Coronavirus State and Local Fiscal Recovery Funds   
Counties and Metropolitan Cities  
First Tranche Transfer Form

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| **Local Government Information**:  Name:  DUNS Number:  Taxpayer Identification Number:  FAIN (if applicable): | **State Information:**  Name:  DUNS Number:  Taxpayer Identification Number:  FAIN (if applicable): |

Section 603(b) of the Social Security Act (the Act), as added by section 9901 of the American Rescue Plan Act (ARPA), Pub. L. No. 117-2 (March 11, 2021), authorizes the Department of the Treasury (Treasury) to make payments from the Coronavirus Local Fiscal Recovery Fund (CLFRF) to certain local government recipients.

Section 603(c)(4) of the Act permits such a recipient to transfer funds received from the CLFRF to the State in which such recipient is located.

The following election applies only to the first tranche of the allocation designated for the county or metropolitan city. Guidance for transfer elections for a second tranche will be made available in advance of the disbursement of those funds.

1. **For a local government that has received a first tranche CLFRF payment from Treasury – please complete questions below.**

**Requesting a full transfer of the entire first tranche allocation [ ]**

If the local government elects to transfer the entirety of their first tranche allocation to the State government, the local government may transfer the amount directly to the State.

In order for this transfer to be reflected in Treasury’s records, a copy of the ACH or wire transfer as evidence of the transfer must be submitted with this form via [SLRedirectFunds@treasury.gov](mailto:SLRedirectFunds@treasury.gov) with the subject “Request for Full Transfer of First Tranche Allocation - <Local Government Name> to <State Name>.”

Treasury will provide confirmation of its acceptance of this form to the State and local government via the email addresses provided below. Treasury will not provide this confirmation until the State has submitted its Coronavirus State Fiscal Recovery Fund (CSFRF) certification to Treasury as required by section 602(d) of the Act.

**Requesting a partial transfer of the first tranche allocation [ ]**

**How much of the tranche allocation should be transferred to the State?**

|  |  |
| --- | --- |
|  | First Tranche Amount |
| Total First Tranche Allocation Amount  *[Calculated as 50% of the total allocation as stated on the appropriate allocation table as posted on* [*treasury.gov/SLFRP*](file:///\\do.treas.gov\DFSRes\department\ud\SLFRP%20(ARP)\Transfer%20Forms\treasury.gov\SLFRP)*]* |  |
| Amount of First Tranche Allocation to be Redirected to the State |  |
| Amount of First Tranche Allocation Remaining with the Local Government |  |

If the local government elects to transfer a portion of their first tranche allocation to the State government, the local government may not transfer the amount directly to the State.

In order for this transfer to be reflected in Treasury’s records, this form must be completed, signed, and returned to Treasury via [SLRedirectFunds@treasury.gov](mailto:SLRedirectFunds@treasury.gov) with the subject “Request for Partial Transfer of First Tranche Allocation - <Local Government Name> to <State Name>.” The amount of the transfer will need to be returned to Treasury and the amount will be re-issued from Treasury to the State.

Upon receipt of the form, Treasury will provide further guidance for completing the transfer via the email addresses provided below. Treasury will not be able to complete the transfer until the State has submitted its Coronavirus State Fiscal Recovery Fund (CSFRF) certification to Treasury as required by section 602(d) of the Act.

1. **For a local government that has not yet received or requested a first tranche CLFRF payment from Treasury – please complete questions below.**

The local government may elect to redirect a portion or the full amount of their CLFRF first tranche allocation to the State government, and as a result the amount of the tranche allocation they would’ve received from Treasury will be reduced or eliminated.

**How much of the tranche allocation should be redirected to the State?**

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| --- | --- |
|  | First Tranche Amount |
| Total First Tranche Allocation Amount  *[Calculated as 50% of the total allocation as stated on the appropriate allocation table as posted on* [*treasury.gov/SLFRP*](file:///\\do.treas.gov\DFSRes\department\ud\SLFRP%20(ARP)\Transfer%20Forms\treasury.gov\SLFRP)*.]* |  |
| Amount of First Tranche Allocation to be Redirected to the State |  |
| Amount of First Tranche Allocation to be paid to the Local Government |  |

In order for this transfer to be reflected in Treasury’s records, this form must be completed, signed, and returned to Treasury via [SLRedirectFunds@treasury.gov](mailto:SLRedirectFunds@treasury.gov) with the subject “Request for Allocation Redirection - <Local Government Name> to <State Name>.”

Treasury will provide confirmation of its acceptance of this form and updates on the payment process to the State and local government via the email addresses provided below. Treasury will not provide this confirmation until the State has submitted its Coronavirus State Fiscal Recovery Fund (CSFRF) certification to Treasury as required by section 602(d) of the Act.

**Certification**

The following representatives of the recipient local government and State hereby certify to Treasury that the information provided above is true and correct.

In addition, the authorized representative of the State represents that the State accepts the transfer from the local government such that the State will be responsible as the prime recipient for the use and reporting of any funds transferred by the local government. Such funds will be subject to the CSFRF Award Terms and Conditions previously accepted by the State in connection with its payment from the CSFRF.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Representative of the Local Government  Name:  Title:  Date:  Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Representative of the State  Name:  Title:  Date:  Email: |

PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 1 hour per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.