

Greene County CARES Application Instruction Guide

This is a reference sheet to assist in preparing the grant application, if you have a specific question please contact

lfoster@greencountymo.gov)

1. **Applicant Organization**-Please state the legal name of the entity that is applying for the CARES relief funding. If you are a business or a taxpayer supported entity etc., enter on this line.
2. **Organization Type**-Please select from the drop down list...please select the type that describes your organization. There is a place under other to list a more specific type of entity.
3. **Address**-Please list your physical address for the organization. Because the funding is for Greene County the location should be in Greene County.
4. **Contact name**-Please list who at your organization/business should be contacted for follow up information and their title.
5. **FEIN#**-This is your employer identification number. This needs to be completed. If you are a sole proprietorship business enter your social security number in this blank.
6. **DUNS#**-If you have a Dun and Bradstreet number enter here....if you do not have one...leave blank.
7. **Minority Status**-There are drop down listings here. This is for business applicants. If this is not applicable you can indicate it. If you are a non-profit/community organization you would leave this blank. If you serve a predominantly minority population you can state that in the applicant description.
8. **Staffing Data**-We realize this may have changed due to the pandemic. Please share the information that is accurate at the time of completing the application. If there has been a substantial

reduction in staff or volunteers and that relates to your application request please indicate in the statement of need.

9. **Applicant Description of Operations**-Please share the primary purpose of your business or organization. If you are a non-profit this would be your mission and the primary things that you do for the customers that you serve. If you are a business simply state what type of business you are and what you primarily do.
10. **Location Questions**-These require a simple yes or no response. You must be located in the county to be eligible for funding.
11. **Signature Line**-Please provide your electronic signature here which is accomplished by checking the box.
12. **Fiscal Year**-Please indicate on this line when your fiscal year ends and put in this format.....MMDD when your Fiscal Year ends. This will usually be 0630 or 1231.
13. **Statement of Need**-This is one of the most important parts of the application and please ensure that your answer is consistent with CARES relief funding guidelines. (Please refer to the other documents listed in the CARES relief tab.) This is your opportunity to explain the impact of the COVID-19 pandemic on your organization's services or your business. What did you do as a response that you are requesting reimbursement funds for? What was the impact on your day to day business operations? Were you forced to close and what did that do? These are some of the things that you want to describe. Please consider how you can state these impacts concisely. We need to get a complete and accurate picture for the reviewers but it may not need to be multiple pages to explain your points.
14. **Anticipated Impact of Applied Funds, If Granted**-Funding can occur in two different ways. You can apply for reimbursement for activities you have already completed and you may apply for

proposed or ongoing activities through the funding period (up until December 30, 2020). How will funding support what you are proposing to do? This is the opportunity to state what the requested funding will accomplish. If you can state specifics in this section that will be useful. (Example, the requested funding will allow us to provide utility assistance to 25 families between September and November, 2020). A reimbursement example may be as follows(We assisted 18 families with rent assistance at an average amount of \$300.00 during the months of April and May, 2020. These families lost hours at work because of the pandemic. We are asking for reimbursement in the amount of \$5,400).

15. Utilization and Compliance Questions-Please complete each of these questions. Failure to answer may affect our being able to review your application.

16. Itemization of Reimbursement Request-This is another important section. We are asking in the application for a summary of the costs that you have already spent that are directly related to COVID-19. You can refer to the categories that are identified in the Relief Fund Expense Guideline. Everything that you indicate is an expense category you will need to be able to document with receipts. We will request those receipts if you are funded in order to process funds for your organization/business. Do not attach the receipts in the application, summarize them by category.

17. Grant Funds Requested for Ongoing/Future Activities-If you are providing a service that you plan to continue please indicate the amount you are requesting and for what COVID-19 eligible activities. The figure that you state should correspond with the length of time that you are continuing the activity. Please

remember that all CARES eligible funding must be expended by December 30, 2020. You may also request funding for something that you are proposing to do that is a COVID-eligible expense but again it must be completed by December 30, 2020. We realize that eligible expenses may need clarification but refer to the eligible expenses and you may email your questions to Lyle Foster at lfoster@greencountymo.gov. Again, the primary guidance will always be is this as a result of the pandemic or in response to it?

- 18.** It is recommended that you use a google chrome browser or Microsoft edge browser for submitting the application..other browsers should work but Internet explorer may not be compatible.

Thank you for your interest in the CARES Relief program through Greene County. Additional information can also be found in the Information sheet in the CARES Relief Fund tab as well.