

Miller County CARES Act 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.

Applicant Information

Name of Applicant:	
Address of Applicant:	
City, State, Zip:	
County:	
Congressional District:	
Federal Employer Identification Number (EIN):	
DUNS Number:	
Public Entity/Department:	
Type of Public Entity: (County Dept, City, School, Fire Dept, Ambulance District, EMS, Health Dept, Nursing Home District, Non-profit, etc.)	
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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Project/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 of government -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 of government -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 Authorized Signature

As the authorized signor for this application and organization, 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.

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. If requesting payroll reimbursement please include:
 - a. Copy of your employee payroll list for FY2019 and FY2020
 - b. Copy of regular time and overtime with explanation of why overtime was required
 - c. Copy of new employee's payroll information (if hired new to combat COVID-19)
 - d. Documentation that the employees job description/duties are substantially dedicated to mitigation or responding to the COVID-19 public health emergency

Miller County CARES Act Grant Application Request for Reimbursement Submission Deadlines

Round 1Application Deadline: July 15, 2020

Round 2Application Deadline: August 19, 2020

Round 3Application Deadline: September 16, 2020

Round 4Application Deadline: October 21, 2020

Round 5Application Deadline: November 18, 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

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 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.

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.

PLEASE NOTE THE COUNTY MAY DETERMINE NOT TO OFFER THE BUSINESS OPTION AT THIS TIME OR UNTIL THE NEEDS OF LOCAL GOVERNMENTS HAVE ALL BEEN MET. PLEASE CONTACT THE GRANT ADMINISTRATOR FOR MORE DETAILS.

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 _____