Provider: ______________________
Medimax #: ______________________
Medicaid #: ______________________
Cost Report Period: ______________________

SOURCES OF FUNDING and DEFERRED REVENUE

SUPPLEMENTAL ATTACHMENT TO THE 2020 LIMITED THREE-MONTH COST REPORT

COVID-19 Funding	Applied (Y/N)	Date Received	Amount Received to Date	Amount Approved and Not Received
CARES Act Provider Relief Fund - General				
CARES Act Provider Relief Fund - SNF				
CARES Act Provider Relief Fund - Medicaid & CHIP				
CARES Act Provider Relief Fund - Other (please detail)				
Paycheck Protection Program - SBA Loan				
State of Alabama - Coronavirus Relief Fund				
Other Funding				