



Grant Application for Greene County Funds from CARES Act Coronavirus Relief Fund through State of Missouri



The purpose of the CARES Act Coronavirus Relief Fund is to provide ready funding to address unforeseen financial needs and risks created by the Coronavirus Disease 2019 (COVID-19) public health emergency while meeting the criteria in section 601 (d) of the Social Security Act. Any funds that are granted through this application process cannot be used to supplant expenses already budgeted or to cover lost tax revenues, due to COVID-19. These funds cannot be used to pay for COVID-related expenses already paid for by other COVID funding. Note: The CARES Act funds are not FEMA funds. This opportunity is limited to entities who are submitting grant application on behalf of a local government, public entity or private entity within the parameters of Greene County, Missouri.

APPLICANT ORGANIZATION		YEAR ESTABLISHED	<i>For internal office use only:</i>	
ORGANIZATION TYPE				
Local Government/Public Entity (select from drop down list)				
Private Entity (select from drop down list)				
Non-Profit (select from drop down list)				
Healthcare Provider (select from drop down list)				
Other (please list to the right)				
STREET ADDRESS		FISCAL YEAR		
EMAIL ADDRESS	PHONE			
CONTACT NAME	TITLE	MINORITY STATUS	STAFFING DATA	
			TOTAL # FULL TIME STAFF	
FEIN #	DUNS #		TOTAL # PART TIME STAFF	
			TOTAL # VOLUNTEERS	
APPLICANT DESCRIPTION OF GENERAL BUSINESS OPERATIONS - SERVICES OR GOODS PROVIDED, PURPOSE OR MISSION				
SAMPLE				
Is the applicant located within the County? Yes <input type="checkbox"/> No <input type="checkbox"/>			REQUESTED AMOUNT	
Does the applicant have locations/facilities/offices outside of the County? Yes <input type="checkbox"/> No <input type="checkbox"/>				
GRANT NAME			SUBMISSION DEADLINE	
GC CARES ACT GRANT			(based on current round)	

PRINTED NAME OF AUTHORIZED PARTY FOR APPLICANT	SIGNATURE OF AUTHORIZED PARTY	DATE

By signing this document, I declare/certify/state under penalty of perjury, that all information provided is true and correct.

CRITERIA OF CARES ACT CORONAVIRUS RELIEF FUND

The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that -

- (1) are necessary expenditures incurred due to the public health emergency with respect to 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 began on March 1, 2020 and ends on December 30, 2020.

Grant requests will not be permissible if the funds are intended to be used simply to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure.

Greene County has the right to visually inspect documentation and/or actual operations for which funding is being requested and/or utilized.

STATEMENT OF NEED

ANTICIPATED IMPACT OF APPLIED FUNDS, IF GRANTED

UTILIZATION AND COMPLIANCE QUESTIONS

If the applicant is a business, was the business forced to close or drastically reduce services as a result of COVID-19 and/or the stay at home order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to the above question, for how long? _____	
Will the funds be used exclusively for expenditures as defined by the CARES Act and related to the Coronavirus Disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the funds only be used for costs that were incurred by the applicant between March 1 and December 30, 2020?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the funds be used exclusively within the County?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant received any donations, grants and/or other financial resources related to CARES and/or PPP that were or will be used for any of the expenses listed in the application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to the above question, what percentage of the expense was covered by those resources? ____ % (attach documentation)	
Will the funds be utilized for costs or expenses that have/may be covered by insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the applicant is a public entity, the applicant agrees the funds will not be used as revenue replacement for lower than expected tax or other revenue collections.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this request for funding something that you budgeted for in the current budget year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the applicant current on all business taxes, business license(s) and all other applicable business fees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you solicited funds via grant application or other means to be reimbursed for items in this request?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to the above question, what is the status of that funding request? Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/>	
Is the applicant 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant, or 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the applicant, or any individual owning 20% or more of the equity subject to an indictment, arraignment or other means by which formal criminal charges are brought in any jurisdiction, presently incarcerated or on probation or parole?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Within the last 5 years, for any felony, has the applicant or any owner: been convicted; pleaded guilty; pleaded nolo contendere; been placed on pretrial diversion; and/or been placed on parole or probation?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ITEMIZATION OF REIMBURSEMENT REQUEST - attach additional documentation of project detail in the appendix section, if needed

Project	Status	Amount
Reimbursement request for project(s) already completed/funds spent		
Grant funds requested for reimbursements as activities are completed		
Grant funds requested for multiple advances to fund projects		
Request for funds advanced to fund future activity		

EXPENSE BREAKDOWN - refer to the Relief Fund Expense Guideline on our CARES Act Relief Fund webpage. Attach documentation in the Appendix section.

CATEGORY	AMOUNT	EXPLANATION
MEDICAL EXPENSE		
PUBLIC HEALTH EXPENSE		
PAYROLL EXPENSE		
COMPLIANCE WITH COVID-19 EXPENSE		
PROVISIONAL SUPPORT EXPENSE		
OTHER COVID-19 RELATED EXPENSE		

APPENDIX - attach any documentation which corresponds with your application

FILE NAME	DESCRIPTION	LOCATION attachment / link