
WARRICK COUNTY, INDIANA
CARES ACT REIMBURSEMENT REQUEST FORM

Date: _____

Name of Non-Profit or Business Making Request: _____

Address: _____

Daytime Phone: _____

Email: _____

Amount: \$ _____

Copies of receipts must be attached!

Note: Approved expenses must be limited only to (1) Personal Protective Equipment (PPE), (2) masks or facial coverings, (3) hand or other sanitizers, (4) disinfectants and anti-viral cleaning supplies, or (5) other safety gear or equipment directly attributed as an expense due to the COVID-19 pandemic.

Description of expenditure and how it was required due to the COVID pandemic:

Warrick County reserves the right to decline to submit any claim to the Indiana Finance Authority (IFA) for processing. Approval of reimbursement requests rests solely with the IFA. By submitting this form and reimbursement request, you and your organization swears and verifies that it is a not-for-profit organization or small business as those terms are defined by the CARES Act and the IFA, and that you agree that Warrick County, its agents, representatives and employees has no liability in the event your request for reimbursement is denied by the IFA and Warrick County shall not be liable for your expense if it is not approved. The decision of the IFA is final. If reimbursement is granted by the IFA, Warrick County will mail said reimbursement to you within thirty (30) days of receipt from the IFA.

For Warrick County Use only

Date Received: _____

Date Approved by IFA: _____

Date Mailed to Applicant: _____

Amount: _____

**Submit this form and copies of all applicable receipts to Roger Emmons, Warrick County Administrator, 107 W. Locust Street, Suite 301, Boonville, IN 47601.
Reimbursement Requests must be received no later than October 1, 2020**