

## COVID-19 PA Hazard Pay Grant Program

*Purpose: This spreadsheet is to be downloaded and completed by each Employer seeking funding from the COVID-19 PA Hazard Pay Grant Program. The Employer Information Sheet must be completed to be considered for funding. Incomplete Employer Information Sheets will not be considered for funding and will be withdrawn.*

*Instructions: Please complete all of of the sections highlighted in grey. Rows can be expanded for longer answers. Questions about completing the form can be directed to ra-dcedcbf@pa.gov.*

### Employer Information Form

Employer Name  
CEO  
CEO Title  
Address  
City  
State  
Zip  
FEIN  
Type of Entity  
Contact Name  
Contact Email  
Contact Phone Number


### 1. Project Narrative

a. Industry category from Section II.B. of guidelines

--

*b. A brief description of the life-sustaining services the business provides to the public*

*c. Where the business is located and operated in the Commonwealth*

*d. Impact of COVID-19 on the business, including:  
i. Changes to operations and hours, including how the business has adjusted operations to meet CDC and PA Department of Health safety requirements regarding COVID-19 and limit staff contact where possible with the public*

*ii. Number of staff not working due to testing positive for COVID-19, caring for a family member with COVID-19, or staff not working due to lack of childcare*

*iii. Whether the business is currently paying hazard pay*

2. A brief description for how the grant funds will be used to increase hazard pay, including:

a. Job types of the frontline employees eligible for hazard pay under the program, including why these jobs must remain "front-line" and why continued contact with the public is necessary

b. Average hourly rate of full-time equivalent employees eligible for hazard pay, excluding fringe benefits. Do not include the wages of employees that are paid over \$18/hour and are not front-line employees.

c. Number of frontline full-time equivalent employees eligible for hazard pay

The following template can be used to calculate the number of Full-time Equivalents. Please see the Example FTE Calculation Tab for an example of determining the number of FTE's.

# of Employees	Hours worked per week	Total number of hours for the 10 week period
0	0	-
0	0	-
0	0	-
0	0	-

0	0	-
Total Number of Employees		Total Hours for All Frontline Employees
0		-
		Total Hours divided by 400
		0.0 FTE

3. Amount of the Hazard Pay grant request (FTE x \$1,200)

**Summary Information**

WEB App ID	Applicant	Employer	FTE Employees #	Hazard Pay Request (FTE x \$1,200)	CEDO Admin* (5%)	Total Request	Industry	County	Average Wage/ Hour
				\$ -	\$ -	\$ -			

\*CEDO applications only