



OFFICE OF PLANNING AND BUDGET

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ARPA State Fiscal Recovery Fund Nursing Home COVID-19 Mitigation Grant Payment Template

SAMS Requirement

All eligible payees are required to have a Unique Entity ID (UEI) as part of registration in addition to maintaining an active registration in the System for Award Management (SAM) (<https://www.sam.gov>). The Federal Government has transitioned from the use of the DUNS Number to the Unique Entity Identifier (UEI) as the primary means of entity identification for Federal awards government-wide. UEIs are required in accordance with 2 CFR Part 25, and the transition from DUNS to UEI has resulted in the UEI being issued by the Federal Government in [SAM.gov](https://www.sam.gov).

Registered Organizations

If your organization is currently registered in SAM.gov with either an active or inactive registration, you have already been assigned a UEI. Your UEI is viewable on your entity's registration record in [SAM.gov](https://www.sam.gov). To learn how to view your UEI, see this guide: [How can I view my Unique Entity ID?](#)

Inactive Registration or Updates

If you have an inactive registration or need to update your registration, you must ensure that your renewal or updates occur on time and as required, but this does not affect whether you have been assigned a UEI. If you have a registration, you already have a UEI. If your registration has expired, you can access instructions addressing how to renew your entity registration at: [How to Renew or Update an Entity](#).

Creating a New Registration

If you are not registered in [SAM.gov](https://www.sam.gov), create a new registration by clicking on the "Get Started" link under the "Register Your Entity..." heading in SAM.gov. Grantees, and other entities wanting to do business with the Office of Planning and Budget (e.g., entities applying for a grant), that are not already registered in SAM.gov must complete the "Register Entity" registration option and NOT the "Get a Unique Entity ID" option. The "Get a Unique Entity ID" option, which is not a full registration, is only available to entities for reporting purposes. Failing to complete the "Register Entity" option may result in loss of funding, loss of applicant eligibility, and/or delays in receiving a grant award. Once assigned, the UEI number will never expire; however, entity registrations do expire annually and require annual renewal. Please ensure that your organization renews its registration prior to the expiration date. The expiration date is listed in your entity record in [SAM.gov](https://www.sam.gov).

[Type here]

Submission

- ✓ Payment requests will be submitted through the [Georgia Grants Portal](#).
- ✓ The payment Template must be completed and submitted along with the required supporting documentation for each budget category for each payment request.
- ✓ Please ensure you submit each request under the appropriate file type to ensure it is not returned for revision

Tracking Your Request

To check the status of your payment request in the portal, go to “My Grants” and select the “Payment Requests” tab.

Grantee Assistance

We have several resources on the OBP webpage to support you and the success of your project.

<https://opb.georgia.gov/covid-response/grantees>

Please e-mail the Grant Specialist assigned to your program if you have any other questions.

Nicole.jones@opb.georgia.gov

To request your grant funds from the ARPA State Fiscal Recovery Fund you must complete a Reimbursement (Payment Request) form. Follow the instructions below carefully.

Template Instructions

Tab: Coversheet

- a. Enter Facility Name, CLIA Number, License Number, and Contact Information on Coversheet.
- b. All other fields will populate based on information entered on tabs 2-7
- c. Select the Tab for the Type of Payment Requested:
 1. Personnel DPH Order
 2. COVID Mitigation
 3. Facility Improvements
 4. HVAC
 5. PPE-Related Supplies
 6. Testing
 7. Other Under 2.0 or 3.0

Tab: 1. Personnel

- a. **Expense Type:** Indicate the Allowed Expense Type

[Type here]

- b. **Expense Date:** Indicate the Expenditure period covered by the payment request. **This is not the same as the overall period of performance stated in your award letter. This expenditure period must fall within the stated period of performance since Endowment funds cannot be used for costs incurred outside of your grant period without an approved time amendment. Funds incurred before the start date of your grant cannot be reimbursed.*
- c. **First and Last Name:** Enter name as it appears on invoices or payroll
- d. **Position Title:** Enter title as it appears on payroll
- e. **Expense Dates:** Enter the dates the expense was incurred
- f. **Quantity**
- g. **Cost**
- h. **Calculated Total Amount:** The Sum of (d) plus (e) will calculate automatically.
- i. **Grant Amount Requested:** If your calculated total matches the request amount for reimbursement, input the same total you are requesting. If there is a difference between the calculated amount and what you are requesting, input the amount you are requesting to be reimbursed for on this line.

Example #1

Invoice contains an employee payroll record for 2.33 hours at \$25.12. This is equal to \$58.5296 which rounds mathematically to \$58.53. Some invoices received by OPB have been rounded down by the vendor as opposed to round up. Since the total in (f) in this case will be \$58.53 and the invoice provided says \$58.52, we have added the grant amount requested column at the request of the grantees for you to input the total on your invoice, where there may be a difference. Submissions that do not use this column will be reimbursed based on the invoice paid.

Example # 2

Invoice contains an employee payroll record that includes bonus pay. On column (d), you would put the quantity of workers and in column (e) you would place the salary amount. Since this may or may not include unallowable personnel costs, you may use column (f) to request the allowable personnel amount out of the total invoice.

[Type here]

Provide Justification: Justification should align to the implementation of DPH orders outlined on the website <https://opb.georgia.gov/nursing-home-covid-19-mitigation-grant>

Tabs 2-5, and 7

- a. **Expense Type**
- b. **Allowable Activity**
- c. **Expense Dates:** Indicate the Expenditure period covered by the payment request. **This is not the same as the overall period of performance stated in your award letter. This expenditure period must fall within the stated period of performance since Endowment funds cannot be used for costs incurred outside of your grant period without an approved time amendment. Funds incurred before the start date of your grant cannot be reimbursed.*
- d. **Quantity**
- e. **Cost**
- f. **Total Amount:** The Sum of (b) plus (c) will calculate automatically. 
- g. **Invoice Number**
- h. **Justification**

Tab: 6. Testing

A. Summary of the Number of Antigen Tests Reported on the DPH Spreadsheets for the Days in the Billing Period

- i. **Date of the DPH Report-Day of the Month**
- ii. **Total Employee Test :** This entry should reflect the number of “Y” responses in column “M” of the DPH Spreadsheet (Healthcare workers, including volunteers, contractors, etc. per the QSO-20-38-NH definition of staff)
- iii. **Cost Per Test (Default fee \$51.31):** This entry should reflect the number of “Y” responses in column “N” of the DPH Spreadsheet
- iv. **Total Reimbursement Amount:** This sum should equal the total of

Antigen Test reported and reflected on invoice.

B. Invoice Summary of PCR Test Processed by Commercial Labs for the Billing Period

- i. **Invoice Date**

[Type here]

- ii. **Invoice Number**
- iii. **Total Employee Test:** This entry should reflect the number of employee tests on the invoice (Healthcare workers, including volunteers, contractors, etc. per the QSO-20-38-NH definition of staff)
- iv. **Total Employee Test Invoice Cost:** The entry should reflect the total cost per the invoice for the employee test
- v. **Total Reimbursement Amount:** Total reimbursement amount (Number of Tests X Invoice Cost)