

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

Section 1. Applicant Background Information				
A. Legal Name	B. Mailing Address			
C. Primary Contact	D. City	E. County	F. State	G. Zip
Name:				
Title:				
H. Business Phone(s)	I. Check One in the Space Below			
	<p>Non -Profit</p> <p>Private Entity</p> <p><input type="checkbox"/> Sole Proprietor</p> <p><input type="checkbox"/> Public Corporation (General)</p> <p><input type="checkbox"/> LLC</p> <p><input type="checkbox"/> LP</p> <p><input type="checkbox"/> LLP</p> <p><input type="checkbox"/> Close Corporation</p> <p><input type="checkbox"/> Professional Corporation</p> <p><input type="checkbox"/> Nonprofit Corporation</p> <p><input type="checkbox"/> Foreign Entity: _____ (List Entity Type)</p>			
J. Facsimile				
K. Email Address				
L. Tax Identification Number				
M. Is the Applicant located within the County?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
N. Does the Applicant have locations, facilities, offices, operations, divisions, branches, or offices located outside the County? (If no, skip to Section 1.P.)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
O. If the answer to Item 1.N. is “Yes”, list the locations by address and county of the other segments of the Applicant.				

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

P. 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. Attached additional pages if necessary.

Section 2. Applicant - Representatives/Ownership

A. If Applicant is a private entity, list the name, title, and ownership percentage of all owners of 20% or more equity of the Applicant. If the applicant is a non-profit, list the name of the chief executive and the members of the board of directors.

Name	Title	Ownership Percentage	

B. 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"/> Yes <input type="checkbox"/> No
--	--

C. Has the Applicant, any owner, or any business owned or controlled by any of them, 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
--	--

D. Is the Applicant, or any individual owning 20% or more of the equity 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
--	--

E. Within the last 5 years, for any felony, has the Applicant or any owner: (1) been convicted; (2) pleaded guilty; (3) pleaded nolo contendere; (4) been placed on pretrial diversion; or (5) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

If the answer to Items 2.B., 2.C., 2.D., or 2.E. is “Yes”, the Application will be denied, and funds will not be awarded.

Section 3. Request for Funding – General

- | | |
|---|--|
| A. Total Amount of Funds Requested by Applicant: | \$ |
| B. If awarded, will all funds be used within the County? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to Item 3.B. is “No”, the Application will be denied, and funds will not be awarded.

- | | |
|--|--|
| C. If the answer to Item 1.N. 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 |
|--|--|

D. If the answer to Item 3.C. 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.

E. For each of the requests set forth in Section 4, below, in the event any portion of the Application and request for funding is approved, provide responses to the following questions:

- | | |
|---|--|
| (i) 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 |
| (ii) 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 |
| (iii) 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 May 3, 2020? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (iv) Will the funds be used exclusively within the County? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If any of the answers to Items 3.E.(i) – (iv) is “No”, the Application will be denied, and funds will not be awarded.

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

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

A. Medical Expenses

(i) Is Applicant requesting funds for medical expenses (as described Paragraph E.1 of the Instructions, below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

(ii) State the amount of funds requested.	\$
--	----

(iii) If the answer to Item 4.A(i) 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>

(ix) 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.

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

B. Public Health Expenses

(i) Is Applicant requesting funds for public health expenses (as described Paragraph E.2 of the Instructions, below)? Yes No

(ii) State the amount of funds requested. \$

(iii) If the answer to Item 4.B.(i) is “Yes”, in the space below, describe the category of expenditure (e.g., Expenses for acquisition and distribution of cleaning 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>

(iv) 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.

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

C. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency (as described Paragraph E.3 of the Instructions, below). Lost revenue for the period of March 1, 2020 to May3, 2020 compared to the same period in 2019 (or 2018 if flooded in 2019)

(i) Is Applicant requesting funds that will be used for the provision of economic support in connection with COVID-19? Yes No

(ii) State the amount of funds requested. \$

(iii) If the answer to Item 4.C.(i) is “Yes”, in the space below, describe the category of expenditure (e.g., 1) expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, 2) expenses for food delivery to residents) and proposed use of funds, and the itemized amount requested. Attach additional pages if necessary.

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

(iv) 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 (see Paragraph G below).

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

D. Any other COVID-19-related expenses reasonably necessary to the function of business that satisfies the Coronavirus Relief Fund’s eligibility criteria.

(i) Is Applicant requesting funds for purposes that are not listed Items A – E, above, that otherwise satisfy the Coronavirus Relief Fund eligibility criteria? Yes No

(ii) State the amount of funds requested. \$

(iii) If the answer to Item 4.D.(i) 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>

(iv) 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).

5. 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).

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

6. Applicant Representation and Certification	
A. 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
B. 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
C. 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
D. 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 May 3, 2020.	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Applicant understands and agrees that in the event an award is made pursuant to this application, as a condition of any award an agreement provided by the County will be required to be approved and executed prior to disbursement of funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. 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
G. 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
H. 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

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

I.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
K.	I understand that County is not required or obligated to award funds to an Applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
L.	If approved, the Applicant agrees to comply with all local, state, and federal bidding, advertising and procurement requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If the answer to any of Items 6.A. – 6.L. is “No”, the Application will be denied, and funds will not be awarded to Applicant.</i>		

**Request for Distribution of County CARES Act Funds
Application Form**

Round 2 – Private Entities/Small Business and Non-Profit

**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, 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

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

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 May 3, 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.

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.

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

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

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 May 3, 2020.

A cost is “incurred” when the responsible public Entity/Business has expended funds to cover the cost. Lost revenue due to COVID 19 closure orders.

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 nursing homes (non-tax based), 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 acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for employees.
- (b) Expenses for disinfection of business facilities, *e.g.*, nursing homes and restaurants, in response to the COVID-19 public health emergency.
- (c) Expenses for public safety measures undertaken in response to COVID-19.

Request for Distribution of County CARES Act Funds

Application Form

Round 2 – Private Entities/Small Business and Non-Profit

3. 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. This may be submitted using one of the following examples:
 - 1) The difference of Gross Receipts shown on Missouri Department of Revenue Form 53-1 from March 1 – May 3, 2020 compared to Gross Receipts from 2019 53-1. If the business was closed in 2019 due flooding, Gross Receipts from 2018 may be used.
 - 2) A letter from a certified Public Accountant providing the lost revenues for the period March 1 – May 3, 2020. Additional documentation may be requested.

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 I 13 C.F.R. 121.106. Part-time and temporary workers are counted the same as full-time employees. Volunteers and independent contractors are not included for the purpose of the 500-employee limit.

- (b) Grants to Nonprofits. Funding to support Seniors, homeless and poor families with food, clothing, and utilities.
- (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.

4. Any other COVID-19-related expenses reasonably necessary to the function of business 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. 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.
- 4. Reimbursement to donors for donated items or services.
- 5. Workforce bonuses other than hazard pay or overtime.
- 6. Severance pay.
- 7. Legal settlements.

Request for Distribution of County CARES Act Funds Application Form

Round 2 – Private Entities/Small Business and Non-Profit

G. Supporting Documentation.

- a) Cleaning and sanitation supplies, masks, “sneeze guards”, etc. Paid bills, Invoices, etc.
- b) Revenue loss: Missouri Revenue Department Form 53-1 (2018/2019 – 2020). Signed, notarized letter from CPA.

- c) **G. Questions.** Questions should be addressed to:

Benton County Commissioners:

Steve Daleske – Presiding Commissioner (steve.daleske@bentoncomo.com)

David Malecki – South Commissioner (david.malecki@bentoncomo.com)

Glen Nelson – North Commissioner (glen.nelson@bentoncomo.com)

Telephone: 660 438-7406