sub-award, in the past five years. For each such award, please indicate whether you have ever been subject to monitoring by that federal agency and, if so, provide the monitoring results. Your response should include (1) whether you have ever been subject to additional conditions, such as those described in 2 C.F.R. Part 200.207, including withholding of authority to proceed with the award, requiring technical or management assistance, requiring additional monitoring, etc.; and (2) whether you have ever been subject to any of the remedies for non-compliance described at 2 C.F.R. Part 200.388, including withholding of payment, disallowance, or suspension and termination of award.

Select Option *

- Received Awards (list details below)
- No Previous Sub-awards Received

Previous Sub-awards *

Enter details here...

Upload Additional Information

Select files...

Provide the results of any previous audit you have undergone, to include whether you have received a Single Audit in accordance with Subpart F —Audit Requirements of 2 C.F.R. Part 200 and whether you have received a sub-award that is the same or similar in nature to the current requested sub-award that has been audited as a major program



Applicant/Requester View



Provide the results of any previous audit you have undergone, to include whether you have received a Single Audit in accordance with Subpart F —Audit Requirements of 2 C.F.R. Part 200 and whether you have received a sub-award that is the same or similar in nature to the current requested sub-award that has been audited as a major program

Select Option *

- Have Results from Previous Audit (list details below)
- Have Not Undergone Audit

Previous Audit Results *

Enter details here...

Upload Additional Information

Select files...

Indicate whether you have any new or substantially changed systems or personnel. If so, please describe.

Select Option *

- Have New or Substantially Changed Systems or Personnel (list details below)
- No New or Substantially Changed Systems or Personnel

Substantial Changes Explanation *

Enter details here...



Applicant/Requester View



Indicate the beginning and end date of the fiscal year for your organization.

Fiscal Year Begin

Fiscal Year End

Enter the total amount of federal award monies you anticipate expending in the current fiscal year. Do not include the funds currently requested in this reimbursement.

Amount

Explanation *

Enter details here...

Upload Additional Information

Select files...

Back

Submit



Applicant/Requester View



**NEW CASTLE
COUNTY | DE**

Request # NCCDE:CARES-000000005

Your request has been submitted and will be reviewed by the Fiscal Office. You will be notified of the outcome via email.

[Visit Dashboard](#)



Applicant/Requester View



Reimbursement Request Form

Dear Gilberto Pelayo,

Congratulations! Your request has been reviewed and approved. Outlined below is a summary of the information you provided.

Request #: NCCDE:CARES-000000017

Name: Gilberto Pelayo

Title/Position: Solutions Consultant

Phone Number: (111) 222-3333

Email Address: gpelayo@simpligov.com

Entity Name: Fire Company XYZ

Taxpayer Identification Number: 11-2223333

DUNS Number: 12-345-6789

Type of Request: Reimbursement

New Castle County, 87 Reads Way, New Castle, DE 19720 | caresact.newcastlede.gov



NEW CASTLE
COUNTY | DE

Reimbursement Request Form

Dear Fiscal Office,

Gilberto Pelayo has submitted a new request that requires your attention.

Outlined below is a summary of the information provided.

Request #: NCCDE:CARES-000000005

Name: Gilberto Pelayo

Title/Position: Solutions Consultant

Phone Number: (111) 222-3333

Email Address: gpelayo@simpligov.com

Entity Name: Fire Company XYZ

Taxpayer Identification Number: 11-2223333

DUNS Number: 12-345-6789

Type of Request: Reimbursement

Please use the *Review Online* button to initiate your review of the request.

Thank you!

[Review Online](#)

New Castle County, 87 Reads Way, New Castle, DE 19720 | caresact.newcastledel.gov



Reviewer View



New Castle County - CARES Act

Exit workflow

Contact Info Request Info Compliance Risk Monitoring Reviewer

Summary 1 Attachments 0 Communications



Municipal Government and Fire Company Reimbursement Request Form CARES Act - COVID-19 Expenditures

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All sections must be completed to be considered for reimbursement. Incomplete/missing information may delay processing.

Contact Information

First Name Gilberto	Last Name Pelayo	
Title/Position Solutions Consultant	Telephone Number (111) 222-3333	Email Address gpelayo@simpligov.com
Municipality or Fire Company Name Fire Company XYZ	Taxpayer Identification Number (Format: #-#####) 11-2223333	DUNS Number (Format: #-###-####) 12-345-6789

Summary

Show detailed result
 Request Information Pending Fiscal Review by Gil Pelayo (View Details)

Completed Stages:

Request Information: 06/29/2020 07:43:16 AM - Gil Pelayo

New Castle County - CARES Act

Exit workflow

Contact Info Request Info Compliance Risk Monitoring Reviewer

Summary 1 Attachments 0 Communications

Fiscal Review

Status
-- Select one --

Comments

[Back](#) [Submit](#)

Summary

Show detailed result
 Request Information Pending Fiscal Review by Gil Pelayo (View Details)

Completed Stages:

Request Information: 06/29/2020 07:43:16 AM - Gil Pelayo



Applicant/Requester View



Dashboard Administration Business Automation Document Library Reports



Gil Pelayo



New Workflow

Drag a column header here to group by that column



Dashboard

SimpleSign

My Tasks

Accessibility View

FILTERS

All Records

My Records

My Action Required

VIEWS

User default

Actions	Workflow Name	Workflow Description	Assignee	Status	Last Updated	Requester	Created
	Q	Q	Q	Q	Q	Q	Q
...	NCCDE:CARES-000000005	New Castle County - CARES Act	Gil Pelayo	Pending Legal Review	6/29/2020, 7:49 AM	Gil Pelayo	6/29/2020, 7:43 AM
...	NCCDE:CARES-000000004	New Castle County - CARES Act		Complete (Legal)	6/26/2020, 11:00 PM	Gil Pelayo	6/26/2020, 10:55 PM
...	NCCDE:CARES-000000003	New Castle County - CARES Act		Complete (Legal)	6/26/2020, 5:32 PM	Gil Pelayo	6/26/2020, 5:18 PM
...	NCCDE:CARES-000000002	New Castle County - CARES Act		Complete (Legal)	6/26/2020, 4:26 PM	Gil Pelayo	6/26/2020, 4:22 PM
...	NCCDE:CARES-000000001	New Castle County - CARES Act		Complete (Legal)	6/26/2020, 3:59 PM	Gil Pelayo	6/26/2020, 3:52 PM

Create Filter

10 20 40 100

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Questions?

