**Coronavirus Emergency Supplemental Funds**

**for Local Public Safety Agency**

**Application Form**

**Alaska Department of Public Safety**

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| **Application for Local Public Safety COVID-19 Funding**  **Completed Application Due: May 29, 2020** |

**Note to Applicants:**

**Department of Public Safety (DPS) is offering reimbursement of allowable costs or the state can assist with procurement of supplies related to first responder efforts to combat the impact of COVID-19. DPS will provide jurisdictions funding based on need and other available funding, such as FEMA, State of Alaska funds, and other funds, until expended. To be eligible to receive local public safety funding for COIVD-19, applicants must meet State compliance requirements. Applicants are required to show compliance with State compliance requirements through providing information below and agree that the agency will not be seeking FEMA and/or other State of Alaska reimbursement for the same request. If you are uncertain about State compliance, or need assistance, please contact** [cesf.grant@alaska.gov](mailto:cesf.grant@alaska.gov)**.**

|  |  |
| --- | --- |
| Jurisdiction: |  |
| Responsible Borough:  (if applicable) |  |

Listed below are eligible reimbursement requests. Please check the appropriate category and enter the dollar amount.

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| --- | --- | --- |
|  | **COIVD-19 Needs** | **Dollars** |
|  | Overtime for first responders and other critical public safety staff |  |
|  | Personal protective equipment and supplies |  |
|  | Altering workspaces to increase safety of staff |  |
|  | Increased travel/ transportation costs related to COVID-19 |  |
|  | Hiring contract workers such as emergency jail guards |  |
|  | Addressing the medical needs of inmates in local and tribal prisons, jails, and detention centers |  |
|  | Other: |  |

1. **What are your agency’s current needs to combat the impact of COVID-19 and keep services available to your community? Please provide a plan on how this reimbursement or state procurement assistance will assist you community in combating the impact of COVID-19.**
2. **Will these funds assist you in maintaining the current level of service, expanding needed services and/ or providing opportunities for alternative services to meet the needs of your community?**
3. **Has your agency received other COVID-19 funds? If yes, please identify source, amount and what the funds were used for.** [Answering yes to this question will not make you ineligible for these funds but will help us prioritize funding decisions.]

**I certify that I have not received any other federal funding and will not supplant any part of {name of agency} budget that would otherwise be made available for the same purposes.**

**Community Point of Contact:**

1. **Name:**
2. **Address:**
3. **Telephone Number:**
4. **Fax Number:**
5. **Email Address:**

**Community Financial Officer:**

**Printed Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

**Community Leader/Manager:**

**Printed Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

**Submit applications to: State of Alaska, Department of Public Safety**

[cesf.grant@alaska.gov](mailto:cesf.grant@alaska.gov)