

Nodaway 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 _____, 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.

State of Missouri

County _____

(Seal)

Notary Public Signature _____

Notary Public Name (Typed or Printed) _____

Instructions for Submitting Reimbursement Requests

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

Nodaway County, Missouri
403 North Market
Room 204
Maryville, MO 64468

- Points of contact to email or call:

County Name:	Nodaway County, Missouri
County Address:	403 N Market Street Room 204 Maryville, MO 64468
Contact/Title:	Marilyn K Jenkins, Collector-Treasurer
Telephone:	660-582-4302
Facsimile:	660-582-4333
Email:	CARESACT@nodawaycountymo.us

- The County will then process your eligible invoices through our Accounts Payable process and issue payment as set out in the Intergovernmental Agreement.
- Payment will be by Automatic Direct Deposit, please complete the attached Direct Deposit Form.
- 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.

COVID-19 CARES ACT SPREADSHEET

COMPANY NAME:	PHONE NUMBER:
COMPANY ADDRESS:	
EMPLOYEE NAME:	
EMPLOYEE TYPE:	Department/Title:
TASK PERFORMED:	DATE TASK PERFORMED:
LOCATION:	
HOURS STRAIGHT TIME:	
HOURS OVER TIME:	
TOTAL HOURS WORKED:	
PAY RATE:	
TOTAL COMPENSATION:	
WAGES:	
TAXES:	
BENEFITS:	
PAYMENT INFORMATION	
DEPARTMENT NUMBER:	
DEPARTMENT DESCRIPTION:	
PAYMENT REQUEST NUMBER:	
PAYMENT REQUEST DATE:	
PAYMENT VENDOR:	
INVOICE DATE:	
INVOICE NUMBER:	
INVOICE AMOUNT:	
EQUIPMENT (Including Rental) Materials, Services, Supplies Description	
PURPOSE:	
ELIGIBILITY CODE: (FROM KEY)	

Print Preparer's Name: _____

Preparer's Signature: _____ Date: _____