

MRPC Technical Assistance Scope of Work for Coronavirus Relief Fund
From
Coronavirus Aid, Relief, and Economic Security Act ("CARES Act")

DRAFT

Scope of Work, per County

1. Ensure full execution and submission of Federal Funding Certification
2. Assist with creating/submitting a Receiving Account for Coronavirus Relief Fund
3. Facilitate County Government Needs Prioritization (funds to be used by the county)

If requested: Assist in development of County Review Committee

4. Assist County in defining Community Priorities (funds to be dispersed to public entities/businesses)
5. Review and prepare a final Reimbursement Request Form with Certification and Documentation requirements
6. Market/Advertise for availability of funds for Community Priorities
7. Collect all County Department and Community Requests, review and package for the County
8. Send Drawdown Requests to the County for payment
9. Track all payments, report balances to County
10. Provide complete set of all files to the County to support Federal Funding Certification obligations
11. Submit MRPC billing to the county payable from Coronavirus Relief Fund

Deliverables to include:

Funding Prioritization Process

Reimbursement Forms

Marketing

Complete files

Gasconade County
 Community CARES Reimbursement Priorities

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Eligible CARES Activity	High	Medium	Low
Medical expenses such as:			
COVID-19-related expenses of public hospitals, clinics, and similar facilities.			
Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.			
Costs of providing COVID-19 testing, including serological testing.			
Emergency medical response expenses, including emergency medical transportation, related to COVID-19.			
Expenses for establishing and operating public telemedicine capabilities for COVID-19- related treatment.			
Other:			
Public health expenses such as:			
Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.			
Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment,			

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with COVID-19 precautions.			
Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.			
Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.			
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.			
Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions			
Other:			
Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:			
Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.			
Expenditures related to a State, territorial, local, or Tribal government payroll support program.			

Gasconade County
CARES Reimbursement Approval Form

Request Number

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Applicant Name: _____

Meramec Regional Planning Commission

Date Application Received by MRPC: _____

- Application is Signed
- Request is eligible Request is denied: Reason _____
- Documentation is attached Additional Information Requested Date: _____
- Application is approved

Signature: _____ Date: _____

Date Sent to County: _____

Gasconade County Commission:

- Application is approved Application is denied: Reason _____

Signature: _____ Date: _____

Gasconade County Treasurer:

- Reimbursement has been made: ___ Electronic Transfer or ___ Check
- Payment Documentation attached

Signature: _____ Date: _____

Please return to Meramec Regional Planning Commission

Gasconade County Application for CARES Act Reimbursement

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Are you a (please check one): County Department Public Entity

<i>Entity/Department Name:</i>	
<i>Type of Public Entity (City, School, Fire Dept. EMS, non-profit, etc.)</i>	
<i>Remit Address:</i>	
<i>Contact and Title:</i>	
<i>Contact Phone Number:</i>	
<i>Contact Email:</i>	
<i>Public Entity ONLY Federal Tax ID:</i>	

Amount Requested: \$ _____

Description of Request: _____

Signed: _____

Date: _____

Identification Key for Eligible Reimbursable Expenditures under the CARES Act

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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.

Gasconade County

CARES Small Business Relief Program

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The Gasconade County Commission recognizes the negative impact that COVID-19 has had on small businesses in its county. We have established a grant relief program in order to assist you during these difficult times. Every business is important to us.

Gasconade County has received Coronavirus Relief Funds that it is making available, on an application basis, to eligible entities for necessary expenditures incurred due to the public health emergency. Funds may only be used to cover costs that:

- are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

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.

Program Eligibility

The program funds will be allocated to eligible and qualified small businesses based on availability. Applications and supporting documentation are required for review and approval. All grants will be processed on a first-come, first-review basis to qualified applicants.

To be eligible, businesses must meet the following requirements:

- Must be a for-profit, independently owned business or independently-operated franchise, geographically located within the borders of Gasconade County, MO.
- Must possess a current city, county, and state license or permit to operate, as applicable.
- *Must employ between 1 and 10 full-time or part-time employees, including owner.*
- Must provide proof of a business hardship created by COVID-19 (i.e. employee layoffs, purchase of added safety items, added expenses due to COVID-19, etc.).
- Must use funds for operational needs, such as employee expenses, lease/mortgage payments, utilities, materials, supplies and services.
- Must be in compliance with local, state, and federal non-discrimination policy, and overall good standing with city and county service providers as of February 1, 2020 (e.g., current on utility bills, no liens or judgments, and prior year(s) property taxes, state and federal taxes).
- Must not have taken a Paycheck Protection Program loan or similar program under the CARES Act.

REVENUE REPLACEMENT IS NOT A PERMISSIBLE USE OF FUND PAYMENTS.

Gasconade County CARES Small Business Relief Form

Business Legal Name		DBA or Tradename (if applicable)	
		Business TIN (EIN, SSN)	Business Phone
Business Address			
		Primary Contact	Email Address
Total amount requested	\$	Number of Employees <small>(including owner, 10 or less)</small>	Full-time Part-time
Purpose of the grant (select all that apply)		<input type="checkbox"/> Employee Expenses <input type="checkbox"/> Lease/Mortgage <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other (explain)	
Applicant Ownership			
<small>List all owners of the business. Attach a separate sheet if necessary.</small>			
Owner Name	Title	Ownership %	TIN (EIN, SSN)
			Address
Question		YES	NO
1) Has the Applicant received a Paycheck Protection Program loan or similar program? If yes, you are not eligible for this program.		<input type="checkbox"/>	<input type="checkbox"/>
2) Is the Applicant or any owner of 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"/>	<input type="checkbox"/>
3) Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?		<input type="checkbox"/>	<input type="checkbox"/>
PLEASE DESCRIBE YOUR BUSINESS			
THE COVID-19 IMPACT			
Please describe how COVID-19 has impacted the business:			

Monthly Gross Revenues

March 2019	\$	March 2020	\$
April 2019	\$	April 2020	\$
May 2019	\$	May 2020	\$