**Shelby County Application for CARES Act Reimbursement**

Are you a (please check one): County Department Public Entity

|  |  |
| --- | --- |
| *Entity/Department Name:* |  |
| *Type of Public Entity (City, School, Fire Dept. EMS, non-profit, etc.)* |  |
|  |  |
| *Remit Address:* |  |
|  |  |
| *Contact and Title:* |  |
|  |  |
| *Contact Phone Number:* |  |
|  |  |
| *Contact Email:* |  |
|  |  |
| *Public Entity ONLY*  *Federal Tax ID:* |  |

Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Submitting Reimbursement Requests**

* Complete attached spreadsheets to summarize all of your entity’s reimbursable costs
* Ensure to cite the relevant reimbursement code from the key attached
* Public Entity ONLY - Complete Certification – For the first reimbursement, please complete the CARES Funding Certification. Note that you are certifying that you will only submit requests for eligible expenses and that should it be determined that any expense is ineligible, you will repay the funds to the county.
* Submit detailed invoices proving those costs to:

Shelby County Commission

P.O. Box 186

Shelbyville, MO 63469

-OR-

Mark Twain Regional Council of Governments

42494 Delaware Lane

Perry, MO 63462

* Points of contact to email or call:

Mark Twain Regional Council of Governments

Samantha Diffenderfer, Community Planner

[diffenderfercog@rallstech.com](mailto:kellysb@meramecregion.org)

573-565-2203

Fax: 573-565-2205

Shelby County Commission

Glenn Eagan, Presiding Commissioner

Tom Shively, Eastern District Commissioner

Larry Roberts, Western District Commissioner

Stephanie Bender, County Clerk

573-633-2181

* MTRCOG will process your eligible invoices and submit to Shelby County to complete through its Accounts Payable process and issue payment as soon as possible.

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

1. Medical expenses such as:
   1. COVID-19-related expenses of public hospitals, clinics, and similar facilities.
   2. Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
   3. Costs of providing COVID-19 testing, including serological testing.
   4. Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
   5. Expenses for establishing and operating public telemedicine capabilities for COVID-19- related treatment.
2. Public health expenses such as:
   1. Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
   2. 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.
   3. Expenses for disinfection of public areas and other facilities, e.g., nursing homes, in response to the COVID-19 public health emergency.
   4. Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
   5. Expenses for public safety measures undertaken in response to COVID-19.
   6. 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 COVID19 public health emergency.
4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
   1. Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
   2. Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
   3. Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
   4. Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
   5. 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.
   6. 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:
   1. Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
   2. Expenditures related to a State, territorial, local, or Tribal government payroll support program.
   3. 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