



COVID RESOURCE DOCUMENT

(UPDATED APRIL 21, 2020)

UPDATE SECTIONS INCLUDE (SEE HIGHLIGHTED TEXT BELOW):

- PHSSEF
- FCC TELEHEALTH FUNDS
- PAYCHECK PROTECTION PROGRAM
- FEMA PUBLIC ASSISTANCE

FUNDING OPPORTUNITIES FOR HOSPITALS

This document provides an overview of direct funding opportunities available to hospitals and health systems through the recently-enacted CARES Act. Hospitals must **apply** for the funding opportunities listed in this document. Please see THA's dedicated COVID-19 [webpage](#) for the latest information.

Hospitals may apply for or receive funds from multiple sources, however may not have multiple finance streams pay for the same expenses. THA recommends hospitals closely track their COVID-19 expenses, and the finance stream used to pay for those expenses, using a tool similar to [this](#). The CDC also has a tool available [here](#).

Further, information provided in this document is based on multiple sources and widely-available information, subject to interpretation as well as guidance issued to date, and such guidance is subject to change.

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Small Business Administration Loans Paycheck Protection Program

- **Description:**
 - Loan opportunities up to \$10 million are available through the Small Business Administration's (SBA) [Paycheck Protection Program](#), and are intended to help businesses keep their workforce employed during the pandemic. (Included in the CARES Act.)
 - On April 2, Treasury released an [interim final rule](#) (IFR), which makes several material changes to previously published information as well as other guidance. Among other changes, the IFR:
 - Increases the interest rate from 0.5% to 1%;
 - Limits the maximum loan term to two years;
 - Requires 75% of the loan be used for payroll costs; and
 - Defers payment of principle for 6 months.
 - Additional overview information from the Treasury is available [here](#) and [here](#). Loans may be used to pay for, among other things, salaries and benefits, rent, utilities, interest on mortgages, and interest on existing debt.
 - Borrowers may be eligible for at least partial loan forgiveness if they either retain all of their employees on payroll, or if by June 1, 2020, they rehire employees to restore full time employees and salary levels for any changes made between February 1 and April 26, 2020.
 - The amount eligible to be forgiven is equal to eight weeks of payroll costs, mortgage interest, rent and utility payments.
 - An overview of PPP from Hall Render is available [here](#).
- **An April 6 Frequently Asked Questions document from Treasury is available [here](#).**
- **Eligibility:**
 - Small businesses and 501(c)(3) non-profit organizations, including hospitals, health systems and healthcare providers, with the greater of:
 - 500 employees (full- time and part-time), or
 - that meet the SBA industry size standards if more than 500 employees.
 - Hospitals can go by a certain revenue metric. To check whether your facility qualifies, please use the [SBA size standards tool](#).
 - Affiliation rules apply and are intended to determine, using the “totality of circumstances,” whether an organization is operating as part of a larger organization and therefore not considered a small business.
- **Application information:**
 - Eligible hospitals may apply beginning April 3, and THA recommends applying quickly, as there is a funding cap.
 - A sample application provided by SBA is available [here](#).
 - Applicants must submit [SBA Form 2483](#). A list of participating lenders and additional information is available [here](#).
 - Applicants may request loans up to the lesser of:

- 2.5 times the amount of average monthly payroll costs, excluding any compensation above an annual salary of \$100,000; and
- \$10 million.

Economic Injury Disaster Loans (EIDL)

The EIDL can provide up to \$2 million of financial assistance (actual loan amounts are based on amount of economic injury) to small businesses or private, non-profit organizations that suffer substantial economic injury as a result of the declared disaster.

Tennessee has received an emergency declaration from SBA, so companies can apply now.

Loan terms:

- Working capital loan at a rate of 3.75% for businesses and 2.75% for non-profits with up to a 30-year term
- Payments on Coronavirus EIDL loans are deferred for one year
- Up to \$200,000 can be approved without a personal guarantee
- Approval can be based on a credit score and no first-year tax returns are required
- Borrowers do not have to prove they could not get credit elsewhere
- No collateral is required for loans of \$25,000 or less. For loans of more than \$25,000, general security interest in business assets will be used for collateral instead of real estate

EIDL Advance Payments

- Small businesses are eligible to apply for an Economic Injury Disaster Loan advance of up to \$10,000.
- This advance will provide economic relief to businesses that are currently experiencing a temporary loss of revenue.
- Funds will be made available within three days of a successful application.
- This loan advance will not have to be repaid; however for businesses able to secure a Paycheck Protection Program loan, the advance will be deducted from the forgiveness amount.

Application: A streamlined application can be found [here](#).

Additional Information: Please [visit](#) for more resources, including webinars, from the Tennessee Department of Economic and Community Development.

- **Other:**
 - Hospitals that have received and had a loan forgiven under the Paycheck Protection Program are ineligible for the payroll tax deferment option listed in THA’s Automatic Federal Fiscal Relief Resource Document.

Public Health and Social Services Emergency Fund (PHSSEF) (entire section updated April 15, 2020)

- **Description:** \$100 billion in total funds available to hospitals, health systems, and other providers. Hospitals may *apply* for PHSSEF funding to “prevent, prepare for, and respond to

coronavirus.” Providers will be reimbursed through grants and other payment mechanisms. The Department of Health and Human Services (HHS) announced on April 10 that there will be three rounds of PHSSEF Funding, with the first tranche (described below) beginning April 10. **THA will make details on the second and third tranches available when we have more information.** (Established in the CARES Act.)

- **Tranche One:** Beginning April 10, HHS infused \$30 billion into the healthcare system. These are payments, not loans, and do not need to be repaid so long as the conditions described below are met. An HHS announcement, including detailed information about the distribution and use of the first tranche, is available [here](#).
- **Eligible providers:** All facilities and providers that received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible for the first tranche of payments.
- **Payment Determinations:** Facilities and providers will be paid based on their share of total Medicare FFS reimbursement in 2019. Total FFS payments were approximately \$484 billion in 2019.
 - Providers can estimate their payment from the first tranche by dividing their received 2019 Medicare FFS payments by \$484 billion. Medicare Advantage payments should not be included in the provider’s 2019 payment total.
- **Concerns or questions about payments:** Find more information about these payments at www.hhs.gov/provider-relief/index.html or by calling the US Department of Health and Human Services CARES Provider Relief line at 866-569-3522.
- **Eligible expenses:**
 - Healthcare-related expenses or lost revenues *not otherwise reimbursed* and directly attributable to COVID-19.
 - Examples include forgone revenue from cancelled procedures; building or construction of structures (including retrofitting); medical supplies and equipment, personal protective equipment (PPE); testing; and increased staffing or training. These examples are based on plain reading of legislative text, however final determination is subject to forthcoming HHS guidance.
 - PHSSEF funds may not be used for expenses or losses that have been reimbursed from other sources, or that other sources are *obligated* to reimburse. Even if qualified expenses are *eligible* for reimbursement from another mechanism, an entity may still apply for funding from the PHSSEF fund while simultaneously applying for funding from other sources. However, should the entity subsequently receive reimbursement for expenses from any other source after receiving funding for the same expenses from the PHSSEF fund, the entity will be required to repay the funding it received from the PHSSEF funding.
- **How to receive payments:** HHS is working with UnitedHealth Group (UHG) to distribute payments to eligible providers. Providers will be paid via Automated Clearing House account information on file with UHG or CMS. Automatic payments will be distributed to providers via Optum Bank with “HHSPAYMENT” as the payment description. Providers that normally receive paper checks from CMS will receive a paper check in the mail within the next few weeks.

- o *Large Organizations and Health Systems*: Payments will be made for each billing TIN that bills Medicare.
- o *Employed Physicians*: Employed physicians will not receive individual payments directly; rather, employer organizations will receive all payments as the billing organization.
- o *Physicians in a Group Practice*: Individual physicians and providers in a group practice are unlikely to receive individual payments; rather, the group practice will receive the payment as the billing organization.
- **Conditions of Receiving Funds**: Within 30 days of receiving this payment, providers must sign an attestation confirming receipt of the funds and agreeing to the Terms and Conditions of payment. This attestation will be available via an HHS portal which will be open the week of April 13. We will provide the link to this portal when HHS makes it available.
- **Terms and Conditions of Payment**: Providers must accept the [terms and conditions](#) as determined by HHS **within 30 days of receipt of payment**. If a provider does not wish to comply with these Terms and Conditions, they must contact HHS within 30 days of receipt of payment for instructions on how to remit the full payment. HHS has not yet provided contact information for payment remittance. Once they do, THA will update this page. Terms and Conditions include certification that the recipient:
 - o Billed Medicare in 2019;
 - o Currently provides diagnoses, testing, or care for individuals with possible or actual cases of COVID-19;
 - o Is not currently terminated from participation in Medicare;
 - o Is not currently excluded from participation in Medicare, Medicaid, and other Federal health care programs;
 - o Does not currently have Medicare billing privileges revoked;
 - o **Will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse;**
 - o Shall submit reports as the Secretary of HHS determines are needed to ensure compliance with conditions that are imposed on the payment;
 - o **Within 10 days of the end of each calendar quarter**, recipients that receive **more than \$150,000 total in funds** under the CARES Act, the Coronavirus Preparedness and Response Supplemental Appropriates Act, the Families First Coronavirus Response Act, or any other Act primary making appropriations for the coronavirus response and related activities, **shall submit to the Secretary of HHS and the Pandemic Response Accountability Committee a report**. The report must contain the following:
 - Total amount of funds received from HHS under any Act making appropriations for the coronavirus response;
 - Amount of funds received that were expended or obligated for each project or activity;
 - Detailed list of all projects or activities for which large covered funds were expended or obligated, including project names, descriptions, and the

- estimated number of jobs created or retained by the project (where applicable);
 - Detailed information on any level of subcontracts/subgrants awarded by the covered recipient or its subcontractors/subgrantees. This must include the data elements required to comply with the [Federal Funding Accountability and Transparency Act of 2006](#) allowing aggregate reporting on awards below \$50,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.
 - Maintain appropriate records and cost documentation including, as applicable, documentation required by [45 CFR 75.302](#) – Financial Management, and [45 CFR 75.361 through 75.365](#) – Record Retention and Access. Other information required by future program instructions to substantiate the reimbursement of costs under this award must also be maintained. This includes prompt submission of copies of any required records and cost documents upon the request of the Secretary of HHS.
 - Full cooperation in all audits the Secretary of HHS, Inspector General, or Pandemic Response Accountability Committee conducts to ensure compliance with these Terms and Conditions.
 - Should a patient with possible or actual COVID-19 require treatment from an out-of-network provider, the provider must refrain from collecting any out-of-pocket expenses in an amount greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network recipient.
 - There are several other statutory provisions within the Terms and Conditions. Please refer to the link above prior to accepting the Terms and Conditions.
- **THA recommends: Hospitals are urged to closely track their COVID-19 expenses, and the finance stream used to pay for those expenses, using a tool similar to [this](#).** For example, hospitals should consider:
 - Creating a specific pay code for employees, identifying hours spent to support the command center, COVID screening, and additional COVID-19-related shifts;
 - Using Google sheets to track high-risk or back-ordered supplies;
 - Tracking overtime for permanent employees associated with COVID-19;
 - Tracking both regular and overtime hours spent associated with COVID-19 for unbudgeted employees;
 - Tracking management costs and keeping detailed timesheets of employees performing grant management and other duties related to COVID-19; and
 - Tracking any donated resources from volunteer organizations, which may be used to offset the non-federal share for your hospital or health system.

Accelerated Medicare Payments

- **Description:** Under an expanded option through the Medicare Hospital Accelerated Payment Program, eligible providers are able to *request* accelerated payments that cover a time period of up to six months. Inpatient, outpatient and pass through payments are included in determining the Medicare payment amount. (Established in the CARES Act, enacted 3.27.2020.)
 - An informational fact sheet from CMS is available [here](#).

- An April 3 update from AHA is available [here](#).
- **Eligibility:**
 - All Medicare providers and suppliers, including acute-care hospitals, critical access hospitals (CAHs), children’s hospitals and inpatient prospective payment system (IPPS) exempt cancer hospitals.
 - On April 3, [CMS clarified](#) program eligibility, including that a provider or supplier must:
 - Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider’s/supplier’s request form;
 - Not be in bankruptcy;
 - Not be under active medical review or program integrity investigation; and
 - Not have any outstanding delinquent Medicare overpayments.
 - An AHA March 28 overview of the program is available [here](#).
 - During a call on April 2, CMS said that it instructed MACs to allow one application for physicians that are part of a group. The instruction is as follows:
 - A provider group (Part B) may submit one application on behalf of all providers if (1) the group receives Part B payments for all group providers at the same office, or (2) if one person is the official responsible and may sign for or commit the other providers to the advance payment terms. The billing provider must submit the application. A list of NPIs and provider names for whom payment is requested should be attached to the application.
- **Payment details:**
 - Up to 100% (125% for Critical Access Hospitals) of what the hospital would otherwise have expected to receive.
 - Medicare will work with hospitals to estimate upcoming payments and provide funds in advance. Hospitals may request a lump sum payment or periodic payments.
- **Repayment:**
 - All providers and suppliers will have up to 120 days before recoupment through claims offset begins.
 - At the end of the 120-day period, every claim submitted by the provider/supplier will offset the accelerated payment.
 - Repayment in full is required after 12 months for IPPS hospitals, CAHs, children’s and cancer hospitals.
 - All other providers, including LTCHs, IRFs, and suppliers, are required to submit payment in full after 7 months.
 - Hospitals will be charged interest on any outstanding balance beyond 12 months from the date of the accelerated payment. Similarly, all other providers will be charged interest on any outstanding balance beyond 7 months from the date of the advance payment.
 - The interest rate is set at the prevailing rate set by the Treasury, which is currently 10.25%. (CMS has stated it does not have authority to waive interest or change the rate.)
 - At the end of the repayment period, MACs will send providers a demand letter if there is a remaining balance.
 - Providers may submit direct payment. On the 31st day after the demand letter is sent, interest will begin to accrue.

- If providers are unable to pay the balance when due, the MAC should be contacted about an extended payment plan, which may include a reduced withhold (interest would be applied).
 - Please note, for CAHs and PIP hospitals: the accelerated payment reconciliation process will happen at the final cost report process for the first cost report occurring after the repayment period. Repayment is still required at the end of the repayment period, even if the cost report settlement would occur beyond that period. Interest will accrue between the end of the repayment period and when there is a cost report reconciliation.
- **Application Information:**
 - Hospitals should request a specific amount when using an Accelerated Payment Request form available on each Medicare Administrative Contractor’s (MAC) website. MACs have been instructed to update their request forms within the next several days to be specific to the COVID-19 Medicare Accelerated/Advance Payment Program.
 - The Palmetto GBA application is [here](#).
 - All providers should have the PECOS AO sign the application. However, if the PECOS AO is not available, please call your MAC for additional instruction. MACs indicated they are able to help providers with alternative solutions should the PECOS AO be unavailable.
 - Each MAC will review and issue payments within seven calendar days of receiving the request.
 - CMS created an FAQ memo, available [here](#)

Other Business Loans Through the Federal Reserve

(Entire section updated April 15, 2020)

- **Description:**
 - The CARES Act authorized emergency loans (subject to certain conditions), and encouraged Treasury to establish a lending program for organizations with 500 to 10,000 employees.
 - On April 9, the Federal Reserve [announced](#) the establishment of a Main Street Business Lending Program. The announcement included the terms for both [expanded](#) and [new](#) “Main Street” lending facilities that would provide loans to a variety of eligible borrowers, including larger borrowers with up to 10,000 employees or \$2.5 billion in annual revenues. (The announcement also includes terms for lenders providing loans through the Paycheck Protection Program).
 - The Federal Reserve term sheet does not specifically address or exclude non-profits.
 - For additional information on loan terms, required attestations and other important details, please see AHA’s April 9 [Special Bulletin](#) and the April 9 [announcement](#) from the Federal Reserve.
 - Please note, information provided in this section of the THA Resource Document, as well as the AHA Special Bulletin, is based on an initial review of available information, and additional details are necessary for clarification. Furthermore, the terms of the loan program and their interpretation are likely to change and evolve as the program

is implemented. The Federal Reserve and Treasury will continue to seek input as the program is being finalized, and are accepting comments until April 16.

- **Eligibility:**
 - Eligible borrowers include “businesses” with up to 10,000 employees or up to \$2.5 billion in 2019 annual revenues, among other requirements. The Federal Reserve term sheet does not specify whether affiliation rules required by the PPP program will apply.
- **Application Information:** THA will provide additional details as they are available from the Federal Reserve.

FCC Telehealth Program

- **Description:**
 - On April 2, the Federal Communications Commission (FCC) released an [order](#) establishing the \$200 million emergency Telehealth Program to promote access to connected care services and devices. (Established in the CARES Act.)
 - Up to \$1 million per applicant may be available. Support will be based on the estimated costs of the services and connected devices eligible providers intend to purchase. Applicants who exhaust initially-awarded funding may request additional support.
 - For detailed information, including examples of services and devices that the Telehealth Program may cover, please see pages 3-4 of an April 8 Public Notice announcement, available [here](#).
 - Funding may be used to purchase telecommunications, information services, and connected devices that provide connected care services in response to the pandemic.
 - The program will only fund monitoring devices (e.g. pulse-ox, BP monitoring devices), that are themselves connected. According to the FCC order, “unconnected devices that patients use at home and then share the results with their provider remotely” will not be funded.
 - Applicants may use funds to purchase any necessary eligible services and connected devices; purchases are not limited to those specifically stated in the application (please see the FCC [order](#), page 12).
 - While the goal of the program is to select applications that target areas hardest hit by COVID-19 and where support will have the most impact on addressing healthcare needs, funds are not required to be used to directly treat COVID-19 patients. Treating other types of conditions or patient groups may free up resources (including space and equipment), to allow practitioners to remotely treat patients with other conditions who could risk contracting the coronavirus by visiting a facility, and reduce healthcare professionals’ unnecessary exposure.
- **Eligibility:**
 - Eligible healthcare providers include nonprofit or public healthcare providers that fall within the following categories (as identified in the April 2 FCC [Report and Order](#), pages 13-14):

- **Not-for-profit hospitals;**
 - **Post-secondary educational institutions offering healthcare instruction, teaching hospitals and medical schools;**
 - **Rural health clinics;**
 - **Skilled nursing facilities;**
 - Community health centers or health centers providing care to migrants;
 - Local health departments or agencies;
 - Community mental health centers; or
 - **Consortia of healthcare providers consisting of one or more entities falling into the first seven categories.**
- Eligible entities may be located in rural or non-rural areas.
 - Temporary or mobile locations operated by an eligible healthcare provider using connected care services may be included in an application based on need for these providers to expand beyond traditional facilities to effectively treat patients during the pandemic.
 - Interested providers must obtain an eligibility determination from the Universal Service Administrative Service Company (USAC) for each site included in the application by completing [FCC Form 460](#). (Applicants that do not yet have an eligibility determination from USAC may still file an application with the FCC for program funds while their Form 460 is pending);
 - Provider sites USAC has already deemed eligible to participate in the FCC's existing Rural Health Care (RHC) Program may rely on this eligibility determination for the Telehealth Program.

• **Application:**

- Applications are being accepted by FCC (as of noon on April 13,) and will be accepted until funds are exhausted or the pandemic has ended.
- A list of required information to be included in the application is available on pages 4-6 of the April 8 Public Notice, available [here](#).
- Applications are accepted through an online portal. Please see information on the portal and other details [here](#).
- The April 8, FCC [Public Notice](#) identifies three actions applicants should take in advance of filing an application. These are:
 - Submit an eligibility determination request from the Universal Services Administrative Company (USAC) by completing [FCC Form 460](#);
 - Obtain an FCC Registration Number (FRN) through this [link](#); and
 - Register with System for Award Management through this [link](#).

FEMA Public Assistance Funds

• **Description:**

- Pursuant to the declaration of COVID-19 as a national emergency, public assistance (PA) funding is available from the Federal Emergency Management Agency (FEMA) to eligible state, territorial, tribal, local government entities and certain private, non-

- profit organizations—including hospitals, clinics, long-term care facilities and outpatient facilities.
- FEMA has created a new [COVID-19 Public Assistance Program fact sheet](#)
- Hospitals seeking a PA grant will be applying through the Tennessee Emergency Management Agency (TEMA). See more information below.
- Assistance is provided at a 75% federal cost share and 25% is covered by PA applicants. At this time it is unknown whether hospitals can use money from the Public Health and Social Services Emergency Fund to cover their share.
- **Eligible Costs:**
 - Eligible costs include emergency work (e.g. overtime labor for budgeted employees and straight-time and overtime labor for unbudgeted employees), necessary equipment, and necessary supplies and materials.
 - While some activities listed may be eligible for funding through the Department of Health and Human Services (HHS) or the Centers for Disease Control and Prevention (CDC), final reimbursement determinations will be coordinated by HHS and FEMA. FEMA will not duplicate any assistance provided by HHS or CDC.
 - Statute, guidance and regulations state that **organizations may not apply for funding for the same costs from multiple sources. Be sure to carefully consider which funding you are applying for and/or accessing and that you are not receiving funding for the same costs from multiple governmental sources, without an accounting mechanism to reimburse as necessary.**
 - Costs submitted under the PA program cannot be duplicated when seeking assistance under the \$100 billion appropriated to hospitals under the CARES Act.

THA has been working with TEMA officials to assist interested hospitals with the application process for the Federal Emergency Management Agency (FEMA) public assistance (PA) program.

Details about the TEMA application process and the FEMA program are on the [TEMA COVID-10 website](#). TEMA is encouraging hospitals to use the [state's application form](#) and work with their local TEMA officials.

- Deadline for application has been pushed to May 1, 2020, but the sooner an application is submitted the better.
- The completed form must be signed by the authorized Applicant Agent and returned to the Tennessee Emergency Management Agency Public Assistance Section via one of the following Methods:
 - email to COVID.PA@tn.gov ;
 - fax to 615.242.4770; or
 - mail to 3041 Sidco Drive, Nashville, TN 37204-1502.

THA also is aware of at least two private firms that specialize in assisting hospitals with the FEMA PA program application, tracking and reporting. For more information about these companies, contact Joe Greene at THA, jgreene@tha.com.

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Sources:

<https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>
<https://invariant.app.box.com/s/wcsxa8ltjngn0p0n1xn8il1vghygvnl7>
<https://www.aha.org/special-bulletin/2020-03-27-special-bulletin-house-passes-coronavirus-aid-relief-and-economic>
<https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf>
<https://www.aha.org/system/files/media/file/2020/03/cares-act-federal-reserve-emergency-lending-program-bulletin-3-31-2020.pdf>
<https://www.sba.gov/funding-programs/loans/paycheck-protection-program-ppp>
<https://www.hallrender.com/2020/04/03/fcc-announces-details-of-200-million-covid-19-telehealth-program/>
<https://www.fcc.gov/document/fcc-fights-covid-19-200m-adopts-long-term-connected-care-study>
<https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf>
<https://www.aha.org/system/files/media/file/2020/04/cms-clarifies-accelerated-advanced-payment-programs%20bulletin-4-3-2020.pdf>
<https://www.cms.gov/newsroom/press-releases/trump-administration-provides-financial-relief-medicare-providers>
<https://www.aha.org/system/files/media/file/2020/03/coronavirus-update-cms-announces-expansion-of-medicare-accelerated-payment-program-3-28-2020.pdf>
<https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>
<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp>
<https://home.treasury.gov/system/files/136/PPP--IFRN%20FINAL.pdf>
<https://home.treasury.gov/system/files/136/PPP%20--%20Overview.pdf>
<https://home.treasury.gov/system/files/136/PPP%20Borrower%20Information%20Fact%20Sheet.pdf>
<https://www.hallrender.com/2020/04/04/small-business-relief-developments-interim-final-rule-released-for-sba-paycheck-protection-program-and-application-period-begins/>
<https://home.treasury.gov/system/files/136/Affiliation%20rules%20overview%20%28for%20public%29.pdf>
<https://www.aha.org/system/files/media/file/2020/04/aha-urges-sba-to-ensure-hospitals-can-participate-in-cares-act-loan-program-4-2-2020.pdf>
<https://www.sba.gov>
<https://www.fcc.gov/document/fcc-fights-covid-19-200m-adopts-long-term-connected-care-study>
<https://www.fema.gov/news-release/2020/03/19/coronavirus-covid-19-pandemic-eligible-emergency-protective-measures>
<https://www.sam.gov/SAM/>
<https://www.fsd.gov/fsd.gov/home.do>
<https://docs.fcc.gov/public/attachments/DA-20-394A1.pdf>
<https://www.fcc.gov>
<https://www.aha.org/system/files/media/file/2020/04/federal-reserve-announces-new-main-street-lending-program-enhance-support-small-mid-sized-businesses-bulletin-4-9-2020.pdf>
<https://www.federalreserve.gov/newsevents/pressreleases/monetary20200409a.htm>
<https://www.federalreserve.gov/newsevents/pressreleases/files/monetary20200409a6.pdf>
<https://www.federalreserve.gov/newsevents/pressreleases/files/monetary20200409a4.pdf>
<https://www.federalreserve.gov/newsevents/pressreleases/files/monetary20200409a7.pdf>
<https://www.hhs.gov/sites/default/files/relief-fund-payment-terms-and-conditions-04092020.pdf>