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| Checklist for completing the COVID-19 Emergency Action Payment process | cid:image003.png@01D535AE.0923F230 |
|  |
| Funded contract management | **Checklist** |
|  |

9 April 2020

# About this checklist

This checklist describes to service providers the reporting requirements for applying and completing the *COVID-19 Emergency Action Payment* process.

## Support and assistance

If you have any further questions about submitting the *COVID-19 Emergency Action – Payment Application Form*, please contact your DCJ contract manager (listed in the Partner portal).

For further assistance or to discuss the payment process, contact the COVID-19 Emergency Action Payment Team via: COVID-19ComplexNeedsPayment@facs.nsw.gov.au

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|  |  | Activity – Estimated Costs for upcoming month  |
|  |  | Have discussed emergency COVID-19 needs with DCJ for each eligible CYP in care |
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|  |  | Have submitted the *COVID-19 Emergency Action – Payment Application Form,* where applicable, of estimated costs for upcoming month/s via e-mail to DCJ via: ACAapprovals@facs.nsw.gov.au with a copy to the DCJ Lead Contract Manager, **within the next business day** following a COVID-19 related emergency action taken. |
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|  |  | Have submitted, where applicable, the *COVID-19 Emergency Action – Payment Application Form*, for extraordinary costs incurred between the period a pandemic was announced by the World Health Organisation on 11 March 2020 and prior to 1 April 2020. This has been sent via e-mail to DCJ via e-mail to DCJ via: ACAapprovals@facs.nsw.gov.au with a copy to the DCJ Lead Contract Manager. |
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|  |  | Have filled in only all of the relevant sections of the *COVID-19 Emergency Action – Payment Application Form.* |
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|  |  | Have not filled in the section on the *COVID-19 Emergency Action – Payment Application Form* titled ‘To be completed by DCJ’. |

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|  |  | Activity – Evidence of True Costs  |
|  |  | Have submitted evidence\* of true costs (excluding financial contributions from PSP packages / savings from business continuity plans) to DCJ Lead Contract Manager **within 30 days of commencement of emergency costs.***\*Refer Appendix for evidence examples* |
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|  |  | Have submitted **copy** of evidence to Central Office via e-mail to:COVID-19ComplexNeedsPayment@facs.nsw.gov.au mailbox for approved payments |

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|  |  | Activity – Payment |
|  |  | Where applications are approved, have received a Payment Advice e-mail from Central Office |

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|  |  | Activity – Reporting Template received |
|  |  | Have received from DCJ Lead Contract Manager the updated *COVID-19 Emergency Action Payment Reporting Template* following approved payment |