

# Clinton County Application for CARES ACT Reimbursement

**Entity Name:** \_\_\_\_\_

**Remit Address:** \_\_\_\_\_

**Contact and Title:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_ **Federal Tax ID:** \_\_\_\_\_

## Certification

I, \_\_\_\_\_ certify that the following reimbursement requests:

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19)
2. were not accounted for in the budget most recently approved as of March 1, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

### **I further understand that:**

The following is a list of examples of costs that would not be eligible expenditures of payments from the Fund.

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.

**I certify under the penalties of perjury set forth in Section 575.040, RSMo., that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge. By signing this form, you are certifying that you will only submit request for eligible expenses and that, should be determined that any expense is ineligible, you will repay the county with cost incurred.**

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

## Instructions for Submitting Reimbursement Requests

- Complete and summarize all your entity's reimbursable costs  
Ensure to cite the relevant reimbursement code from the key below and site relevant reimbursement codes(s) from page 3-4.

*i.e. "1d "*

1. Medical expenses      d. Emergency medical response expenses, including emergency medical transportation, related to COVID-19.

- Submit prepared copies of detailed records, invoices and/or receipts proving costs and purpose justification.
- Please attach your most recent W-9

Clinton County Commissioners  
207 N Main #102  
Plattsburg, MO 64068

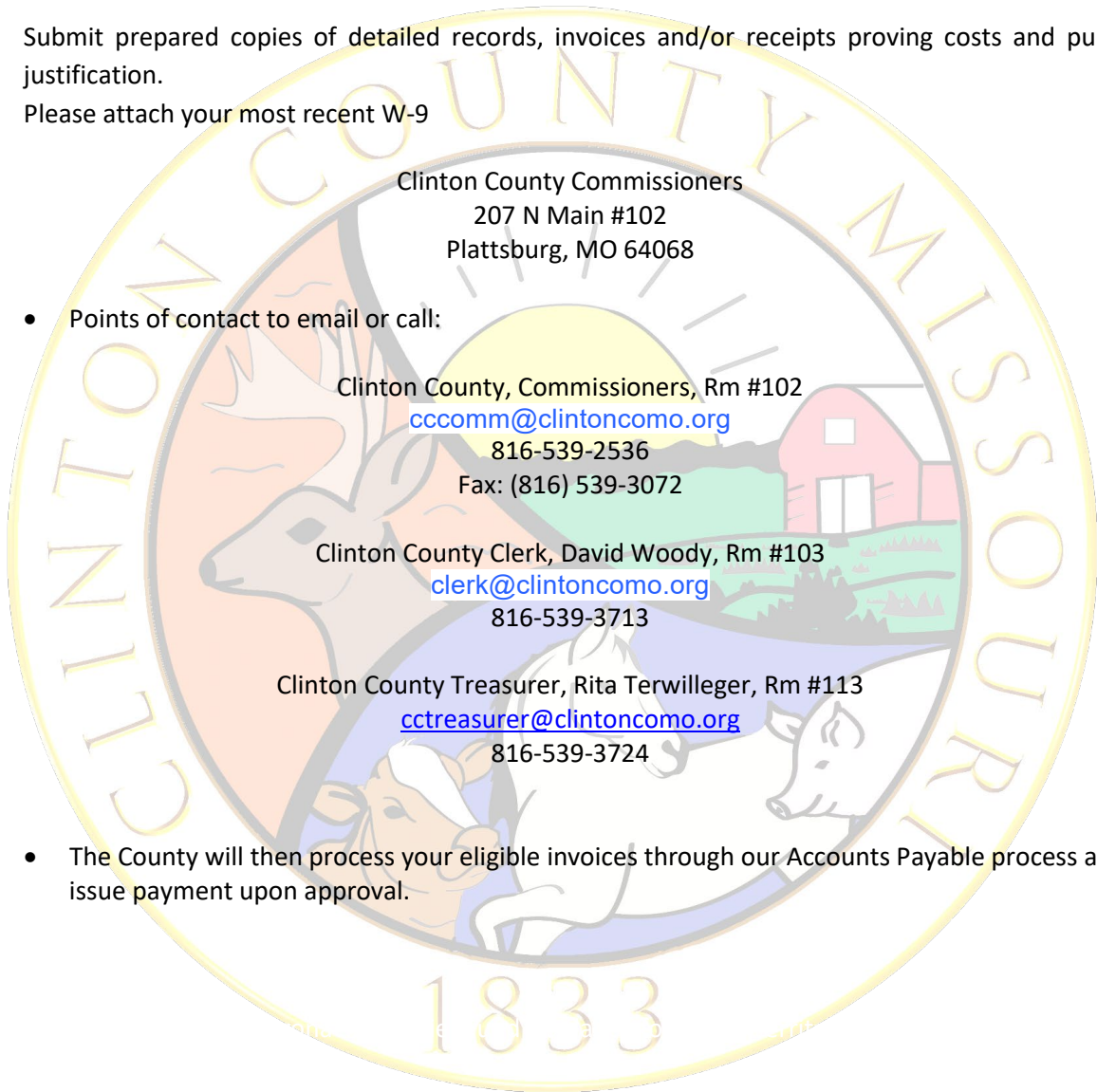
- Points of contact to email or call:

Clinton County, Commissioners, Rm #102  
[cccomm@clintoncomo.org](mailto:cccomm@clintoncomo.org)  
816-539-2536  
Fax: (816) 539-3072

Clinton County Clerk, David Woody, Rm #103  
[clerk@clintoncomo.org](mailto:clerk@clintoncomo.org)  
816-539-3713

Clinton County Treasurer, Rita Terwilleger, Rm #113  
[cctreasurer@clintoncomo.org](mailto:cctreasurer@clintoncomo.org)  
816-539-3724

- The County will then process your eligible invoices through our Accounts Payable process and issue payment upon approval.



## Identification Key for Eligible Reimbursable Expenditures under the CARES Act

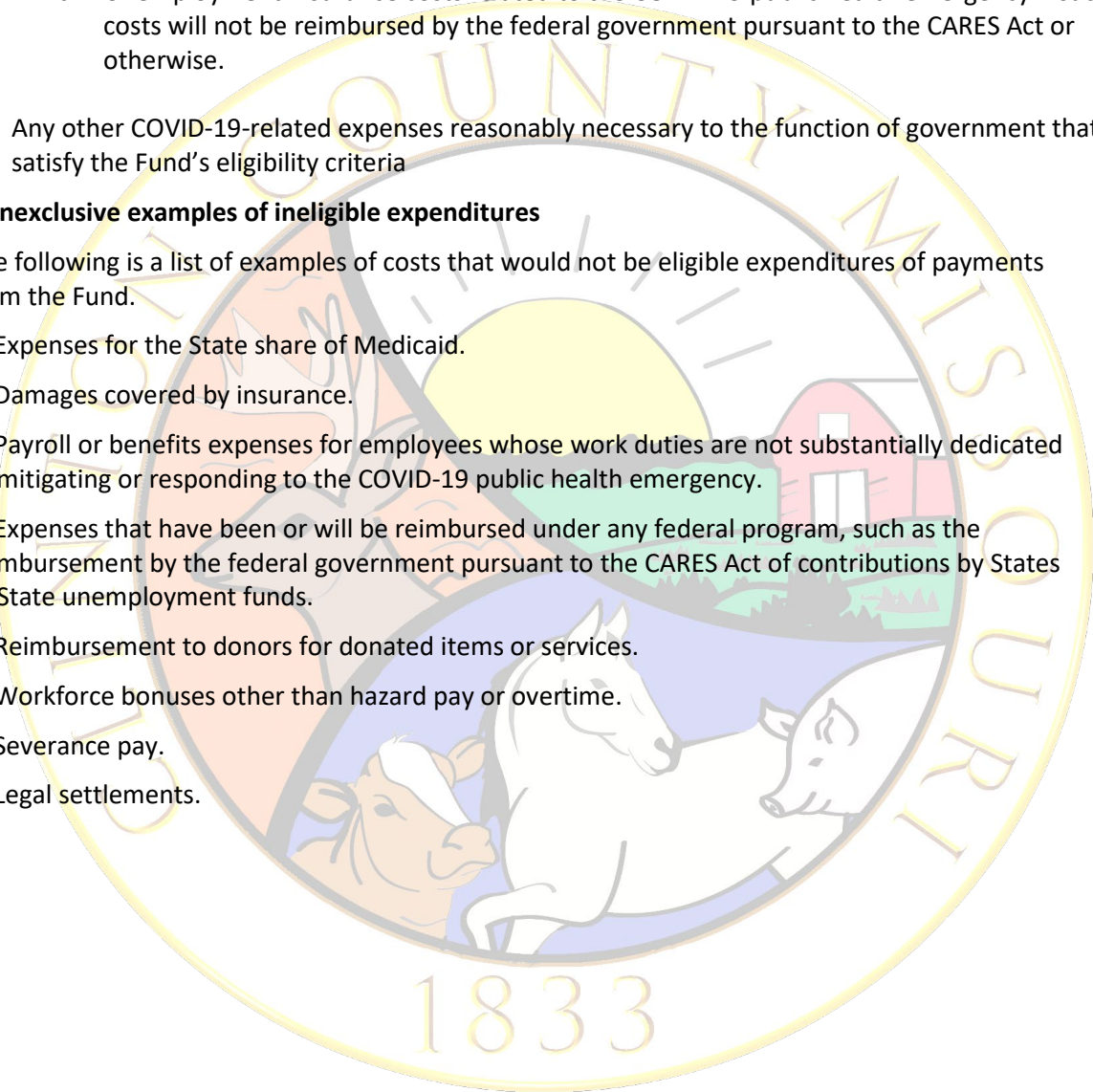
1. Medical expenses such as:
  - a. COVID-19-related expenses of public hospitals, clinics, and similar facilities.
  - b. Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
  - c. Costs of providing 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. Expenses of 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. 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. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria

**Nonexclusive examples of ineligible expenditures**

The following is a list of examples of costs that would not be eligible expenditures of payments from the Fund.

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.



**Clinton County Government Internal Use Only:**

Date Application Received by Clinton County: \_\_\_\_\_

Application is Signed by County Clerk: \_\_\_\_\_

Date \_\_\_\_\_

Requested Date: \_\_\_\_\_

**Request is eligible or Request is denied:**

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation is attached Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ **Application is approved**

\_\_\_\_ **Application is denied**

Presiding Commissions: \_\_\_\_\_ Date \_\_\_\_\_

1<sup>st</sup> District Commissioner \_\_\_\_\_ Date \_\_\_\_\_

2<sup>st</sup> District Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Clinton County Treasurer: \_\_\_\_\_ Reimbursement has been made by Check # \_\_\_\_\_  
Date \_\_\_\_\_

Delivery: \_\_\_\_\_

\_\_\_\_ Payment Documentation attached

\_\_\_\_ Entered CARES RELIEF FUND WORKSHEET

Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

