Cole County CARES Act Application for Reimbursement (Phase 1)

Application Eligibility and Compliance:

- Costs cannot be used if already covered by other funding.
- Applicants must take reasonable measures to safeguard personally identifiable information.
- Funds cannot be used as revenue replacement for lower than expected tax collections.
- Purchases should be prudent in the interest of time where feasible.
- Recipients will be asked to provide detailed documentation, including receipts, and may be required to participate in ongoing monitoring.
- If funds are found to be used outside of what has been approved, recipients will be responsible for repayment of the funds to the County.

<u>Or</u>	ganization Information		
1	Name of Applicant Organization	City of Jefferson	
2	Entity Type	Municipality	
3	Organization Address	320 E. McCarty Street, Jefferson City, MO 65101	
4	Mailing Address (If Different)		
5	Website	www.jeffersoncitymo.gov	
<u>Au</u>	thorized Representative & Contact Information		
6	Authorized Representative - First Name	Steven	
7	Authorized Representative - Last Name	Crowell	_
8	Authorized Representative - Email Address	scrowell@jeffcitymo.org	
9	Authorized Representative - Phone Number	573-634-6306	
10	Designated Point of Contact- First Name	Margie	
11	Designated Point of Contact- Last Name	Mueller	
12	Designated Point of Contact- Email Address	mmueller@jeffcitymo.org	
13	Designated Point of Contact- Phone Number	573-634-6513	
<u>Inf</u>	ormation About Other COVID-19 Assistance Recei	ived	
14	Have you requested or been granted other CARES	/FEMA related Public Assistance?	No
15	Have you received any other funding not noted above for COVID-19 impacts? This may include funds from SBA, HHS, HUD, other federal or state grants, loans, or donations.		No
16	If you answered yes to either of the two questions and/or received.	s above, please describe funding amounts request	ed
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Fin	ancial Reimbursement Request		<u></u>

17 Provide a detailed description of your request, including (a) the request amount (b) how the grant helps during the COVID-19 emergency (c) the expected number of individuals impacted by the grant.

The requested amount of \$60,834.42 is the amount already expended or encumbered by the City of Jefferson from March 1, 2020 through August 5, 2020 for supplies, equipment and services related to personal protective equipment, disinfecting and cleaning supplies and services, and items required to modify work areas to serve the public and for employee protection. This includes all Departments of the City, including Police, Fire, Public Works, Admin, Planning and Protective Services, Parks, Transit, Wastewater, etc. The expected number of individuals impacted by the grant are all City employees and City residents (approx 44,000).

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	egories of Reimbursements	пас Арріу		
Ass	istance:			
	Wellness checks and food assistance for vulnerable or disadvantaged populations			
•	Crisis counseling for individuals & families or other mental health support initiatives			
•	Alternative housing costs for front-line staff interacting with COVID-19 patients			
•	Emergency medical transportation for patients not covered by insurance or other funding			
•	Workforce development or support for recently displaced workers as a result of COVID-19			
•	Expenses for the care of homeless populations			
Salaries & Benefits / Contract Labor:				
•	Payroll costs/overtime/FMLA for staff quarantined or confirmed positive test results			
•	Additional medical personnel, police officers, social and child protection workers			
•	Direct service providers for older individuals with disabilities in community settings			
	Public health/safety workers in connection with the COVID-19 related emergency			
	Increased security or disinfection costs of public areas, patient areas, and/or classrooms	$\overline{}$		
Health Equipment & Supplies:				
	PPE or other protective equipment (includes installation)			
	Testing or screening supplies			
	Communication and outreach to inform the public of essential services or health guidance			
Technology:				
•	Needed to move to remote work environments or implement telemedicine			
•	Distance learning costs, including online instruction and independent study packets			
Occupancy				
•	Facility retrofits or physical barriers to maintain spacing or social distancing	\checkmark		
•	Temporary facilities to comply with local health requirements			
Org	anization Capacity Assessment			
	Did you organization experience closures as a result of local public health ordinances or			
	government restrictions?	V .		
19	Are you employees currently able to support operations using a remote work model?			
20	Has your organization had experience in the past 3 years managing grant funds, loans, or other	/		
	types of financial assistance from Federal, State, County, or City govt sources?	~		
21	Does your organization have an accounting system in place to segregate expenditures by funding	./		
	source?	· V		
	Are your organization's procurement policies in alignment with the procurement regulations of 2	/		
	CFR 200? (See link below for reference.)	· ·		
	https://www.ecfr.gov/cgi-bin/text-			
	Has your organization had a financial statement audit completed in the last 24 months?			
	If yes, did you receive an unqualified opinion?			
	Has your organization had a Single audit in the past 24 months?	V/		
20	If yes, does your organization qualify as a low risk auditee?	V		

Additional Comments (optional)

Please use the following section to provide additional information on the foregoing questions. Be sure to clearly list section and number on which you are providing comment.

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