

Miller County CARES Act Business Grant Application 2020

Request for Reimbursement

Introduction

The Coronavirus Aid, Relief, and Economic Security ACT (CARES Act) passed on March 27, 2020 and signed by President Trump established the Coronavirus Relief Fund and appropriated \$150 billion to the Coronavirus Relief Fund. This fund is to be used to make payments for specified uses to states and certain local governments. Miller County received \$3,005,620. to support the needs within Miller County. Miller County will use the guidelines provided by the U.S. Department of Treasury and the State of Missouri in making awards of the funds received under the CARES Act. To ensure the project meets the guidelines for reimbursement, please complete this application, provide the necessary documentation, and sign the application prior to submission.

Eligibility for the Business Grant Program

1. Business must be located in Miller County, Missouri.
2. Private for-profit businesses that employ 1-50 full-time employees (full-time means a person who is scheduled to work 35 or more hours per week).
3. Non-profit organizations that employ 1-10 full-time employees (full-time means a person who is scheduled to work 35 or more hours per week) are also eligible.
4. The number of grants per applicant is limited to one application.
5. Business must have incurred COVID-19 related costs between March 1, 2020 and December 30, 2020. This is a reimbursement grant for funds already expended in response to the COVID-19 pandemic.
6. Business must be registered to do business in Missouri and in good standing with the Secretary of State.
7. Business must NOT employ illegal workers and must provide proof of enrollment in E-Verify.
8. Eligible cost will be those that are significantly different from planned operational costs directly related to COVID-19 public health emergency.
9. Not for political activities, private clubs, financing or investment companies, or a business in which a state, local or federal elected official, or employee of a city has ownership.
10. Other criteria may apply.

Ineligible Business Activities and Deemed NOT Eligible for the Business Grant Program

1. Payroll and Loss of Revenue are not eligible expenses
2. Not intended to provide support for franchise or chain businesses.
3. Not intended for businesses that are engaged in illegal activities under federal or state law.
4. Any expenses that are or will be reimbursed by other sources of funds such as insurance.
5. Any expenses that are or will be reimbursed by other federal or state programs such as Payroll Protection Program, SBA, etc.
6. Any expenses that do not have a direct connection to the preparedness and response to COVID-19 pandemic.
7. List is not all inclusive and meant to provide general guidance and other activities may also be deemed not eligible.

Applicant Information

Name of Applicant (Business Legal Name):	
DBA or Tradename (If Applicable)	
Business Address:	
City, State, Zip:	
County:	
Congressional District:	
Federal Employer Identification Number (EIN):	
DUNS Number:	
NAICS CODE or Business Type:	
Year-Round Employment or Seasonal Employment:	
Number of Employees (list number of full-time staff, and part-time staff):	
Ownership (list all owners of the business, attach a separate sheet if necessary):	
Contact Person and Title:	
Phone:	
Email:	

Date of Project Expenditure

Date(s) of actual expenditure:	
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Project Information/Reimbursement Description

Project Title:	
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Describe Business-Explain Needs Due to COVID-19-Reimbursement Description

In an effort to ensure that the request for reimbursement meets the guidance provided by the U.S. Department of Treasury and the State of Missouri, please make sure that your request for reimbursement description is detailed and explains “why” you need the funds from Miller County to meet the unexpected needs and expenses incurred because of COVID-19 and the direct impact to your organization.

As described by the U.S. Department of Treasury and the State of Missouri, below are identified eligible activities, but not limited to activities. Please click on the activity that you feel best fits your project/reimbursement request. If you are unable to select from the predefined list, use the final item: “Any expense that is “reasonably necessary” to the function as a business -Must be directly related to COVID-19” and fill in the project description box showing how the request for reimbursement is directly related to a COVID-19 need.

Below is a list of eligible expenditures, briefly describing the eligible activities, this list is not all inclusive. For a more detailed and expanded list, please see [Appendix A](#).

Eligible Expenditures

- Medical Expenses -Must be directly related to COVID-19**
 - Increase Treatment Capacity
 - COVID-19 Testing
 - Emergency Medical Transportation
 - Establishing and operating public telemedicine capabilities

- Public Health Expenses -Must be directly related to COVID-19**
 - Communication and enforcement of government public health orders
 - Acquisition and distribution of medical and protective supplies (PPE)
 - Disinfection of public areas
 - Public safety measures
 - Quarantining individuals

- Payroll Expenses -Must be directly related to COVID-19 and not already be a budget approved payroll expense.**
 - The funding can be used to meet 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

- Expenses of actions to facilitate compliance with public health measures -Must be directly related to COVID-19**
 - Food delivery to residents, senior centers, other vulnerable populations
 - Distance learning, including technology improvements
 - Telework improvements-public employees
 - Paid sick leave individual and family -public employees
 - County jails-sanitation and improvement for social distancing
 - Care for homeless populations

- Any expense that is “reasonably necessary” to the function -Must be directly related to COVID-19**

Please Describe in Detail the “Reasonably Necessary” Expenditure you are requesting reimbursement for (if additional space is needed please attach additional pages):

Project Costs and Reimbursement Request

Total Project Cost:	
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Total Project Reimbursement Request:	
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Applicant's Certifications and Authorized Signature

As the authorized signor for this application and business/non-profit, I certify that the project meets the eligible activity guidelines and is not being used for revenue replacement or any other ineligible activity. I also certify that no other State or Federal funding sources have been applied for, used for or will be applied for or used for this same project and reimbursement request.

Has the business owner, or any individual with an interest in the business been suspended, debarred, proposed debarment, declared ineligible, voluntarily excluded from participation in any Federal Program, Department, of Agency?

YES NO

Has the business owner, or any individual with an interest in the business involved in any bankruptcy?

YES NO

Has the business and or owner, or any individual with an interest in the business ever been subject to any criminal or civil infractions, either federal, state or county?

YES NO

Has the business owner, or any individual with an interest in the business ever obtained a direct or guaranteed loan program from any State of Federal Program that is currently in delinquent or defaulted resulted in a loss to the government?

YES NO

I understand and acknowledge that grant funds may be taxable under IRS code, and any tax liability that may be incurred is and will be the business, business owner and any individual with an interest in the business their responsibility to pay and will not be a part of this grant program.

YES NO

I acknowledge and agree that, to the fullest extent permitted by law; I shall forever, release, hold harmless, discharge, and agree to defend and indemnify, Miller County from any liabilities, claims, demands, or causes of action that may hereafter have, in connection with this grant application.

Print Name:	
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Signature of Authorized Applicant:	
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Date:	
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Required Supporting Documentation to be Submitted with Application:

1. Completed and signed Miller County CARES Act Grant Application Request for Reimbursement
2. Copy of all invoices and supporting documentation for the amount being requested (including all receipts and proof of payments)
3. Copy of the most recent approved budget for your organization (if overlapping fiscal years include FY2019 and FY2020)
4. A Profit and Loss Statement from 2019 full year ending 12/31/2020 and current Profit and Loss Statement for 2020 Year to Date
5. List of other funding you have received, the funding program and amount received (PPP, EIDL, Unemployment Insurance, Business Interruption Insurance, Grant Funding, any other funding)
6. Valid and signed IRS W-9 Form must be completed and submitted with application
7. A company statement that states how COVID-19 has negatively impacted your business and how you plan to navigate the future with COVID-19 restrictions

Miller County CARES Act Business Grant Application Request for Reimbursement Submission Deadlines

Round 1Open 11/2/2020 through 12/2/2020 Application
Deadline: December 2, 2020

Disclaimers

All Miller County CARES Act Grant Application-Request for Reimbursement forms must be submitted by the deadline(s) for consideration. All requests for reimbursement will be evaluated by the Miller County Commission and additional information may be required if application is selected for funding.

The Miller County Commission will review all submissions and make the selection for reimbursement. Eligible applicants will be notified of their reimbursement status within 30 days of application deadline.

All selected applicants will be required to sign a CARES Funding Certification, indicating your request for reimbursement is for eligible expenses and that if it is determined at any time that the expenses are NOT eligible your organization/entity will be required to repay these funds to Miller County within 30 days of notification. For complete copy of the CARES Funding Certification see [Appendix B](#).

Submission Process

Please submit your application and all supporting documentation. Applications can be mailed or emailed.

Mail to:

Lake of the Ozarks Council of Local Governments

P.O. Box 3553

Camdenton, MO 65020

Email: linda.conner@loclg.org

Applications can also be dropped off at these locations:

Eldon Chamber of Commerce
403 E North Street, Eldon, 65026

Lake Area Chamber of Commerce
1 Wilmore Lane, Lake Ozark, 65039

Points of contact to email or call:

Lake of the Ozarks Council of Local Governments-GRANT ADMINISTRATOR

Linda Conner, Executive Director

Email: linda.conner@loclg.org

Phone: 573-346-5692

Miller County Commission

Tom Wright, Presiding Commissioner

Darrell Bunch, Associate Commissioner

Travis Lawson, Associate Commissioner

Phone: 573-369-1900

Miller County Clerk

Clinton Jenkins

Phone: 573-369-1910

Appendix A

Nonexclusive examples of eligible expenditures

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, 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 COVID19 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.
- 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.
 - 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

Appendix B

CARES Funding Certification

MILLER COUNTY CARES FUNDING CERTIFICATION

I, _____ (NAME), am the chief executive of
_____ (ORGANIZATION), and I certify that:

1. I have the authority on behalf of _____ (ORGANIZATION) to request reimbursement payment from Miller County from its allocation of funds from the State of Missouri from the Coronavirus Relief Fund as created in the CARES Act.
2. I understand that Miller County will rely on this certification as a material representation in making a direct payment to _____ (ORGANIZATION).
3. _____'s (ORGANIZATION) proposed uses of the funds will be used only to cover those costs that-
 - a. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
 - b. 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
 - c. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.
4. I further understand that:
The following is a list of examples of costs that would not be eligible expenditures of payments from the fund.
 - a. Expenses for the State share of Medicaid
 - b. Damages covered by insurance
 - c. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency
 - d. 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
 - e. Reimbursement to donors for donated items or services
 - f. Workforce bonuses other than hazard pay or overtime
 - g. Severance payments
 - h. Legal settlements
5. Funds provided as a payment pursuant to this certification must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure. Any funds expended by a political subdivision or its grantee(s) in any manner that does not adhere to official federal guidance shall be returned to Miller County. In the event that an audit finds expenditures were not allowable under the CARES Act, entity agrees to return grant funds to Miller County.

6. Any entity receiving funds pursuant to this certification shall provide documentation of all uses of the funds, including but not limited to invoices and/or sales receipts. Such documentation shall be produced to Miller County as required to receive funds.
7. Any funds provided pursuant to this certification cannot be used as a revenue replacement for lower than expected tax or other revenue collections.
8. Funds received pursuant to this certification cannot be used for expenditures for which an entity has received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same expense.

I certify that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

By: _____ Title: _____

Signature: _____ Date: _____

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

Notary Public

My commission expires _____