

Request for Distribution of County CARES Act Funds

Cover Sheet - Application Form

Applicant Name: _____
Applicant Contact: _____

For Internal Use Only
App. No. _____

- Phase 1
- Phase 2
- Phase 3

Application Checklist (to be completed by Applicant):

- Section A - Applicant has completed all portions of Section A, including attaching all necessary supporting documentation.**
- Section B – Applicant has completed all portions of Section B.**
- Section C – Applicant has completed all portions of Section C, including attaching all necessary supporting documentation.**
- Section D – Applicant has completed those portions of Section D.1, D.2., D.3., D.4., D.5., and D.6 for which Applicant is requesting funds, including attaching all necessary supporting documentation. An Applicant does not need to complete those portions of Section D for which Applicant is not requesting funds.**
- Section E – If applicable, Applicant has provided the documentation required by Section E.**
- Section F – If applicable, Applicant has provided the documentation required by Section F.**
- Section G – Applicant has completed all portions of Section G.**
- Authorized Representative of Applicant has completed, signed, and notarized the Application**
- Applicant has submitted one (1) original and three (3) additional copies of the Application.**
- Application requests funds only to cover costs that:**
 - are necessary expenditures incurred due to the public health emergency with respect to COVID-19;**
 - were not accounted for in the budget most recently approved as of March 27, 2020; and**
 - were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.**
- Applicant has not checked a box indicating a disqualifying condition or listed any other disqualifying condition in the Application.**
- Applicant acknowledges and understands that once submitted, the Application and all supporting documentation may be subject to disclosure pursuant to the Sunshine Law under Chapter 610, RSMo.**

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Local Government/Public Entity/Political Subdivision & Non-Profits

Introduction: Full instructions are included at the end of this application. Failure to submit required information in order to evaluate the Application and make a funding award decision may result in denial of an Application and an award of funds.

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- Phase 1
 Phase 2
 Phase 3

Section A. Applicant Background Information

1. Legal Name		2. Mailing Address			
3. Primary Contact		4. City	5. County	6. State	7. Zip
Name: Title:					
8. Business Phone(s)		9. Check One in the Space Below			
		<p>Local Government/Public Entity/Political Subdivision</p> <p><input type="checkbox"/> City <input type="checkbox"/> Town/Township/Village</p> <p><input type="checkbox"/> School District</p> <p><input type="checkbox"/> County Hospital <input type="checkbox"/> Hospital District</p> <p><input type="checkbox"/> Health Department</p> <p><input type="checkbox"/> Fire Protection District</p> <p><input type="checkbox"/> Ambulance District</p> <p><input type="checkbox"/> Other Local Government/Public Entity: _____ (List Entity Type)</p>			
10. Facsimile		<p>Nonprofit</p> <p><input type="checkbox"/> Non-profit Corporation</p>			
11. Email Address					
12. Tax Identification Number					
13. Is the Applicant located within the County?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Does the Applicant have locations, facilities, offices, operations, divisions, branches, or offices located outside the County? (If no, skip to Section A.16.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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15. If the answer to Item A.14. is “Yes,” list the locations by address and county of the other segments of the Applicant.

16. In the space below, describe the general business operations of the Applicant, such as the services or goods provided, and the purpose or mission of the Applicant. Attach additional pages if necessary.

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Section B. Applicant - Representatives/Ownership

- 1. If Applicant is a local government/public entity, list the chief executive and elected officials of the governing body by name and title.
If Applicant is a non-profit corporation, list the name and title of the chief executive and members of the board of directors of the Applicant.**

Name	Title		

- | | |
|--|--|
| 2. Is the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

- | | |
|--|--|
| 3. Has the Applicant obtained a direct or guaranteed loan from a federal or state agency that is currently delinquent or has defaulted in the last 7 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

- | | |
|--|--|
| 4. Is the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges (other than traffic citations) are brought in any jurisdiction, presently incarcerated, or on probation or parole? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

- | | |
|---|--|
| 5. Within the last 5 years, for any felony, has the Applicant:
(a) been convicted;
(b) pleaded guilty;
(c) pleaded nolo contendere;
(d) been placed on pretrial diversion; or
(e) been placed on any form of parole or probation (including probation before judgment)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

<i>If the answer to Items B.2., B.3., B.4., or B.5. is "Yes," the Application will be denied and funds will not be awarded.</i>	
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Section C. Request for Funding – General

1. Total Amount of Funds Requested by Applicant:	\$
2. If awarded, will all funds be used for purposes within the County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If the answer to Item C.2. is “No,” the Application will be denied and funds will not be awarded.</i>	
3. If the answer to Item A.14. is “Yes,” is the Applicant seeking funds or anticipating the receipt of funds from any other counties where those locations of the Applicant are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If the answer to Item C.3. is “Yes,” in the space below please identify the counties in which funds have been requested or will be requested, the amount of funds requested or to be received, and the intended use of those funds. Attach any other applications, requests or other documentation relating to this item.	
5. For each of the requests set forth in Section D, below, in the event any portion of the Application and request for funding is approved, provide responses to the following questions:	
(a) Will the funds be used only to cover costs that are necessary expenditures as defined by the CARES Act and related to the Coronavirus Disease 2019 (COVID-19)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Will the funds be used only to cover costs that were not accounted for in the Applicant’s budget (as described Paragraph C of the Instructions, below) most recently approved as of March 27, 2020, or as permitted by the CARES Act and Treasury guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Will the funds be used only to cover costs that were incurred by the Applicant during the period that begins March 1, 2020 and ends December 30, 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Will the funds be used exclusively for purposes within the County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) If Applicant is a public entity, Applicant agrees the funds will not be used as revenue replacement for lower than expected tax or other revenue collections.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If any of the answers to Items C.5(a) – (e) is “No,” the Application will be denied and funds will not be awarded.</i>	

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D. Request for Funding - Purpose and Intended Use of Funds

1. Medical Expenses

(a) Is Applicant requesting funds for medical expenses (as described Paragraph E.1 of the Instructions, below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(b) State the amount of funds requested.	\$
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(c) If the answer to Item D.1(a) is “Yes,” in the space below, describe the category of expenditure (e.g. COVID-19-related expenses of public hospitals, clinics, and similar facilities) and proposed use of funds, and the itemized amount requested. Attach supporting documentation for the request. Attach additional pages if necessary.

<u>Description</u>	<u>Amount</u>

(d) Explain in detail the intended use and how the intended use meets the criteria for a “necessary expenditure” under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation. Attach additional pages if necessary.

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2. Public Health Expenses

(a) Is Applicant requesting funds for public health expenses (as described Paragraph E.2 of the Instructions, below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(b) State the amount of funds requested.	\$
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(c) If the answer to Item D.2(a) is “Yes,” in the space below, describe the category of expenditure (e.g., Expenses for acquisition and distribution of medical and protective supplies) and proposed use of funds, and the itemized amount requested. Attach supporting documentation for the request. Attach additional pages if necessary.

<u>Description</u>	<u>Amount</u>

(d) Explain in detail the intended use and how the intended use meets the criteria for a “necessary expenditure” under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation.

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3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency

(a) Is Applicant requesting funds for payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(b) State the amount of funds requested.	\$
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(c) If the answer to Item D.3(a) is “Yes,” in the space below, describe the category of expenditure (e.g. payroll expenses for public safety employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency) and proposed use of funds, and the itemized amount requested. Attach supporting documentation for the request. Attach additional pages if necessary.

<u>Description</u>	<u>Amount</u>

(d) Explain in detail the intended use and how the intended use meets the criteria for a “necessary expenditure” under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation.

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4. Expenses of actions to facilitate compliance with COVID-19-related public health measures (as described Paragraph E.4 of the Instructions, below).

(a) Is Applicant requesting funds to facilitate compliance with COVID-19 related public health measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(b) State the amount of funds requested.	\$
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(c) If the answer to Item D.4(a) is “Yes,” in the space below, describe the category of expenditure (e.g., expenses for food delivery to residents) and proposed use of funds, and the itemized amount requested. Attach supporting documentation for the request. Attach additional pages if necessary.

<u>Description</u>	<u>Amount</u>

(d) Explain in detail the intended use and how the intended use meets the criteria for a “necessary expenditure” under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation.

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5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency (as described Paragraph E.5 of the Instructions, below).

(a) Is Applicant requesting funds that will be used for the provision of economic support in connection with COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(b) State the amount of funds requested.	\$
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(c) If the answer to Item D.5(a) is “Yes,” in the space below, describe the category of expenditure (e.g., expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures) and proposed use of funds, and the itemized amount requested. Attach additional pages if necessary.

<u>Description</u>	<u>Amount</u>

(d) Explain in detail the intended use, how the intended use meets the criteria for a “necessary expenditure” under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation.

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6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Coronavirus Relief Fund’s eligibility criteria.

(a) Is Applicant requesting funds for purposes that are not listed Items 1 – 5, above, that otherwise satisfy the Coronavirus Relief Fund eligibility criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(b) State the amount of funds requested.	\$
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(c) If the answer to Item D.6(a) is “Yes,” in the space below, describe the category of expenditure and proposed use of funds, and the itemized amount requested. Attaching supporting documentation for the request. Attach additional pages if necessary.

<u>Description</u>	<u>Amount</u>

(d) Explain in detail the intended use, how the intended use meets the criteria for a “necessary expenditure” under the CARES Act and attach supporting documentation (as described Paragraph B of the Instructions, below).

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E. Applicant Budget Information

Please attach a copy of the Applicant's budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act).

F. Applicant Corporate Documents

For non-profit corporations, please attach a copy of: (a) the Articles of Incorporation, (b) Bylaws, and (c) a copy of the Certificate of Good Standing.

G. Applicant Representation and Certification

1. I have read the statements included in this Application Form and understand them and that all responses are true and correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have the authority to act on behalf of the above-named Applicant to request funds from the County allocated by the State of Missouri to the County from the Coronavirus Relief Fund as created in the CARES Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I understand that the County will rely on the information provided by Applicant in this Application and this Certification as a material representation in evaluating this Application and making award decisions to the above-named Applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If approved, the Applicant agrees to use the funds received pursuant to this application only for those costs that: (1) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); (2) were not accounted for in the budget most recently approved as of March 27, 2020 for the above-named Applicant; and (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If approved, I agree that no funds provided pursuant to this Application will be used as a revenue replacement for lower than expected tax or other revenue collection.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If approved, I agree that no funds can be used for expenditures for which the above-named Applicant received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same expense.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. I agree that the above-named Applicant will retain documentation of all uses of the funds, including but not limited to invoices and/or sales receipts and that all necessary documentation shall be produced to the County upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. I agree not to use the funds in a different manner than Applicant's purposes and uses described in this Application.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>9. I certify that use of the funds will not violate any State or Federal law, and the Applicant is not engaged in any activity that is illegal under federal, state, or local law.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Funds provided as a result of this Application and any subsequent award must adhere to official federal, state, or local guidance issued or to be issued. Any funds expended in any manner that does not adhere to official guidance shall be returned.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Applicant understands and agrees that in the event an award of funds is made pursuant to this Application, as a condition of any award an agreement provided by County will be required to be approved and executed prior to disbursement of funds.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. I understand that County is not required or obligated to award funds to an Applicant.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. If approved, the Applicant agrees to comply with all local, state, and federal bidding, advertising and procurement requirements.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>If the answer to any of Items G.1. – G.13. is “No,” the Application will be denied and funds will not be awarded to Applicant.</i></p>	

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**THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND ACCURATE
TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**This application must be signed by the authorized representative, elected official,
individual owner, a partner, or an officer of the Applicant.**

Applicant Name

Authorized Representative Name

Authorized Representative Signature

Title

Date

Subscribed and sworn to before me this _____ day of _____, 2020.

Notary Public

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INSTRUCTIONS

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and submitted to the County. Submission of the requested information is required to make a determination regarding eligibility for the funding request. Failure to submit required information in order to evaluate the Application and make a funding award decision will result in denying the Application and any award of funds.

Applicants are encouraged to review section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”); Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments issued by the United States Department of Treasury, dated April 22, 2020; and Coronavirus Relief Fund Frequently Asked Questions issued by the United States Department of Treasury, updated most recently as of May 4, 2020.

Instructions regarding completing this form:

A. Requirements of the CARES Act. The CARES Act provides that payments from the Fund may only be used to cover costs that: (1) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); (2) were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

B. Necessary Expenditures. The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

With respect to Section 5 titled “Intended Use of Funds,” all funds must be for “Necessary Expenditures” incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19). On April 22, 2020, the federal government provided guidance on the definition of Necessary Expenditure.

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C. Costs Not Accounted For In The Budget Most Recently Approved As Of March 27, 2020.

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget or (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. The “most recently approved” budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

D. Costs Incurred During The Period That Begins On March 1, 2020 And Ends On December 30, 2020.

A cost is “incurred” when the responsible unit of government has expended funds to cover the cost.

E. Eligible Expenditures

Under the federal guidance, eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:

- (a) COVID-19-related expenses of public hospitals, clinics, and similar facilities.
- (b) Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
- (c) Costs of providing COVID-19 testing, including serological testing.
- (d) Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
- (e) Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.

2. Public health expenses such as:

- (a) Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
- (b) Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings,

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and other public health or safety workers in connection with the COVID-19 public health emergency.

(c) Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.

(d) Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.

(e) Expenses for public safety measures undertaken in response to COVID-19.

(f) Expenses for quarantining individuals.

3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:

(a) Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.

(b) Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.

(c) Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.

(d) Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.

(e) COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.

(f) Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.

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5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:

- (a) Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.

For the purpose of this Request for Distribution, “small business” shall mean the Applicant must have 500 or fewer employees as calculated by the Small Business Administration in 13 C.F.R 121.106. Part-time and temporary workers are counted the same as full-time employees (not on an FTE basis). Volunteers and independent contractors are not included for purposes of the 500-employee calculation. Applicants may elect to use either (i) the average number of employees per pay period in the 12 completed calendar months prior to the date of the Request for Distribution, or (ii) the total number of employees by using the average for the 2019 calendar year.

- (b) Expenditures related to a State, territorial, local, or Tribal government payroll support program.

- (c) Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.

6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund’s eligibility criteria.

F. Examples of Excluded Expenditures. The following is a list of examples of costs that would not be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.