Submission Required for Receipt of Coronavirus Relief Fund Payments

April 13, 2020

Eligible governments should provide payment information and required supporting documentation not later than 11:59 p.m. EDT on April 17, 2020.

Eligible local governments and Tribal governments should click on the applicable link below to download text necessary to complete this submission. The text should be copied and pasted onto official government letterhead and signed. You will be prompted to attach a copy of the scanned document on the submission page.

Download certification for units of local government

OR

Download certification for Tribal governments

To continue an in progress submission, click:

Resume In-Progress

Next
1 GENERAL INFORMATION

2 RECIPIENT INFORMATION

Recipient Name

3 RECIPIENT TYPE

Recipient’s Taxpayer ID Number

FINANCIAL

4 INSTITUTION INFORMATION

Recipient’s DUNS Number

5 CERTIFICATION

Recipient’s Address

Street

City

State

Postal Code

Name of Authorized Representative for the Government Entity

Title of Authorized Representative for the Government Entity
1  GENERAL INFORMATION

2  RECIPIENT INFORMATION

3  RECIPIENT TYPE

4  INSTITUTION INFORMATION

5  CERTIFICATION

**RECIPIENT TYPE**

Type of recipient (choose one):

- State/Territory/DC
- Local Government
- Tribal Government

**REQUESTED TRIBAL DATA**

Population

Land Base

Employees

Expenditures
Entries on this form MUST be the same as entered on the certification for requested tribal data.
1 GENERAL INFORMATION

FINANCIAL INSTITUTION INFORMATION

2 RECIPIENT INFORMATION
Routing Transit Number (Wire)

3 RECIPIENT TYPE
Routing Transit Number (ACH)

4 INSTITUTION INFORMATION
Recipient’s Account Number

5 CERTIFICATION
Financial Institution Name

Financial Institution Address

Financial Institution Telephone Number

Previous

Next
1 GENERAL INFORMATION

Eligible local governments and Tribal governments MUST also complete and submit the applicable certification form to receive payment from Treasury.

2 RECIPIENT INFORMATION

If you have not already done so, click on the link below to download the appropriate text. The text should be copied and pasted into official government letterhead and signed. Attach a copy of the scanned document below.

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Files Provided

Click or Drag and Drop to Upload Document Here

By checking this box, I affirm that all information provided is complete and accurate, and understand that this request will be submitted for processing pursuant to section 5001 of the CARES Act.
PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is four hours per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.
Thank you. Your application has been submitted and is being processed.