# Premium Pay for Workforce Recruitment and Retention Grant Program

Screenshots and Information about Submitting an Online Application for Applicants



#### Register to Apply

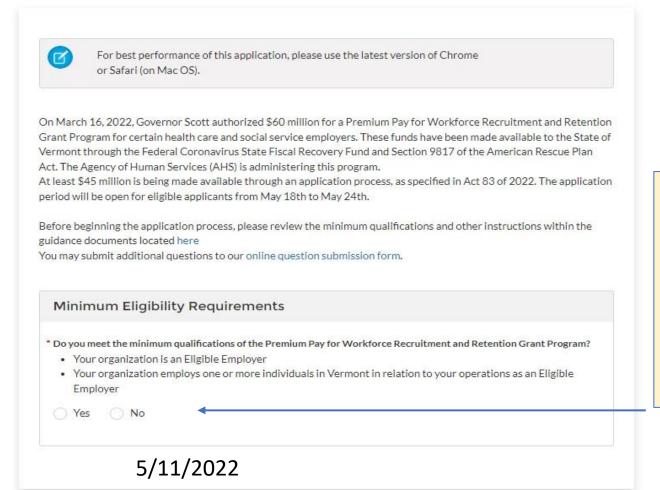
Premium Pay for Workforce Recruitment and Retention **Grant Program** For best performance of this application, please use the latest version of Chrome or Safari (on Mac OS). After Log-In Information registering, you \* indicates required field can log in here. \* User Name 🕕 \* Password ① Register for: Premium Pay for Workforce Recruitment and Retention Grant Program Forgot Password

Click here if you need to register before applying.



#### Review Minimum Eligibility

#### Premium Pay for Workforce Recruitment and Retention Grant Program

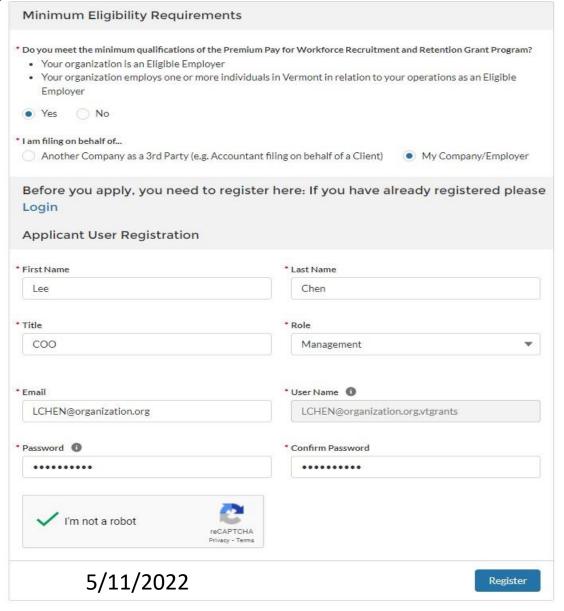


Confirm you meet the minimum qualifications before registering. You can find out more about program qualifications here:
<a href="https://humanservices.vermont.go">https://humanservices.vermont.go</a>
v/recruitment-and-retention

If you meet the eligibility requirements, then select yes.



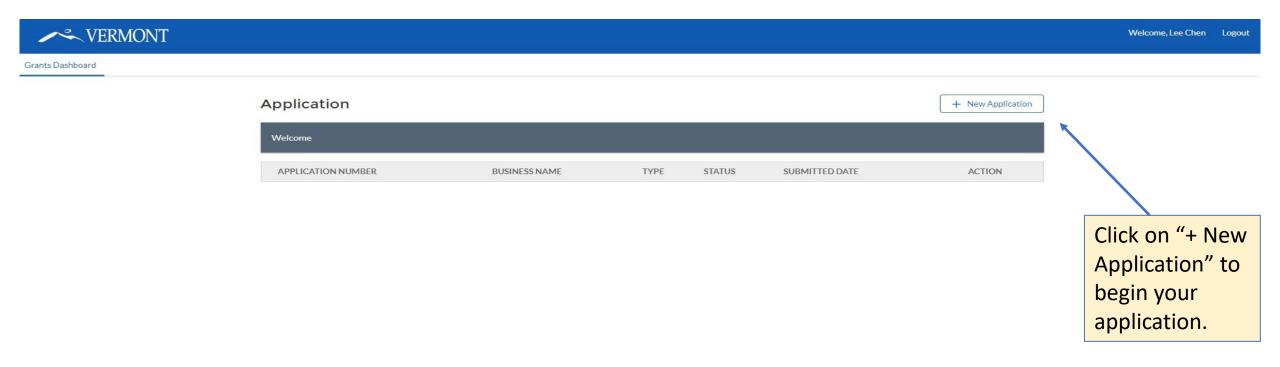
#### Complete Registration Information



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

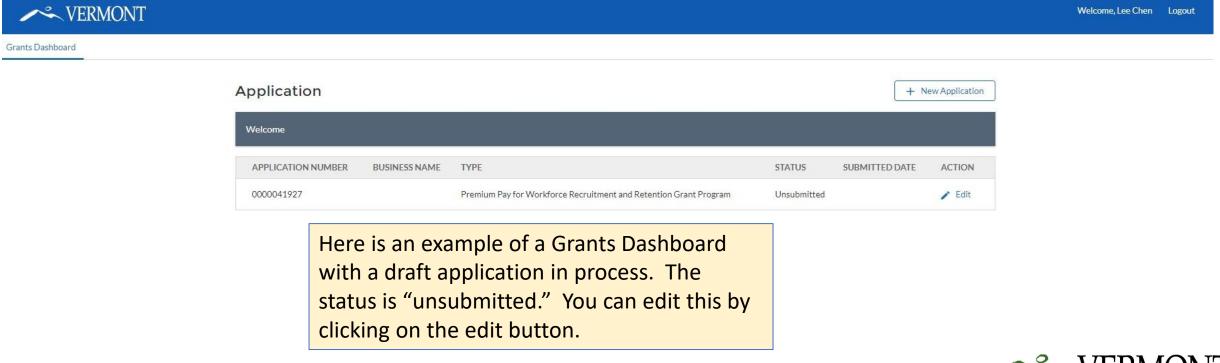


# Start a New Application for Grants Dashboard

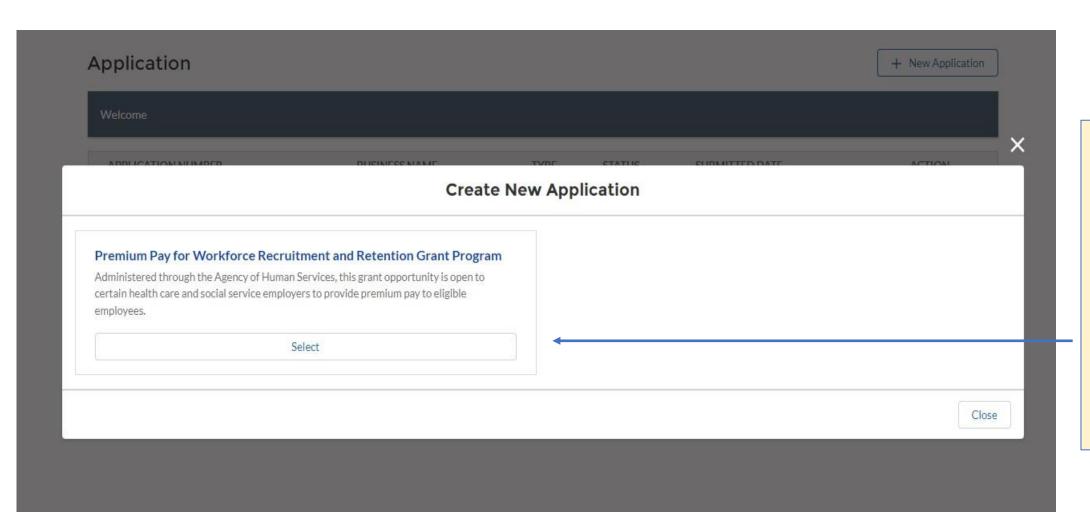




### Example - Dashboard Information



#### Select the Application Type

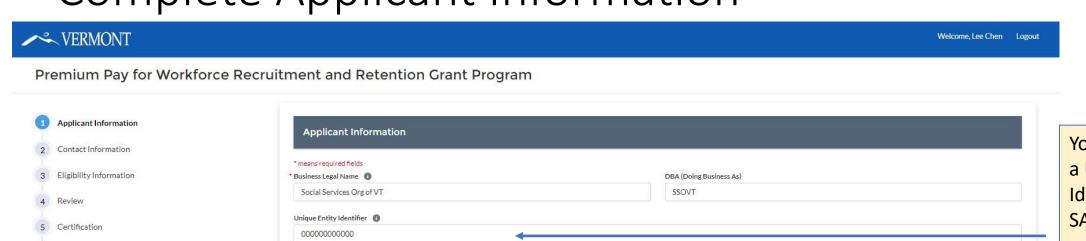


You can select the new application type here.

Select
"Premium Pay
for Workforce
Recruitment
and Retention
Grant Program"



#### Complete Applicant Information



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.

Thank You

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 Business Name \ Disregarded Entity Name \ DBA (Doing Business As) - Box 2 form W9 Social Services Org of VT \* Address (number, street, and apt. or suite no.) - Box 5 from W9 \* City - Box 6 from W9 12345 Main Street St Albans \* State - Box 6 from W9 \* ZIP code - Box 6 from W9 05478 \* Taxpayer Identification Number (TIN) - Part 1 from W9 \* County 000000000 Franklin Back to Dashboard

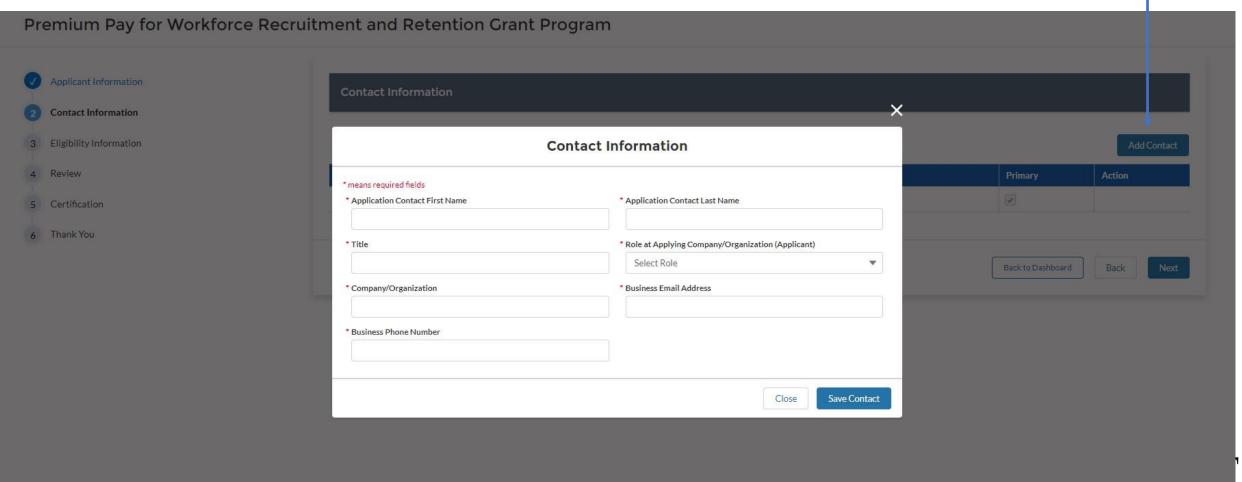
You must obtain a Unique Entity Identifier at SAM.gov and enter it here.

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"



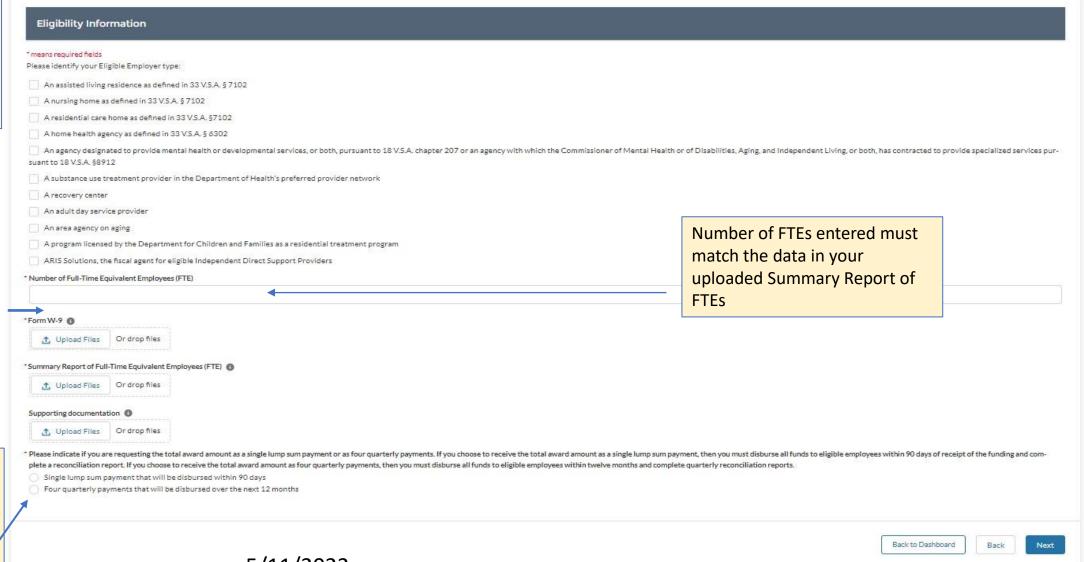
9

#### 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

This response will determine how you receive payment and how long you have to disburse premium pay.



# Review Application for Accuracy (1 of 2)

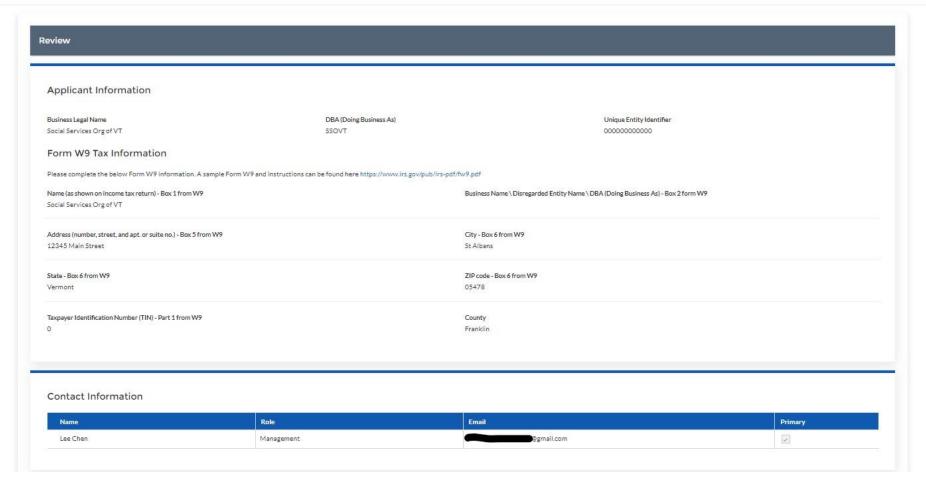
**✓** VERMONT

Welcome, Lee Chen Logout

Premium Pay for Workforce Recruitment and Retention Grant Program

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

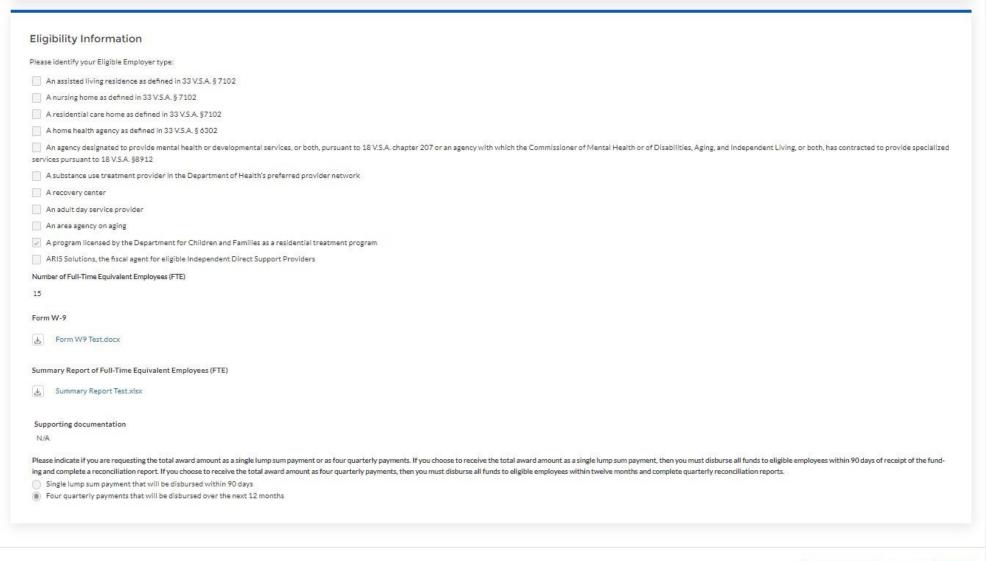
> You will have an opportunity to review your application for accuracy before submitting it.





#### Review Application for Accuracy (2 of 2)

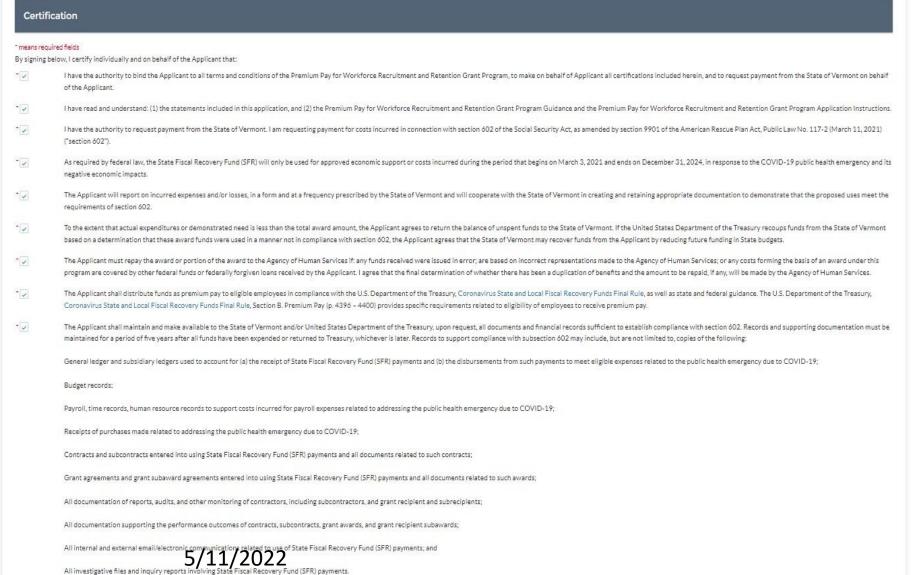
You will have an opportunity to review your application for accuracy before submitting it.



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#### Complete Certifications (1 of 2)

All certifications must be checked before submitting your application.





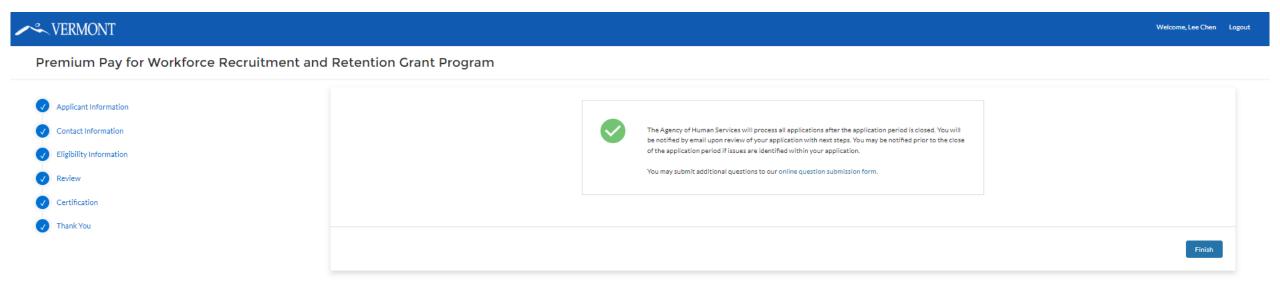
### Complete Certifications (2 of 2)

All certifications must be checked before submitting your application.

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

-	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 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.
•	lacknowledge 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 award, the Applicant shall maintain all records pertaining to performance of its agreements of the Premium Pay for Workforce Recruitment and records 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 twelve (12) months 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
	05-09-2022
	Back to Dashboard Back Submit

## Submit and Finish Application



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



#### Review Dashboard

