



GOBIERNO DE PUERTO RICO
Departamento de Salud

CORONAVIRUS RELIEF FUND

Materials and Protective Equipment Evaluation Form

Municipality: _____

Municipality Mayor: _____

Street Address:

City: _____ **Zip Code:** _____

Contact Person Name: _____

Contact Person Title: _____ **Telephone:** _____

Email Address: _____

Materials and/or Protective Equipment:

	Item*	Quantity	Specifications
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



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Allowed by Municipality:

1. Face Shield Reusable
2. Coveralls
3. Hair Net
4. Surgical Mask (Three- fold face masks)
5. N95 Respirator
6. Gloves
7. Shoe Covers

Allowed by Cares Act:

1. Equipment for Individual Protection and protection materials (PPE)

CERTIFICATIONS:

_____ The materials and/or protective equipment complies with the requirements specified in the Program Guidelines for the Acquisition of Materials and Personal Protective Equipment (PPE).

_____ The materials and/or protective equipment complies are necessary due to the COVID-19 public health emergency.

_____ Applicant acknowledges a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution and also may subject me and the Applicant to civil penalties and/or administrative remedies for false claims or otherwise.

_____ I certify under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

SIGNATURES AND DATE:

Name: _____

Position: _____

Date: _____

For use of the Department of Health only:

Evaluated by: _____



GOBIERNO DE PUERTO RICO
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Position: _____

Signature: _____