



Rhode Island Early Intervention 2021 Provider Relief Program Application

Please send questions to jennifer.kaufman@ohhs.ri.gov

Instructions

A. Prior to beginning the application, you will need:

- I. ☐ Provider Agency's FEIN/Tax ID
- II. ☐ Medicaid Provider ID
- III. ☐ Data Universal Numbering System, or "DUNS," number. Please visit <https://www.dnb.com/duns-number/get-a-duns.html> if necessary
- IV. ☐ RI State Vendor Number (If applicable)
- V. ☐ Electronic Funds Transfer (EFT) Information

B. Providing all requested information when submitting the application will allow us to more quickly review your request and decrease the likelihood that we will need to contact you for additional information. If you do not provide all of the requested information this may delay our ability to make a decision and provide payment sooner.

C. W9 is required (please attach and send along with application)

D. Applications are due Thursday, December 16, 2021 by 12:00pm EST.

E. If you have questions, please consult the Early Intervention Provider Relief Program Guidance, or email jennifer.kaufman@ohhs.ri.gov.

Section I - Contact Information

Provider Agency Name (include DBA if applicable):

Address:

City:

Zip (XXXXX):

Business Contact Name (First, Last):

Contact Email:

Contact Phone (XXX-XXX-XXXX):

Section II - Provider Information

FEIN/Tax ID (XX-XXXXXXX):

Data Universal Numbering System, or "DUNS," number:

Provider Agency Type:

RI State Vendor Number:

Medicaid Provider ID Number:

National Provider ID:

Section III - EFT Information

Bank Name and type of Account (Checking or Savings):

Routing Number:

Account Number:

Address Bank Has on File for this Account Number:



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Section IV - FFATA Information:

In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? If no, skip the remaining two questions.

Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under Section 13(a) or 15(d) of the Security Exchange Act of 1934 (15 USC 78m(a), 78(o)(d)) or Section 6104 of the Internal Revenue Code of 1986? If yes, skip the next question.

List the name and total compensation amount of the five highest paid executives in your business or organization. A definition of total compensation is available at this site.

Section V - Federal Funds Information

Please list any grants or other funds that your agency has applied for and/or received from July 1, 2020 - present. List only awards that were not previously reported to EOHS for 2020 CARES Act funding.
Examples: PPP (Paycheck Protection Program) Small Business Loan, RI Foundation COVID Relief

Fund Name	Amount	Date Applied	Received (Yes/No)	Date Received

Section VI - Revenue and Exceptional Cost Information

Next to each revenue and exceptional cost, please list the dollar amount for each year relevant to the service type selected.

Revenue Losses	7/1/18 - 10/31/19	7/1/20 - 10/31/21
Total Yearly RI Medicaid (fee for service) Revenue		
Total Managed Care Revenue		
Total Commercial Revenue		
Other (please describe)		
Other (please describe)		
Other (please describe)		
Other (please describe)		



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Exceptional Costs due to COVID-19 Public Health Emergency

1/1/21-10/31/21

Personal Protective Equipment (PPE) - masks, shields, gloves, etc.

Technology

Cleaning Supplies - hand sanitizer, surface sanitizer, etc.

Hiring costs

Other costs associated with providing in-person services, not otherwise reimbursable

Section VII - Acknowledgement and Attestation

By submitting this application for the Rhode Island Early Intervention Provider Relief Program, I acknowledge and attest that:

*I am authorized to submit this request on behalf of the employer and that all of the information provided is accurate to the best of my knowledge and ability.

* I attest that the total identified losses and exceptional expenses are 100% above and beyond the amounts received from all Federal COVID relief funding.

*My provider agency understands that there is the possibility of receiving a 1099 at tax year end for relief funds received

*The State of Rhode Island is relying upon the information as submitted in order to determine whether to issue relief. Therefore, if I become aware of any inaccuracies in the information provided, I will immediately notify the State of Rhode Island through email at jennifer.kaufman@ohhs.ri.gov.

Signature

Date (MM/DD/YY)