



STATE OF INDIANA
AN EQUAL OPPORTUNITY EMPLOYER

STATE BOARD OF ACCOUNTS
302 WEST WASHINGTON STREET
ROOM E418
INDIANAPOLIS, INDIANA 46204-2765

Telephone: (317) 232-2513
Fax: (317) 232-4711
Web Site: www.in.gov/sboa

MEMORANDUM

TO: Counties, Cities, Towns, Townships, Special Districts
FROM: Debbie Gibson, CPA, CFE Director of Audit Services
RE: Cares Act Fund Numbers
DATE: April 20, 2020

Dear Officials,

Your unit may be receiving federal funds from the CARES Act Provider Relief Fund. Units which received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible for this initial rapid distribution. If your unit qualifies, you will automatically receive payment.

We are aware that units providing health-related services, such as Emergency Medical Services, have already received money from the CARES Act Provider Relief Fund.

Money may be wired directly into your bank account without any accompanying paperwork or notice. If you have an unidentified deposit into your bank account, please contact the bank for information on the source of funds. It is our understanding that the automatic payments from the Provider Relief Fund will come via Optum Bank with "HHSPAYMENT" as the payment description.

Details regarding the tracking, allowable uses, and unallowable uses for assistance from the Provider Relief Fund may be found at this site: www.hhs.gov/providerrelief. Please read the *Terms and Conditions* link in this document.

If your unit has received these funds, PLEASE NOTE THAT YOU MUST TAKE ACTION by visiting the [CARES Provider Relief Fund Payment Attestation Portal through hhs.gov/providerrelief](http://www.hhs.gov/providerrelief).

Through this portal, you must sign an attestation confirming receipt of the funds and agree to the terms and conditions within 30 days of payment. Should you choose to reject the funds, you must also complete the attestation to indicate this. The Payment Portal will guide you through the attestation process to accept or reject the funds. Not returning the payment within 30 days of receipt will be viewed as acceptance of the Terms and Conditions.

Once you have completed this process please send to me your attestation/confirmation documentation. Send to dgibson@sboa.in.gov. This will help us in our audit efforts.

To properly track assistance from the Provider Relief Fund, use the following Fund Number and Name:

Counties Fund Number and Name
8900 CARES Provider Relief Fund

Cities and Towns Fund Number and Name
264 CARES Provider Relief Fund

Townships Fund Number and Name
Assign an available number in your system using the Fund Name of CARES Provider Relief Fund

Special Districts Fund Number and Name
Assign an available number in your system using the Fund Name of CARES Provider Relief Fund

Please contact one of our Directors of Audit Services if you receive other types of federal assistance related to COVID-19 so that we may provide guidance on how to properly account for these funds:

Counties

Lori Rogers or Ricci Hofherr
317-232-2512
counties@sboa.in.gov

Cities, Towns, Libraries, and Special Districts

Todd Caldwell or Susan Gordon
317-232-2513
cities.towns@sboa.in.gov
libraries@sboa.in.gov
specialdistricts@sboa.in.gov

Schools and Townships

Chase Lenon or Jonathan Wineinger
317-232-2512
Schools.townships@sboa.in.gov

We appreciate all you do to serve your communities during this Public Health Emergency.