

The Lewis County Commission announced applications are available to request Coronavirus Aid, Relief and Economic Security Act (CARES Act) funds. These funds are intended to help communities prevent, prepare for, and respond to coronavirus. Applications must be based on requests for reimbursement of eligible expenses or costs already incurred and must satisfy the requirements of the CARES Act and Treasury guidance. Applicants will be required to submit sufficient supporting documentation such as invoices, receipts, and proof of payment. Reimbursements must apply to expenditures that were not already part of an organization's budget as of March 27, 2020, and where expenses were incurred starting March 1 through June 30. An appointed board will review and evaluate applications for completeness (including supporting documentation) and approve funds to be distributed in three rounds.

The first-round application deadline will be August 14, 2020. All applications turned in and processed prior to this date will be considered in the first round of payment. The other deadline dates will be October 16 and December 11.

The application can be picked up at the Clerk's office, local city hall offices or by email. For more information contact the Lewis County Clerk, Shannon Sapp at 573-767-5205 or email Lewis@sos.mo.gov

Instructions for Submitting Reimbursement Requests

- Complete attached spreadsheet to describe all of your entity's reimbursable costs with associated supporting documentation.
- Submit detailed invoices proving those costs to:

County Name: Lewis County, Missouri
County Address: 100 East LaFayette St
 Monticello, MO 63457
 P.O. Box 67

- Points of contact to email or call:

LEWIS COUNTY CONTACT INFORMATION

County Name: Lewis County, Missouri
County Address: 100 East LaFayette St
 Monticello, MO 63457

Contact/Title: Shannon Sapp
Telephone: 573-767-5205
Facsimile:
Email: _____
 lewis@sos.mo.gov

- The County will then process your eligible invoices through our Accounts Payable process and issue payment as set out in the Intergovernmental Agreement. The Commission will review the applications on the last Monday of each month.
- Payment will be by check.
- Please attach your most recent Form W-9.

Eligible Reimbursable Expenditures under the CARES Act

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. Compliance Expenses for 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. Economic Support 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. Other COVID-19 Related Expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria and the provisions of the Intergovernmental Agreement with the County.

BUSINESS APPLICATION FOR LEWIS COUNTY CARES ACT GRANT

Name of Business _____

Business Structure - Corporation ____ Sole Prop ____ LLC ____ Partnership ____ Non-Profit ____

Address _____

Business Phone Number _____

Owner's Name & Address _____

Did your business close or alter operations due to Covid-19? - Yes ____ No ____

If yes please explain. _____

If yes, dates of closure _____

If yes, date of reopening or expected reopening _____

Percentage of revenue decrease from March & April, 2019 to March & April, 2020 _____

Number of employees - Full-time ____ Part-time ____

Did your business receive any COVID-19 financial assistance (PPP, EIDL, etc.) ? Yes ____ No ____

If yes, amount received _____

Expenses incurred by your business from March 1, 2020 through May 3, 2020 for which you are applying for reimbursement. Expenses can include but are not limited to payroll, rent, mortgage interest, utilities, inventory replacement and Covid-19 supplies. Provide additional pages if necessary. Documentation of the expense must be attached.

Payroll amount _____

Rent amount _____

Mortgage Interest amount _____

Utilities amount _____

Inventory replacement amount _____

Covid-19 supplies amount _____

Other (describe) amount _____

Other (describe) amount _____

Other (describe) amount _____

Total amount _____

Signature _____ Date _____

*** Please attach a narrative of your specific needs or additional information if available.

**LEWIS COUNTY INTERGOVERNMENTAL AGREEMENT
COVID-19 FUNDING**

This Intergovernmental Agreement is entered between Lewis County, Missouri (hereafter "County") and _____, (hereafter "Provider") for the purposes of providing COVID-19 funding available under the CARES Act for eligible reimbursable expenses incurred by Provider from and after the date this Agreement is properly adopted by the parties through December 30, 2020.

WHEREAS, the County is the designated dispenser of COVID-19 funding under the state supervision of the Missouri State Treasurer; and

WHEREAS, the parties have the ability to enter into intergovernmental agreements pursuant to Section 70.220 RSMo and the Missouri Constitution; and

WHEREAS, parties entering into intergovernmental agreements with the County are governed by Section 432.070 RSMo; and

WHEREAS, federal and state laws and guidelines prescribe the criteria and conditions governing the distribution of COVID-19 funds by the County; and

WHEREAS, federal and state laws and guidelines prescribe the criteria and conditions for which COVID-19 funds may be granted to local governmental entities such as Provider; and

WHEREAS, the County Commission has adopted a uniform plan for requesting and being granted the limited available COVID-19 funds to local governmental entities within the boundaries of the County:

NOW THEREFORE, the parties hereto agree to the following provisions as the applicable intergovernmental agreement for the providing of COVID-19 funds by the County:

Section 1. This is the sole agreement between the parties related to COVID-19 funding for eligible reimbursable expenses incurred by Provider as determined by the County as meeting the federal and state laws and guidelines prescribing the criteria and conditions and the County's requirements governing the distribution of COVID-19 funds.

Section 2. To apply for COVID-19 funds, the Provider shall submit the County adopted application form in a timely manner, with the last submission due no later than December 15, 2020. A copy of the application form is attached to this Agreement.

Section 3. To obtain funds, the Provider may only seek funding that is permitted for reimbursement meeting the federal and state laws and guidelines prescribing the criteria and conditions governing the distribution of COVID-19 funds and the County's requirements.

Section 4. The application for funds shall include a description of the services and materials purchased by the Provider and the cost of such items along with a receipt for the payment of the items obtained.

Section 5. The reimbursement shall only be available for eligible reimbursable expenses incurred by the Provider from March 31, 2020 through December 15, 2020.

Section 6. The Provider acknowledges that the funds available from the County are limited in amount and that not all eligible reimbursable expenses will be funded for reimbursement.

Section 7. The Provider acknowledges that the County Commission's uniform plan for requesting and being granted the limited available COVID-19 funds sets out an equitable basis for distribution of the funds among the requesting Providers. The Provider agrees to accept the County's uniform plan as a part of this Agreement.

Section 8. If the Provider seeks reimbursement for funding for services provided by a third party provider under supervision of the Provider, Provider will obtain and submit the proof of eligible reimbursements to such third party as if the third party provider was seeking direct reimbursement from the County.

Section 9. The County will issue reimbursement checks to the Providers for funds determined to be available under this Agreement during the last week of December 2020.

Section 10. The Provider agrees that it will accept the County's determination of amounts to be funded based on the Provider's properly submitted application and supporting documentation.

Section 11. The Provider agrees that if the County's payment of amounts to the Provider that are ultimately determined to be ineligible by the Missouri State Treasurer or other superintending official for reimbursement, the Provider will refund the ineligible amounts to the County upon demand of the County.

Section 12. The County designates the County Commission as the coordinator of the COVID-19 funding program for the County, and such official shall make the determination of eligibility and reimbursable amounts under the designated criteria specified herein.

Section 13. If the Provider disagrees with a denial of any requested funds, the Provider may appeal the decision to the County Commission in writing within five (5) business days of the denial. Such appeal shall set out the rationale for the appeal.

Section 14. The Provider agrees to hold the County and its agents harmless from any and all liability arising out of the administration of the COVID-19 funding program by the County.

Section 15. The parties acknowledge that each has the authority to enter into this Agreement and that each has taken the appropriate action of its governing body to enter into this

Agreement and to authorize the signing of same by the designated official representing the respective parties.

The governing body of the undersigned entity adopted this Agreement and authorized the signing official to sign this Agreement in a properly called meeting, a quorum being present, by a majority of the voting members of the entity on the _____ day of _____, 2020.

Authorized Signatory for the Provider & Title

ATTEST:

Clerk or Secretary of the Provider

The County Commission adopted this Agreement and authorized the signing official to sign the Agreement in a properly called meeting, a quorum being present, by a majority of the Commissioners on the _____ day of _____, 2020.

Presiding Commissioner

ATTEST:

County Clerk

Lewis County Application for CARES Act Reimbursement

<i>Entity Name:</i>	
<i>Remit Address:</i>	
<i>Contact and Title:</i>	
<i>Contact Phone Number:</i>	
<i>Contact Email:</i>	
<i>Federal Tax ID:</i>	

Certification

I, the undersigned, being _____, and being first sworn under oath certify that the requested reimbursements:

1. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); and
2. That such expenditures 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. That such expenditures were incurred during the period that begins on March 30, 2020 and ends on December 30, 2020; and
4. That such expenditures meet the conditions and criteria as agreed in the Intergovernmental Agreement with the County; and
5. That such expenditures are not being reimbursed from any other source except as submitted in this Application.

I further understand that:

The following is a list of examples of costs that are *not* eligible reimbursement expenditures of payments from the COVID-19 Fund and under the Intergovernmental Agreement with the County:

1. Expenses for the State share of Medicaid.
2. Damages covered by insurance.

3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

4. 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.

5. Reimbursement to donors for donated items or services.

6. Workforce bonuses other than hazard pay or overtime.

7. Severance pay.

8. Legal settlements.

Signed: _____ Date: _____

The above-signed person known to me being first sworn executed this document under oath on this _____ day of _____, 2020.