

Premium Pay for Workforce Recruitment and Retention Grant Program

Online Portal Instructions

Webinar for Potential Applicants

February 9, 2023

Agenda

- Online Application Now Live (2/8-2/27)
- Your Questions

Note: At future town hall webinars, we will cover information about:

- Your Application Questions (February 16th and 23rd at 12 noon),
- Eligible Employees,
- Distributing Premium Pay,
- Financial and Program Reporting, and
- Other topics based on frequently asked questions.

Premium Pay for Workforce Recruitment and Retention Grant Program

Screenshots and Information about Submitting an Online Application for Applicants

Register to Apply

Premium Pay for Workforce Recruitment and Retention Grant Program



For best performance of this application, please use the latest version of Chrome or Safari (on Mac OS).

Log-In Information

* indicates required field

* User Name ⓘ

* Password ⓘ

Register for: Premium Pay for Workforce Recruitment and Retention Grant Program

[Forgot Password](#)

[Log In](#)

After registering, you can log in here.

Click here if you need to register before applying.

Review Minimum Eligibility

Premium Pay for Workforce Recruitment and Retention Grant Program



For best performance of this application, please use the latest version of Chrome or Safari (on Mac OS).

On March 16, 2022, Governor Scott authorized \$60 million for a Premium Pay for Workforce Recruitment and Retention Grant Program for certain health care and social service employers. These funds have been made available to the State of Vermont through the Federal Coronavirus State Fiscal Recovery Fund and Section 9817 of the American Rescue Plan Act. The Agency of Human Services (AHS) is administering this program.

Visit the Premium Pay website for information about when the application period will be open to eligible applicants: [Premium Pay for Workforce Recruitment and Retention | Agency of Human Services \(vermont.gov\)](https://humanservices.vermont.gov/premium-pay).

Before beginning the application process, please review the minimum qualifications and other instructions within the guidance documents located [here](#).

You may submit additional questions to our [online question submission form](#).

Minimum Eligibility Requirements

* Do you meet the minimum qualifications of the Premium Pay for Workforce Recruitment and Retention Grant Program?

- Your organization is an Eligible Employer
- Your organization employs one or more individuals in Vermont in relation to your operations as an Eligible Employer

☐ Yes ☐ No

Confirm you meet the minimum qualifications before registering. You can find out more about program qualifications here: <https://humanservices.vermont.gov/recruitment-and-retention>

If you meet the eligibility requirements, then select yes.

Complete Registration Information

Minimum Eligibility Requirements

* Do you meet the minimum qualifications of the Premium Pay for Workforce Recruitment and Retention Grant Program?

- Your organization is an Eligible Employer
- Your organization employs one or more individuals in Vermont in relation to your operations as an Eligible Employer

☒ Yes ☐ No

* I am filing on behalf of...


☐ Another Company as a 3rd Party (e.g. Accountant filing on behalf of a Client) ☒ My Company/Employer

Before you apply, you need to register here: If you have already registered please [Login](#)

Applicant User Registration

* First Name	* Last Name
<input type="text" value="Lee"/>	<input type="text" value="Chen"/>
* Title	* Role
<input type="text" value="COO"/>	<input type="text" value="Management"/>
* Email	* User Name ⓘ
<input type="text" value="LCHEN@organization.org"/>	<input type="text" value="LCHEN@organization.org.vtgrants"/>
* Password ⓘ	* Confirm Password
<input type="password" value="....."/>	<input type="password" value="....."/>


☒ I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

Register

Reminder: Keep your username and password so you can log in to the application dashboard later to see your application status.

Start a New Application for Grants Dashboard

 VERMONT

Welcome, Lee Chen Logout

Grants Dashboard

Application

+ New Application

Welcome

APPLICATION NUMBER	BUSINESS NAME	TYPE	STATUS	SUBMITTED DATE	ACTION
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Click on “+ New Application” to begin your application.

Example - Dashboard Information

 VERMONT

Welcome, Lee ChenLogout

Grants Dashboard

Application

+ New Application

Welcome

APPLICATION NUMBER	BUSINESS NAME	TYPE	STATUS	SUBMITTED DATE	ACTION
0000041927	Premium Pay for Workforce Recruitment and Retention Grant Program		Unsubmitted		 Edit

Here is an example of a Grants Dashboard with a draft application in process. The status is “unsubmitted.” You can edit this by clicking on the edit button.

Select the Application Type

The screenshot shows a web application interface. At the top, there's a header bar with the title 'Application' and a '+ New Application' button. Below the header, a 'Welcome' message is displayed. A modal dialog titled 'Create New Application' is open, showing a list of application types. The first item is 'Premium Pay for Workforce Recruitment and Retention Grant Program', which is highlighted. Below the list is a 'Select' button. A blue arrow points from the explanatory text on the right to the 'Select' button.

You can select the new application type here.

Select
“Premium Pay
for Workforce
Recruitment
and Retention
Grant Program”

Complete Applicant Information



Welcome, Lee Chen Logout

Premium Pay for Workforce Recruitment and Retention Grant Program

- 1 Applicant Information
- 2 Contact Information
- 3 Eligibility Information
- 4 Review
- 5 Certification
- 6 Thank You

Applicant Information

* means required fields

* Business Legal Name ⓘ

Social Services Org of VT

DBA (Doing Business As)

SSOVT

Unique Entity Identifier ⓘ

000000000000

Form W9 Tax Information

Please complete the below Form W9 information. A sample Form W9 and instructions can be found here <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

* Name (as shown on income tax return) - Box 1 from W9 ⓘ

Social Services Org of VT

Business Name \ Disregarded Entity Name \ DBA (Doing Business As) - Box 2 from W9

* Address (number, street, and apt. or suite no.) - Box 5 from W9 ⓘ

12345 Main Street

* City - Box 6 from W9 ⓘ

St Albans

* State - Box 6 from W9 ⓘ

Vermont

* ZIP code - Box 6 from W9 ⓘ

05478

* Taxpayer Identification Number (TIN) - Part 1 from W9 ⓘ

000000000

* County

Franklin

[Back to Dashboard](#)

[Next](#)

You must obtain a Unique Entity Identifier at SAM.gov and enter it here.

Fill out your applicant info and Form W9 Tax Information. Form W9 data must match the data on the form that you upload to your application.

If your organization has an address that is not in Vermont, then select "Other" for County

Add optional additional contact

You may add an additional contact by selecting "Add Contact"

Premium Pay for Workforce Recruitment and Retention Grant Program

- ✓ Applicant Information
- 2 Contact Information
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- 5 Certification
- 6 Thank You

Contact Information

Contact Information

* means required fields

* Application Contact First Name

* Application Contact Last Name

* Title

* Role at Applying Company/Organization (Applicant)

Select Role

▼

* Company/Organization

* Business Email Address

* Business Phone Number

Close

Save Contact

	Primary	Action
<input checked="" type="checkbox"/>		

Back to Dashboard

Back

Next

Complete Eligibility Information

Select your Eligible Employer type. If your organization has more than one type, then select all that apply.

Helpful Hint:
Your Form W-9 must be signed in pen and cannot be more than 6 months old

Eligibility Information

* means required fields

* Please identify your Eligible Employer type:

- ☐ A primary care practice
- ☐ A therapeutic community residence as defined in 33 V.S.A. § 7102
- ☐ A dentist's office or a dental facility
- ☐ An assisted living residence as defined in 33 V.S.A. § 7102
- ☐ A nursing home as defined in 33 V.S.A. § 7102
- ☐ A residential care home as defined in 33 V.S.A. § 7102
- ☐ A home health agency as defined in 33 V.S.A. § 6302
- ☐ An agency designated to provide mental health or developmental services, or both, pursuant to 18 V.S.A. chapter 207 or an agency with which the Commissioner of Mental Health or of Disabilities, Aging, and Independent Living, or both, has contracted to provide specialized services pursuant to 18 V.S.A. § 8912
- ☐ A substance use treatment provider in the Department of Health's preferred provider network
- ☐ A recovery center
- ☐ An adult day service provider
- ☐ An area agency on aging
- ☐ A program licensed by the Department for Children and Families as a residential treatment program
- ☐ ARIS Solutions, the fiscal agent for eligible Independent Direct Support Providers

* Number of Full-Time Equivalent Employees (FTE)

* Form W-9

[Upload Files](#) Or drop files

* Summary Report of Full-Time Equivalent Employees (FTE)

[Upload Files](#) Or drop files

Supporting documentation

[Upload Files](#) Or drop files

* Please acknowledge by clicking below that you will receive the total award amount as a single lump sum payment that must be disbursed to eligible employees within 90 days of receipt of the funding.

☐ Single lump sum payment that will be disbursed within 90 days

[Back to Dashboard](#) [Back](#) [Next](#)

Number of FTEs entered must match the data in your uploaded Summary Report of FTEs

Review Application for Accuracy (1 of 2)

Premium Pay for Workforce Recruitment and Retention Grant Program

- ✓ Applicant Information
- ✓ Contact Information
- ✓ Eligibility Information
- 4 Review
- 5 Certification
- 6 Thank You

You will have an opportunity to review your application for accuracy before submitting it.

Review

Applicant Information

Business Legal Name
Social Services Org of VT

DBA (Doing Business As)
SSOVT

Unique Entity Identifier
000000000000

Form W9 Tax Information

Please complete the below Form W9 information. A sample Form W9 and instructions can be found here <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Name (as shown on income tax return) - Box 1 from W9
Social Services Org of VT

Business Name \ Disregarded Entity Name \ DBA (Doing Business As) - Box 2 from W9

Address (number, street, and apt. or suite no.) - Box 5 from W9
12345 Main Street

City - Box 6 from W9
St Albans

State - Box 6 from W9
Vermont

ZIP code - Box 6 from W9
05478

Taxpayer Identification Number (TIN) - Part 1 from W9
0

County
Franklin

Contact Information

Name	Role	Email	Primary
Lee Chen	Management	[REDACTED]@gmail.com	<input checked="" type="checkbox"/>

Review Application for Accuracy (2 of 2)

You will have an opportunity to review your application for accuracy before submitting it.

Eligibility Information


* Please identify your Eligible Employer type:

- ☒ A primary care practice
- ☐ A therapeutic community residence as defined in 33 V.S.A. §7102
- ☐ A dentist's office or a dental facility
- ☐ An assisted living residence as defined in 33 V.S.A. § 7102
- ☐ A nursing home as defined in 33 V.S.A. § 7102
- ☐ A residential care home as defined in 33 V.S.A. §7102
- ☐ A home health agency as defined in 33 V.S.A. § 6302
- ☐ An agency designated to provide mental health or developmental services, or both, pursuant to 18 V.S.A. chapter 207 or an agency with which the Commissioner of Mental Health or of Disabilities, Aging, and Independent Living, or both, has contracted to provide specialized services pursuant to 18 V.S.A. §8912
- ☐ A substance use treatment provider in the Department of Health's preferred provider network
- ☐ A recovery center
- ☐ An adult day service provider
- ☐ An area agency on aging
- ☐ A program licensed by the Department for Children and Families as a residential treatment program
- ☐ ARIS Solutions, the fiscal agent for eligible Independent Direct Support Providers


Number of Full-Time Equivalent Employees (FTE)

25

Form W-9

 [test1.docx](#)

Summary Report of Full-Time Equivalent Employees (FTE)

 [test.xlsx](#)

Supporting documentation

N/A

Please acknowledge by clicking below that you will receive the total award amount as a single lump sum payment that must be disbursed to eligible employees within 90 days of receipt of the funding.

☒ Single lump sum payment that will be disbursed within 90 days

Complete Certifications (1 of 2)

All certifications must be checked before submitting your application.

Certification

* means required fields

By signing below, I certify individually and on behalf of the Applicant that:

- ☒ I have the authority to bind the Applicant to all terms and conditions of the Premium Pay for Workforce Recruitment and Retention Grant Program, to make on behalf of Applicant all certifications included herein, and to request payment from the State of Vermont on behalf of the Applicant.
- ☒ I have read and understand: (1) the statements included in this application, and (2) the Premium Pay for Workforce Recruitment and Retention Grant Program Guidance and the Premium Pay for Workforce Recruitment and Retention Grant Program Application Instructions.
- ☒ I have the authority to request payment from the State of Vermont. I am requesting payment for costs incurred in connection with section 602 of the Social Security Act, as amended by section 9901 of the American Rescue Plan Act, Public Law No. 117-2 (March 11, 2021) ("section 602").
- ☒ As required by federal law, the State Fiscal Recovery Fund (SFR) will only be used for approved economic support or costs incurred during the period that begins on March 3, 2021 and ends on December 31, 2024, in response to the COVID-19 public health emergency and its negative economic impacts.
- ☒ The Applicant will report on incurred expenses and/or losses, in a form and at a frequency prescribed by the State of Vermont and will cooperate with the State of Vermont in creating and retaining appropriate documentation to demonstrate that the proposed uses meet the requirements of section 602.
- ☒ To the extent that actual expenditures or demonstrated need is less than the total award amount, the Applicant agrees to return the balance of unspent funds to the State of Vermont. If the United States Department of the Treasury recoups funds from the State of Vermont based on a determination that these award funds were used in a manner not in compliance with section 602, the Applicant agrees that the State of Vermont may recover funds from the Applicant by reducing future funding in State budgets.
- ☒ The Applicant must repay the award or portion of the award to the Agency of Human Services if: any funds received were issued in error; are based on incorrect representations made to the Agency of Human Services; or any costs forming the basis of an award under this program are covered by other federal funds or federally forgiven loans received by the Applicant. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the Agency of Human Services.
- ☒ The Applicant shall distribute funds as premium pay to eligible employees in compliance with the U.S. Department of the Treasury, Coronavirus State and Local Fiscal Recovery Funds Final Rule, as well as state and federal guidance. The U.S. Department of the Treasury, Coronavirus State and Local Fiscal Recovery Funds Final Rule, Section B, Premium Pay (p. 4396 - 4400) provides specific requirements related to eligibility of employees to receive premium pay.
- ☒ The Applicant shall maintain and make available to the State of Vermont and/or United States Department of the Treasury, upon request, all documents and financial records sufficient to establish compliance with section 602. Records and supporting documentation must be maintained for a period of five years after all funds have been expended or returned to Treasury, whichever is later. Records to support compliance with subsection 602 may include, but are not limited to, copies of the following:

General ledger and subsidiary ledgers used to account for (a) the receipt of State Fiscal Recovery Fund (SFR) payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;

Budget records;

Payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;

Receipts of purchases made related to addressing the public health emergency due to COVID-19;

Contracts and subcontracts entered into using State Fiscal Recovery Fund (SFR) payments and all documents related to such contracts;

Grant agreements and grant subaward agreements entered into using State Fiscal Recovery Fund (SFR) payments and all documents related to such awards;

All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;

All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;

All internal and external email/electronic communications related to use of State Fiscal Recovery Fund (SFR) payments; and

All investigative files and inquiry reports involving State Fiscal Recovery Fund (SFR) payments.

Complete Certifications (2 of 2)

All certifications must be checked before submitting your application.

- ☐ To the best of my knowledge, neither the Applicant nor the Applicant's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds.
- ☐ The Applicant will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Applicant will submit a copy of the audit report to the State of Vermont within 9 months. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F.
- ☐ The Applicant will submit reports as required by the State of Vermont, Agency of Administration, and/or Agency of Human Services.
- ☐ The Agency of Human Services may share the information on this federal award with other Vermont state agencies, and other Vermont agencies can share information with the Agency of Human Services for the purpose of verifying the Agency of Human Service's eligibility for this or another award or stimulus payment related to the COVID-19 pandemic.
- ☐ The Applicant authorizes the State of Vermont to share data relevant to this award with the U.S. Department of Treasury, including but not limited to previously submitted W-9 data that is related to this award.
- ☐ All of the Applicant's tax returns are completed and filed through the date of application filing.
- ☐ The Applicant complies with local, state and federal labor laws.
- ☐ The Applicant is in good standing with the Vermont Secretary of State.
- ☐ The Applicant has faced economic harm resulting from or exacerbated by the COVID-19 public health emergency. This award will support the Applicant in addressing the economic harm brought on by the COVID-19 public health emergency.
- ☐ I acknowledge and agree that if the Applicant receives a Premium Pay for Workforce Recruitment and Retention Grant Program award, the Applicant shall maintain all records pertaining to performance of its agreements and obligations under this application and the requirements of the Premium Pay for Workforce Recruitment and Retention Grant Program. "Records" means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of its agreements and obligations under this application and the requirements of the Premium Pay for Workforce Recruitment and Retention Grant Program. Records produced or acquired in a machine readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of this application and the Premium Pay for Workforce Recruitment and Retention Grant Program and for three years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.
- ☐ I attest, under penalty of perjury, that all information provided on this form is true and accurate. I understand that the State of Vermont will rely on this certification as a material representation in making this federal award. Further, I understand that intentional misrepresentation of information is fraud and may subject me or my organization to disqualification from receiving further benefits, administrative penalties, and criminal prosecution.
- ☐ I acknowledge and agree that the Applicant will distribute the full amount of the grant award within ninety (90) days following receipt of the payment.
- ☐ The Applicant understands that, if Federal guidance on the regulations of the State Fiscal Recovery Fund change, it may change the terms of this award.

By typing my name into this box, I hereby agree that this action constitutes my electronic signature to this Application.

* Signature

* Signature Date

01-31-2023


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[Back](#)

[Submit](#)

An individual with the authority to make these assurances must type their full name into the signature box.

Submit and Finish Application

 VERMONT

Welcome, Lee Chen Logout

Premium Pay for Workforce Recruitment and Retention Grant Program

✓ Applicant Information

✓ Contact Information

✓ Eligibility Information

✓ Review

✓ Certification

✓ Thank You

✓

The Agency of Human Services will process all applications after the application period is closed. You will be notified by email upon review of your application with next steps. You may be notified prior to the close of the application period if issues are identified within your application.

You may submit additional questions to our [online question submission form](#).

Finish

You will see this confirmation screen after you submit your application.

Review Dashboard

Welcome, Lee Chen Logout

Application

+ New Application

Welcome

APPLICATION NUMBER	BUSINESS NAME	TYPE	STATUS	SUBMITTED DATE	ACTION
0000041927	Social Services Org of VT	Premium Pay for Workforce Recruitment and Retention Grant Program	Submitted	5/9/2022	View

You can view your submitted application here.

This shows your application is now in submitted status.

Your Questions?

Additional information available at:

<https://humanservices.vermont.gov/recruitment-and-retention>