

## Vermont NEUs Guide to Treasury's Compliance Portal Designating Roles

**Created for Vermont NEUs by:** 



If you have not created a Login.gov account, stop here. Return to this document after you have completed this essential task.

To create a Login.gov account: https://login.gov/create-an-account/











## After clicking the "hamburger" icon, select "*Account*" from the sidebar menu.





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Click here	lie Vilage, Vermont	Community User Type 🗸 🗸	DUNS	V EIN	<ul> <li>Account Record Type CARES</li> </ul>	v



## Select "*Certification*" from the sidebar menu.

If you are the <u>Account Administrator</u>, enter your name in the box provided and select ""Submit."

	Treasury COVID-19 Relief Hub	۲
Click here Click here	Official Certification of Authorization         on       I certify that I am authorized by the recipient/grantee to submit the above names of individuals, who are authorized to act on behalf of the recipient in the roles identified above for purpor materially false, fictitious, fraudulent statement, or representation (or concealment or omission of a material fact) may be punishable by fine or imprisonment or both under the False State subject me to civil penalties and administrative remedies for false claims or otherwise (including under to 31 U.S.C. §§ 3729 and 3730).	ises of reporting on its award under the program. I acknowledge that any tements Accountability Act of 1996, as amended 18 U.S.C. § 1001, and also may
Enter your name he Click here	e submit	

<u>After</u> certifying, select "*Designation Form*" from the sidebar menu. On this page, you will be able to assign the three roles: <u>Account Administrator</u>, <u>Authorized Representative for Reporting</u> and <u>Point of Contact for Reporting</u>.

\*\* A single role can have multiple people assigned to it and a single person can be assigned to multiple roles. \*\*

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Introduction Certification Designation Form	Designation of Account Administrator, Point of Cont Please provide contact information for up to three ind 1) Account Administrator	act for Reporting, and Authorized Representative for Reporting sividual(s) who will serve in the following roles for your program awa	ard			
	2) Point of Contact for Reporting 3) Authorized Representative for Reporting An individual may serve in one or more roles. Please provide the designees for the program award only, as listed in the introductory email note. Please select "complete" after you have provided the contact information for all designees. Please note: you can save the fillable form and return to it later using the link in the email note.					
	Please direct any questions to the email included in the Salutation	re email box related to your program. Please include "POCs for Repor Title Village Clerk	rting" in the subject of your email note. Program-Roles	SI EDE - Arrount Administrator		
	First Name Sara Middle Name Last Name Haskin Suffix	Phone 802-888-6370 Email shaskins@morristownvt.org Name of Entity/Organization Village of Morrisville Water & Light	t	SLFRF - Authorized Representative for Reporting		
Click " <i>Complete</i> " after each entry	Complete Edit my current roles					
	Name Vitle Penny Jones	Phone  Email (802) 888-6289  pjones@mwlvt.com	Roles     SLFRF - Account Administrator:SLFRF - Aut	thorized Representative Edit		
	Go back to Introduction					

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Once you have completed designating roles<sup>\*</sup> to all the appropriate people, select "*Go Back to the Introduction*." If you go in and edit yourself, be sure that the "<u>Account Administrator</u>" role also moves over.

Introduction	Designation of Account Administrator, Point of Contact for Reporting, and Authorized Representative for Reporting					
Certification	Please provide contact information for up to three individual(s) who will serve in the following roles for your program award					
Designation Form	1) Account Administrator 2) Point of Contact for Reporting 3) Authorized Representative for Reporting An individual may serve in one or more roles. Please provide the designees for the program award only, as listed in the introductory email note.					
	Please select "complete" after you have provided the contact information for all designees. Please note: you can save the fillable form and return to it later using the link in the email note. Please direct any questions to the email included in the email box related to your program. Please include "POCs for Reporting" in the subject of your email note.					
	Salutation Title Program-Roles					
	None     v       First Name     Phone       SLFRF - Account Administrator       SLFRF - Point of Contact for Reporting       Middle Name     Email					
	Last Name Name of Entity/Organization					
	Complete Edit my current roles					
	Sara Haskin Village Clerk 802-888-6370 🖾 shaskins@morristownvt.org SLFRF - Authorized Representative Edit					
	Penny Jones         (802) 888-6289         ≥ piones@mwivt.com         SLFRF - Account Administrator;SLFRF - Authorized Representative         Edit					

\* There is system latency in the portal. If you do not immediately see new roles showing, refresh your screen and they should appear.



## **Problems Designating Roles?**

Contact Treasury's help centers for State and Local Fiscal Recovery Funds at <u>SLFRF@treasury.gov</u> or call (844) 529-9527. Additionally, here is a link to Treasury's <u>self-help resources</u>.

If you send an email to <u>SLFRF@treasury.gov</u> and want sample language to use instead of drafting your own, then click <u>HERE</u>.