



Christian County CARES Act Committee
 1106 W. Jackson St.
 Ozark, MO 65721
 (417) 581-7242
 caresact@christiancountymo.gov

Application No: _____	Date received: _____
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CARES Act Funding Request Application

This application is geared primarily for future projects seeking funding (Phase II), but also includes a section for reimbursement of eligible expenditures already made (Phase I).

All applications received will be reviewed and evaluated by the Christian County CARES Act Funds Distribution Committee as appointed by the Christian County Commission

Name of Entity making Request	
Name of Project	
Amount Requested	
Has your Organization Received any other CARES Act related funding	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes – amount received \$ _____
Partial Funding - The Distribution Committee reserves the right to only offer partial funding for projects, regardless of ranking	<input type="checkbox"/> Able to accept partial funding for project to be completed <input type="checkbox"/> Not able to accept partial funding for project. (Without full funding, the project will not be able to be completed)
This Request is for: Check One	<input type="checkbox"/> Reimbursement for an expenditure related to COVID-19 which has already occurred <input type="checkbox"/> A new planned expenditure which addresses an eligible priority need related to the Coronavirus emergency. <input type="checkbox"/> Other
Type of Applicant - Check One	<input type="checkbox"/> Local Government Entity or Institution <input type="checkbox"/> Christian County Govt Office <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other (Describe)
Location(s) Of Project	
Community/City(s) that will be served	
<i>Public Entity ONLY</i> Federal Tax ID:	

Please Provide a Brief Description of the Project or Expenditure

1,000 characters or less

Estimated number of individuals directly impacted	
Type of Expense	<input type="checkbox"/> Remote Working <input type="checkbox"/> Public education <input type="checkbox"/> Social Distancing <input type="checkbox"/> Communication <input type="checkbox"/> Sanitation <input type="checkbox"/> Health Dept. <input type="checkbox"/> Wage reimbursement <input type="checkbox"/> PPE
Name of Authorized Official	
Authorized Official Title	
Mailing Address	
Telephone	
Cell Phone (not required)	
Email	
Web-site	
Name of Project Manager <i>If different than Authorized Official</i>	
Project Manager Title	
Mailing Address	
Telephone	
Email	

Project Implementation

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Please describe how this project/expenditure will be implemented in terms of:

- Key personnel and qualifications
- Location where expenditures will be utilized
- Time frame from beginning to end of the project or expected lifespan of equipment

[Empty response area for Project Implementation]

For educational projects, list the estimated number of people educated/contacted, number of programs conducted, etc.:

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[Empty response area for educational projects]

Executive Summary of the project or expense to be reimbursed	5

Ineligible Costs - Is the application free of all ineligible costs listed?		6
Operating Expenses already covered within the entity's current budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Costs incurred prior to March 1, 2020 or after December 31, 2020	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expenses which are not documented by receipt or paid invoice	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Within the \$2.2 trillion CARES Act package there are funding streams directed through Federal agencies to specific sectors. These include but are not limited to:

- **Small Business Administration**
- **Department of Commerce**
- **Department of Justice**
- **Department of Education**
- **Department of Health and Human Services**
- **Department of Labor**
- **Department of Agriculture**

If your entity is eligible to apply for assistance intended for your sector through one of these avenues you should be prepared to demonstrate that you have applied for and been unsuccessful in obtaining that assistance.

Signature Page

Project Reporting Requirements

If approved for disbursement of CARES Act funding, we subsequently agree to furnish receipts or paid invoices, and/or any other information relevant to the expenditures being reimbursed.

Final Project Reporting Certification

The Recipient hereby agrees that any equipment purchased pursuant to this agreement shall be used for the purposes described in this application during the period ending December 31, 2020. The Grantee shall submit a statement as provided by the County certifying the use(s) of said funding or equipment is for project activities.

I (We) hereby certify that the information provided in this CARES Act Funding Application is true and correct. We agree to the Reporting Requirement and the Final Project Certification Agreement.

Signature of Authorized Official

Date

Contact	If you plan to apply, contact the Cares Act Committee at (417) 581-7242 or caresact@christiancountymo.gov before beginning your application.
Time Table & Work Plan	Because these funds must be utilized by December 31, 2020, please make clear when these funds will be utilized.
Line Item Budget	If the space within line item expense listing or project budget is not sufficient, please feel free to attach additional pages
Documents	If your funding application is approved, an authorized official of the entity will be required to execute a Final Project Certification agreement which documents the amount being provided, the intended use and any other requirements including clawback provisions for funding not utilized or utilized outside the intended purpose of this program.
Price Quote	Please provide price quote(s) on vendor letterhead for any budget line item purchase in excess of \$4,000. For any equipment purchase (regardless of cost) you must provide price quote(s) on vendor letterhead.
501(c)3 Documents	If your organization has 501(c)3 status, please submit documentation.
Application Documents	<i>The Committee will contact grantees <u>after</u> applications are submitted, if needed, to assure that all required documentation has been provided</i> <i>If you require additional room to complete any part of this application, please feel free to reference "attached additional documents"</i>
Other Information	Please submit any other items you would like to include.
Email application and documents to caresact@christiancountymo.gov. Print one copy of the signature page, sign, and mail or deliver to: Christian County Resource Management Office, Attn; CARES Act Committee, 1106 W. Jackson St., Ozark, MO 65721	