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Capital Region Medical Center - \$616177 - 2020-09-29

Grant Name	Capital Region Medical Center - \$616177 - 2020-09-29	Close Date	9/29/2020
Account Name	Capital Region Medical Center	Stage	Pre-Award Processing
Grant Number	BKD-01910	Total Amount Requested	\$1,195,137.00
Entity Type	Hospitals (Nonprofit)	Total Amount Awarded	\$293,000.00
		True, Complete, Accurate	Yes
Grant Impact	This request is to provide Covid 19 testing for individuals. Without the testing facilities of CRMC and SSM, there is extremely limited access to testing. CRMC established a mobile testing site to provide access to residents of central Missouri to receive covid testing. The request includes cost to set up a the mobile site, staffing, provide workers with the appropriate safety equipment, lab testing supplies and the unreimbursed cost of processing the specimens.		

Additional Comments

Award Comments

Contacts

Authorized Representative	Thomas Luebbering	Designated Point of Contact	Pam Harris
Auth Rep Email	tluebbering@crmc.org	DPOC Email	pharris@crmc.org

Internal Reviews

External Reviews

Application Complete?

Documentation Complete?

Supplemental - Coronavirus Relief Fund (CRF)

Necessary (2 C.F.R. § 200.403(a))

Reasonable (2 C.F.R. § 200.404)

Conforming to Limitations or Exclusions (2 C.F.R. § 200.403(b))

Consistent with Policies and Procedures (2 C.F.R. § 200.403(c))

Accorded Consistent Treatment (2 C.F.R. § 200.403(d))

Allocable (2 C.F.R. § 200.405(a))

Determined in Accordance with GAAP (2 C.F.R. § 200.403(e))**Not used for cost sharing or matching requirements (2 C.F.R. § 200.403(f))****Adequately Documented (2 C.F.R. § 200.403(g) and 2 C.F.R. § 200.302(b)(3))****Previous Funding**

Other COVID Funding Yes

Government**Health****Economic****Compliance****Response****Medical**

Total Medical	\$1,195,137.00	Total Medical - Awarded	\$0.00
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Medical expenses	\$1,195,137.00	Medical Expenses - Awarded	
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Nursing Home Assistance	\$0.00	Nursing Home Assistance - Awarded	
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Medical Reason	Covid testing needs are in high demand and there is limited access to obtain these tests outside of the service	Medical Start Date	3/23/2020
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Medical Address	1014 Madison Street, Jefferson City MO	Medical Completion Percentage	100.00%
		Medical End Date	8/31/2020

Items Not Listed Above**Scoring Tool**

Total Score 8

Criteria

Previous Funding Amount	\$6,884,585.00	Previous Funding Score	0
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Persons Impacted	20,000	Affected Individuals Score	2
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Matching Funds %		Matching Funds Score	0
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Matching Funds \$

Organizational Capacity

Grant Experience	Local,State,Federal	Experience Score	3
Segregated expenses	Yes	Segregated Expenses Score	1
Aligned with 2CFR 200	Yes	Aligned with 2 CFR 400 Score	1
Recent financial statement audit	Yes	Recent Financial Statement Score	1
Recent Single Audit	No	Recent Single Audit Score	0
Low risk auditee			
Amount Requested	1,195,137.00	Amount Requested Score	0

System Information

Created By	Cole County CARES Site Guest User, 9/29/2020, 12:19 PM	Last Modified By	ImagineCRM, 11/9/2020, 10:02 AM
Grant Owner	ImagineCRM	Probability (%)	95%
Confirmation Sent	<input checked="" type="checkbox"/>	Authorized Representative Email Conf	<input checked="" type="checkbox"/>
Auth Rep Email Conf	<input type="checkbox"/>	Designated Point of Contact Email Conf	<input checked="" type="checkbox"/>
Import Source		Auth Rep Email Validation ID	
Attachments	11/3/2020 - Award Files - Mar-Sep 2020 detail GL 9110 11/3/2020 - Award Files - Payroll Reports Sept 12, 2020 - CRMC 10/29/2020 - Award Files - ACH - Capital Region Medical Center 10/29/2020 - Award Files - CRMC Audit Report 2020 10/29/2020 - Award Files - CRMC Policy - Purchase of Capital Expenditures (Equip., Renovations, Supplies) 10/29/2020 - Award Files - Procurement Policy 2.1 - CRMC 10/29/2020 - Award Files - W-9- Cole County 10/29/2020 - Award Files - Notice of Award Letter - signed by CRMC 10-28-2020 9/29/2020 - dept_9110_employee costs_FY2020 9/29/2020 - 6 - Jun2020.19110 9/29/2020 - Cole County mobile test site request 9/29/2020 - Mar-Aug 2020 detail GL 9110 9/29/2020 - dept 9110 payroll FY21 Summary 9/29/2020 - Aug2020.19110	DPOC Email Validation ID	

Account Information

Account Name	Capital Region Medical Center	Account Owner	ImagineCRM
Entity Type	Hospitals (Nonprofit)	Website	

Entity Type Detail		Cole County Zip Code	Cole County
DUNS Number	071964001	Cole County Benefit	
DUNS Lookup	DUNS Lookup		
DUNS Confirmed	Confirmed		
Debarred Indicator	 Not Debarred		

Organization Notes

Description

Address Information

Billing Address	1125 Madison street jefferson City, Missouri 65101	Shipping Address	
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COVID-19 Assistance

Other COVID Funding	Yes	Previous Funding Amt	\$6,884,585.00
Previous Funding Description	Cares act funding for hospitals for Lost Revenue		

Organization Capacity Assessment

Organization Closures	No	Remote work possible	No
Previous grant management experience	Yes	Local, State, Federal Grant Experience	Local; State; Federal
Aligned with 2CFR 200	Yes	Segregated expenses	Yes
Low risk auditee		Recent Single Audit	No
Recent financial statement audit	Yes	Unqualified Opinion	Yes

System Information

Created By	Cole County CARES Site Guest User, 9/15/2020, 5:34 AM	Last Modified By	ImagineCRM, 10/30/2020, 8:42 PM
Parent Account		Account Record Type	Cole County Organization
Import Source			

Contact Roles

Thomas Luebbering

Role	Authorized Representative
Title	
Primary	<input type="checkbox"/>
Phone	573-632-5100
Email	tluebbering@crmc.org
Account Name	Capital Region Medical Center

Pam Harris

Role	Designated Point of Contact
Title	
Primary	<input checked="" type="checkbox"/>
Phone	573-632-5100
Email	pharris@crmc.org
Account Name	Capital Region Medical Center

Thomas Luebbering

Role	Authorized Representative
Title	

Pam Harris

Role	Designated Point of Contact
Title	

Primary
 Phone **573-632-5100**
 Email **tluebbering@crmc.org**
 Account Name **Capital Region Medical Center**

Primary
 Phone **573-632-5100**
 Email **pharris@crmc.org**
 Account Name **Capital Region Medical Center**

Thomas Luebbering

Role **Authorized Representative**
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 Phone **573-632-5100**
 Email **tluebbering@crmc.org**
 Account Name **Capital Region Medical Center**

Pam Harris

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 Phone **573-632-5100**
 Email **pharris@crmc.org**
 Account Name **Capital Region Medical Center**

Thomas Luebbering

Role **Authorized Representative**
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 Phone **573-632-5100**
 Email **tluebbering@crmc.org**
 Account Name **Capital Region Medical Center**

Pam Harris

Role **Designated Point of Contact**
 Title
 Primary
 Phone **573-632-5100**
 Email **pharris@crmc.org**
 Account Name **Capital Region Medical Center**

Files

Award Files - Mar-Sep 2020 detail GL 9110

Last Modified **11/3/2020, 11:52 AM**
 Created By **ImagineCRM**

Award Files - Payroll Reports Sept 12, 2020 - CRMC

Last Modified **11/3/2020, 11:51 AM**
 Created By **ImagineCRM**

Award Files - ACH - Capital Region Medical Center

Last Modified **10/29/2020, 12:51 PM**
 Created By **ImagineCRM**

Award Files - CRMC Audit Report 2020

Last Modified **10/29/2020, 12:51 PM**
 Created By **ImagineCRM**

Award Files - CRMC Policy - Purchase of Capital Expenditures (Equip., Renovations, Supplies)

Last Modified **10/29/2020, 12:50 PM**
 Created By **ImagineCRM**

Award Files - Procurement Policy 2.1 - CRMC

Last Modified **10/29/2020, 12:50 PM**
 Created By **ImagineCRM**

Award Files - W-9- Cole County

Last Modified **10/29/2020, 12:50 PM**
 Created By **ImagineCRM**

Award Files - Notice of Award Letter - signed by CRMC 10-28-2020

Last Modified **10/29/2020, 12:49 PM**
 Created By **ImagineCRM**

Capital Region Medical Center - 293000

Last Modified **10/28/2020, 8:49 AM**
 Created By **Teresa Seymour**

CapitalRegin Medical Center - 293000

Last Modified **10/28/2020, 7:37 AM**
 Created By **Teresa Seymour**

Cole County mobile test numbers (Autosaved)

Last Modified **10/16/2020, 1:18 PM**
 Created By **Teresa Seymour**

dept_9110_employee costs_FY2020

Last Modified **9/29/2020, 12:42 PM**
 Created By **ImagineCRM**

6 - Jun2020.19110

Last Modified **9/29/2020, 12:38 PM**
 Created By **ImagineCRM**

Mar-Aug 2020 detail GL 9110

Last Modified **9/29/2020, 12:36 PM**
 Created By **ImagineCRM**

Cole County mobile test site request

Last Modified **9/29/2020, 12:35 PM**

dept 9110 payroll FY21 Summary

Last Modified **9/29/2020, 12:34 PM**

Created By **ImagineCRM**

Created By **ImagineCRM**

Aug2020.19110

Last Modified **9/29/2020, 12:34 PM**

Created By **ImagineCRM**

Activity History

Email Sent: Cole County CARES - Notice of Award

Name

Task

Due Date **10/28/2020**

Location

Assigned To **Teresa Seymour**

Comments **Date: October 28, 2020Account Name: Capital Region Medical CenterGrant Number: BKD-01910Award Amount: \$293,000.00**
The Cole County Commission hereby conditionally approves your request as specified through the CARES Act Coronavirus Relief Fund (CRF). Please review the attached Notice of Award (NOA) and Subrecipient Agreement. Cole County will reimburse expenses after the following documents are received and reviewed:Signed Subrecipient Grant Agreement (Must receive 10 business days after NOA date)Invoices and proof of payment for all requested expensesW-9 (template in attachment)Procurement policyMost current audit report (if applicable)ACH information (if electronic payment is requested)Please use this link to upload all documents
Please note, this list is not all inclusive and we may need to request additional documentation at a later date. The award is conditional pending receipt of requested documentation.
If you have any questions regarding this award, please direct them to CARESAct@colecouny.org for quickest response.
Thank you for partnering with us to support the citizens of Cole County.

Email Sent: Cole County CARES - Notice of Award

Name

Task

Due Date **10/28/2020**

Location

Assigned To **Teresa Seymour**

Comments **Date: October 28, 2020Account Name: CapitalRegin Medical CenterGrant Number: BKD-01910Award Amount: \$293,000.00**
The Cole County Commission hereby conditionally approves your request as specified through the CARES Act Coronavirus Relief Fund (CRF). Please review the attached Notice of Award (NOA) and Subrecipient Agreement. Cole County will reimburse expenses after the following documents are received and reviewed:Signed Subrecipient Grant Agreement (Must receive 10 business days after NOA date)Invoices and proof of payment for all requested expensesW-9 (template in attachment)Procurement policyMost current audit report (if applicable)ACH information (if electronic payment is requested)Please use this link to upload all documents
Please note, this list is not all inclusive and we may need to request additional documentation at a later date. The award is conditional pending receipt of requested documentation.
If you have any questions regarding this award, please direct them to CARESAct@colecouny.org for quickest response.
Thank you for partnering with us to support the citizens of Cole County.



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SSM Regional health Services, dba SSM Health, St. Mary's Hopsital, Jefferson City - \$108534.08 - 2020-10-30

Grant Name	SSM Regional health Services, dba SSM Health, St. Mary's Hopsital, Jefferson City - \$108534.08 - 2020-10-30	Close Date	10/30/2020
Account Name	SSM Regional health Services, dba SSM Health, St. Mary's Hopsital, Jefferson City	Stage	BKD Review
Grant Number	BKD-03870	Total Amount Requested	\$111,938.62
Entity Type	Hospitals (Nonprofit)	Total Amount Awarded	\$0.00
		True, Complete, Accurate	Yes
Grant Impact	Since March 2020 St. Mary's has provided services and supplies for the COVID pandemic. In addition to the equipment and supplies submitted for Phase 2 funding, this request is for additional expenses incurred since out Phase 2 funding application: a Pod to place in the outside COVID testing area to provide climate control for workers, expenses for electrical run to the Pod for electrical needs for staff to provide services within the Pod, an additional carport to provide climate protection for patients in cars coming to the COVID testing site, digital thermometers for entrance points to the hospital to enhance screening options for staff and visitors, and staffing that is being hired specifically for the tent, including clinical staff, registration staff and laboratory staff (previous staffing provided by regular hospital staff who are needed to care for patients within the hospital).		
Additional Comments	Invoices for unreimbursed expenses submitted for Phase 2 have been submitted with the Grant Request. The expenses submitted for this application are COVID tent testing and screening expenses only that have been incurred since the previous application submission.		
Award Comments			

Contacts

Authorized Representative	Becky Miller	Designated Point of Contact
Auth Rep Email	becky.miller@ssmhealth.com	DPOC Email

Internal Reviews

External Reviews

Application Complete?

Documentation Complete?

Supplemental - Coronavirus Relief Fund (CRF)

Necessary (2 C.F.R. § 200.403(a))

Reasonable (2 C.F.R. § 200.404)

Conforming to Limitations or Exclusions (2 C.F.R. § 200.403(b))

Consistent with Policies and Procedures (2 C.F.R. § 200.403(c))

Accorded Consistent Treatment (2 C.F.R. § 200.403(d))

Allocable (2 C.F.R. § 200.405(a))

Determined in Accordance with GAAP (2 C.F.R. § 200.403(e))

Not used for cost sharing or matching requirements (2 C.F.R. § 200.403(f))

Adequately Documented (2 C.F.R. § 200.403(g) and 2 C.F.R. § 200.302(b)(3))

Previous Funding

Other COVID Funding Yes

Government

Health

Economic

Compliance

Response

Medical

Total Medical	\$111,938.62	Total Medical - Awarded	\$0.00
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Medical expenses	\$111,938.62	Medical Expenses - Awarded	
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Nursing Home Assistance	\$0.00	Nursing Home Assistance - Awarded	
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Medical Reason	The Pod, electric al hook up and carport expenses submitted are to support the COVID community testing that it set up outside of the building during the winter months. The staffing expense submitted is specifically for clinical staff in the tent to do the COVID swabbing, registration staff to register these patients and for laboratory staff to support the laboratory specimen management and data tracking necessary for patients going through the COVID testing tent. The thermometers submitted are to support the monitoring for COVID symptoms that must occur for staff, patients and visitors who enter the building to reduce potential COVID exposure within the hospital.	Medical Start Date	10/1/2020
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Medical Address	2505 Mission Drive; Jefferson City, MO	Medical Completion Percentage	40.00%
		Medical End Date	3/31/2021

Items Not Listed Above

Scoring Tool

Total Score 12

Criteria

Previous Funding Amount	\$13,978,642.71	Previous Funding Score	0
Persons Impacted	10,000	Affected Individuals Score	1
Matching Funds %	100.00%	Matching Funds Score	3
Matching Funds \$			


Organizational Capacity

Grant Experience	,State,Federal	Experience Score	3
Segregated expenses	Yes	Segregated Expenses Score	1
Aligned with 2CFR 200	Yes	Aligned with 2 CFR 400 Score	1
Recent financial statement audit	Yes	Recent Financial Statement Score	1
Recent Single Audit	Yes	Recent Single Audit Score	2
Low risk auditee	Yes		
Amount Requested	111,938.62	Amount Requested Score	0

System Information

Created By	Cole County CARES Site Guest User, 10/30/2020, 1:21 PM	Last Modified By	ImagineCRM, 11/9/2020, 10:02 AM
Grant Owner	ImagineCRM	Probability (%)	65%
Confirmation Sent	<input checked="" type="checkbox"/>	Authorized Representative Email Conf	<input checked="" type="checkbox"/>
Auth Rep Email Conf	<input type="checkbox"/>	Designated Point of Contact Email Conf	<input type="checkbox"/>
Import Source		Auth Rep Email Validation ID	
Attachments	10/30/2020 - Williams Scotsman, Inc 10/30/2020 - Thermometers 10/30/2020 - Tent Staffing Salary Cost 10/30/2020 - St. Mary's- Power to covid POD 10/30/2020 - Carport	DPOC Email Validation ID	

Account Information

Account Name	SSM Regional health Services, dba SSM Health, St. Mary's Hopsital, Jefferson City	Account Owner	ImagineCRM
Entity Type	Hospitals (Nonprofit)	Website	http://ssmhealth.com
Entity Type Detail		Cole County Zip Code	Cole County
DUNS Number	075333810	Cole County Benefit	
DUNS Lookup	DUNS Lookup		
DUNS Confirmed	Confirmed		
Debarred Indicator	 Not Debarred		

Organization Notes

Description

Address Information

Billing Address	2505 Mission Drive Jefferson City, MO 65109	Shipping Address	
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COVID-19 Assistance

Other COVID Funding	Yes	Previous Funding Amt	\$13,978,642.71
Previous Funding Description	HHS - \$13,974,642.71; MHA - \$4,000		

Organization Capacity Assessment

Organization Closures	Yes	Remote work possible	Yes
Previous grant management experience	Yes	Local, State, Federal Grant Experience	State; Federal
Aligned with 2CFR 200	Yes	Segregated expenses	Yes
Low risk auditee	Yes	Recent Single Audit	Yes
Recent financial statement audit	Yes	Unqualified Opinion	Yes

System Information

Created By	Cole County CARES Site Guest User, 9/30/2020, 10:42 AM	Last Modified By	ImagineCRM, 10/30/2020, 8:42 PM
Parent Account		Account Record Type	Cole County Organization
Import Source			

Contact Roles

Becky Miller

Role	Authorized Representative
Title	
Primary	<input checked="" type="checkbox"/>
Phone	
Email	becky.miller@ssmhealth.com
Account Name	SSM Regional health Services, dba SSM

Becky Miller

Role	Authorized Representative
Title	
Primary	<input checked="" type="checkbox"/>
Phone	
Email	becky.miller@ssmhealth.com
Account Name	SSM Regional health Services, dba SSM

Health, St. Mary's Hopsital, Jefferson City

Health, St. Mary's Hopsital, Jefferson City

Becky Miller

Role **Authorized Representative**
 Title
 Primary
 Phone
 Email **becky.miller@ssmhealth.com**
 Account Name **SSM Regional health Services, dba SSM Health, St. Mary's Hopsital, Jefferson City**

Files

Williams Scotsman, Inc

Last Modified **10/30/2020, 1:59 PM**
 Created By **ImagineCRM**

Thermometers

Last Modified **10/30/2020, 1:59 PM**
 Created By **ImagineCRM**

Tent Staffing Salary Cost

Last Modified **10/30/2020, 1:59 PM**
 Created By **ImagineCRM**

St. Mary's- Power to covid POD

Last Modified **10/30/2020, 1:59 PM**
 Created By **ImagineCRM**

Carport

Last Modified **10/30/2020, 1:59 PM**
 Created By **ImagineCRM**



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SSM Regional Health Services, dba SSM Health, St. Mary's Hospital, Jefferson City - \$319892.82 - 2020-09-30

Grant Name	SSM Regional Health Services, dba SSM Health, St. Mary's Hospital, Jefferson City - \$319892.82 - 2020-09-30	Close Date	9/30/2020
Account Name	SSM Regional Health Services, dba SSM Health, St. Mary's Hospital, Jefferson City	Stage	BKD Review
Grant Number	BKD-01977	Total Amount Requested	\$319,892.82
Entity Type	Hospitals (Nonprofit)	Total Amount Awarded	\$207,000.00
		True, Complete, Accurate	Yes
Grant Impact	The hospital, since March 2020, has provided services for the community to test for COVID-19 as a component of the public health emergency needs. This has required to date, and anticipated going forward into the near future, use of equipment and supplies, including PPE, testing equipment, extra staffing and a location established on hospital property to safely perform the testing. This request allows us to expand upon the testing processes we have performed to date to meet ongoing demands, and replace equipment and supplies that have been used that are worn out or are needed to be utilized in the inpatient setting for patient care since our volumes, including numbers of COVID patients treated, has grown back toward our historical volumes pre COVID.		
Additional Comments	This application is for funding to reimburse for previous and ongoing COVID 19 testing for patients and the community. The funding request includes personal protective supplies, equipment for registration and documentation of the testing orders and process, for a safe shelter for outside testing to protect staff and patients from the elements and for testing equipment to perform more rapid on-site COVID 19 test results. A component of the other CARES funding identified in this application was applied to net patient service revenue shortfalls due to COVID 19 pandemic, including the gov't mandated reduction in elective surgeries and non-emergent diagnostic care. Other CARES funding identified in this application is being utilized for designated items allowable by FEMA reimbursable at only 75%.		
Award Comments			

Contacts

Authorized Representative	Becky Miller	Designated Point of Contact
Auth Rep Email	becky.miller@ssmhealth.com	DPOC Email

Internal Reviews

External Reviews

Application Complete?

Documentation Complete?

Supplemental - Coronavirus Relief Fund (CRF)

Necessary (2 C.F.R. § 200.403(a))

Reasonable (2 C.F.R. § 200.404)

Conforming to Limitations or Exclusions (2 C.F.R. § 200.403(b))

Consistent with Policies and Procedures (2 C.F.R. § 200.403(c))

Accorded Consistent Treatment (2 C.F.R. § 200.403(d))

Allocable (2 C.F.R. § 200.405(a))

Determined in Accordance with GAAP (2 C.F.R. § 200.403(e))

Not used for cost sharing or matching requirements (2 C.F.R. § 200.403(f))

Adequately Documented (2 C.F.R. § 200.403(g) and 2 C.F.R. § 200.302(b)(3))

Previous Funding

Other COVID Funding Yes

Government

Health

Economic

Compliance

Response

Medical

Total Medical	\$319,892.82	Total Medical - Awarded	\$207,000.00
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Medical expenses	\$319,892.82	Medical Expenses - Awarded	\$207,000.00
-------------------------	--------------	-----------------------------------	--------------

Nursing Home Assistance	\$0.00	Nursing Home Assistance - Awarded	
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Medical Reason	The hospital, since March 2020, has provided services for the community to test for COVID-19 as a component of the public health emergency needs. This has required to date, and anticipated going forward into the near future, use of equipment and supplies, including PPE, testing equipment, extra staffing and a location established on hospital property to safely perform the testing. This request allows us to expand upon the testing processes we have performed to date to meet ongoing demands, and	Medical Start Date	3/9/2020
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replace equipment and supplies that have been used that are worn out or are needed to be utilized in the inpatient setting for patient care since our volumes, including numbers of COVID patients treated, has grown back toward our historical volumes pre COVID.

Medical Address	2505 Mission Drive; Jefferson City MO	Medical Completion Percentage	75.00%
		Medical End Date	12/31/2020

Items Not Listed Above

Scoring Tool

Total Score 12

Criteria

Previous Funding Amount	\$13,978,642.71	Previous Funding Score	0
Persons Impacted	10,000	Affected Individuals Score	1
Matching Funds %	100.00%	Matching Funds Score	3
Matching Funds \$			

Organizational Capacity


Grant Experience	,State,Federal	Experience Score	3
Segregated expenses	Yes	Segregated Expenses Score	1
Aligned with 2CFR 200	Yes	Aligned with 2 CFR 400 Score	1
Recent financial statement audit	Yes	Recent Financial Statement Score	1
Recent Single Audit	Yes	Recent Single Audit Score	2
Low risk auditee	Yes		
Amount Requested	319,892.82	Amount Requested Score	0

System Information

Created By	Cole County CARES Site Guest User, 9/30/2020, 10:42 AM	Last Modified By	Teresa Seymour, 10/27/2020, 11:17 AM
Grant Owner	ImagineCRM	Probability (%)	65%
Confirmation Sent	<input checked="" type="checkbox"/>	Authorized Representative Email Conf	<input checked="" type="checkbox"/>
Auth Rep Email Conf	<input type="checkbox"/>	Designated Point of Contact Email Conf	<input type="checkbox"/>
Import Source		Auth Rep Email Validation ID	
Attachments	SSM_PW1_Jeff_City_Workbook_v0.1 for Cole County CARES Submission - submitted - 9/30/2020	DPOC Email Validation ID	

Invoices & Receipts for Cole County
 CARES Funding Application - 9/30/2020

Account Information

Account Name	SSM Regional Health Services, dba SSM Health, St. Mary's Hospital, Jefferson City	Account Owner	ImagineCRM
Entity Type	Hospitals (Nonprofit)	Website	http://ssmhealth.com
Entity Type Detail		Cole County Zip Code	Cole County
DUNS Number	075333810	Cole County Benefit	
DUNS Lookup	DUNS Lookup		
DUNS Confirmed	Confirmed		
Debarred Indicator	 Not Debarred		

Organization Notes

Description

Address Information

Billing Address	2505 Mission Drive Jefferson City, MO 65109	Shipping Address	
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COVID-19 Assistance

Other COVID Funding	Yes	Previous Funding Amt	\$13,978,642.71
Previous Funding Description	HHS - \$13,974,642,71 MHA - \$4,000		

Organization Capacity Assessment

Organization Closures	Yes	Remote work possible	Yes
Previous grant management experience	Yes	Local, State, Federal Grant Experience	State; Federal
Aligned with 2CFR 200	Yes	Segregated expenses	Yes
Low risk auditee	Yes	Recent Single Audit	Yes
Recent financial statement audit	Yes	Unqualified Opinion	Yes

System Information

Created By	Cole County CARES Site Guest User, 9/30/2020, 10:42 AM	Last Modified By	Teresa Seymour, 10/27/2020, 11:17 AM
Parent Account		Account Record Type	Cole County Organization
Import Source			

Contact Roles

Becky Miller

Becky Miller

Role **Authorized Representative**
 Title
 Primary
 Phone
 Email **becky.miller@ssmhealth.com**
 Account Name **SSM Regional Health Services, dba SSM Health, St. Mary's Hospital, Jefferson City**

Role **Authorized Representative**
 Title
 Primary
 Phone
 Email **becky.miller@ssmhealth.com**
 Account Name **SSM Regional Health Services, dba SSM Health, St. Mary's Hospital, Jefferson City**

Files

SSM_PW1_Jeff_City_Workbook_v0.1 for Cole County CARES Submission - submitted

Invoices & Receipts for Cole County CARES Funding Application

Last Modified **9/30/2020, 11:16 AM**

Last Modified **9/30/2020, 11:16 AM**

Created By **ImagineCRM**

Created By **ImagineCRM**

Coronavirus Relief Fund Spending Request Form

Requests must be submitted via email attachment to: CARESAct@colocoounty.org

Requests

Request Amount

Request Date

Priority

Category

Expense Type

Requesting Entity/Department/Agency

Contact Information for Requesting Entity

Authorized Representative - Name

Authorized Representative - Title

Authorized Representative - Phone

Authorized Representative - Email

Contact Person (if different than above)

Contact Title

Contact Phone

Contact Email

Other Relevant Contact Information (Optional)

Eligibility for Expense

COVID-19 Expense Eligibility Category

Expense Amount

Narrative description of the expense; provide as much technical information as necessary to accurately describe what is being purchased.

Describe how the expense is related to COVID19?

Are the supplies, equipment or services being procured/reimbursed based on or consistent with local, state or national health official guidance? If yes, please provide a reference or link to guidance. Attach any guidance to your request

Describe all cost comparison or cost reasonableness measures taken; Provide analysis in attachments

Part of Existing Contract?

Has your entity, department, agency worked with vendor, contractor or supplier before?

Timeline for delivery of services or supplies?

Attachments: See *Instruction Sheet*

55000
44147
1 - Urgent
Equipment
Capital
Cole County Emergency Medical Services

Matthw Lindewirth
Chief of EMS
5736801770
mlindewirth@colecouny.org

Medical Preparedness, Response, and Treatment

55000
Upgrade from Basic to "Standard" (advanced) functionality of our current Zoll ZVents.

Severely ill patients that require ventilators due to COVID have advanced ventilator settings when being

Emergency Purchse from Manufacturer

Direct from manufacturer, no other provider can perform

No

Yes

30 Days



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Greens Accounting - \$5000 - 2020-10-26

Grant Name	Greens Accounting - \$5000 - 2020-10-26	Close Date	10/26/2020
Account Name	Greens Accounting	Stage	BKD Review
Grant Number	BKD-03575	Total Amount Requested	\$5,000.00
Entity Type	Small Business	Total Amount Awarded	\$5,000.00
		True, Complete, Accurate	Yes
Grant Impact	This request is critical to continue to provide Sanitation, PPE, and telework capabilities. This is necessary keep company and clients safe during the pandemic.		

Additional Comments

Award Comments

Contacts

Authorized Representative	Lionel Green	Designated Point of Contact
Auth Rep Email	lionel.greentax@outlook.com	DPOC Email

Internal Reviews

External Reviews

Application Complete?

Documentation Complete?

Supplemental - Coronavirus Relief Fund (CRF)

Necessary (2 C.F.R. § 200.403(a))

Reasonable (2 C.F.R. § 200.404)

Conforming to Limitations or Exclusions (2 C.F.R. § 200.403(b))

Consistent with Policies and Procedures (2 C.F.R. § 200.403(c))

Accorded Consistent Treatment (2 C.F.R. § 200.403(d))

Allocable (2 C.F.R. § 200.405(a))

Determined in Accordance with GAAP (2 C.F.R. § 200.403(e))

Not used for cost sharing or matching requirements (2 C.F.R. § 200.403(f))

Adequately Documented (2 C.F.R. § 200.403(g) and 2 C.F.R. § 200.302(b)(3))

Previous Funding

Other COVID Funding No

Government

Health

Total Health	\$5,000.00	Total Health - Awarded	\$5,000.00
COVID-19 Testing and Contact Tracing	\$0.00	COVID-19 Testing - Awarded	
Personal Protective Equipment	\$3,500.00	Personal Protective Equipment - Awarded	\$3,500.00
Public Health Expenses	\$1,500.00	Public Health Expenses - Awarded	\$1,500.00
Health Reason	PPE Is required for all staff & Clients in any public areas. All areas and equipment are sanitized before and after any staff or client use.	Health Start Date	3/31/2020
Health Address	3119 Moreauview Dr. Jefferson City, MO 65101	Health Completion Percentage	70.00%
		Health End Date	12/31/2020

Economic

Compliance

Response

Medical

Items Not Listed Above

Scoring Tool

Total Score 12

Criteria

Previous Funding Amount	\$0.00	Previous Funding Score	5
Persons Impacted	50	Affected Individuals Score	0
Matching Funds %		Matching Funds Score	0
Matching Funds \$			


Organizational Capacity

Grant Experience	„Federal	Experience Score	3
Segregated expenses	Yes	Segregated Expenses Score	1
Aligned with 2CFR 200	Yes	Aligned with 2 CFR 400 Score	1
Recent financial statement audit	No	Recent Financial Statement Score	0
Recent Single Audit	No	Recent Single Audit Score	0
Low risk auditee			
Amount Requested	5,000.00	Amount Requested Score	2

System Information

Created By	Cole County CARES Site Guest User, 10/26/2020, 9:30 AM	Last Modified By	Teresa Seymour, 11/17/2020, 11:32 AM
Grant Owner	ImagineCRM	Probability (%)	65%
Confirmation Sent	<input checked="" type="checkbox"/>	Authorized Representative Email Conf	<input checked="" type="checkbox"/>
Auth Rep Email Conf	<input type="checkbox"/>	Designated Point of Contact Email Conf	<input type="checkbox"/>
Import Source		Auth Rep Email Validation ID	
Attachments		DPOC Email Validation ID	

Account Information

Account Name	Greens Accounting	Account Owner	ImagineCRM
Entity Type	Small Business	Website	
Entity Type Detail		Cole County Zip Code	Cole County
DUNS Number	117665830	Cole County Benefit	
DUNS Lookup	DUNS Lookup		
DUNS Confirmed	Confirmed		
Debarred Indicator	 Not Debarred		

Organization Notes

Description

Address Information

Billing Address	3119 Moreauview Dr Jefferson City, MO 65101	Shipping Address	
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COVID-19 Assistance

Other COVID Funding	No	Previous Funding Amt	
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Previous Funding
Description

Organization Capacity Assessment

Organization Closures	No	Remote work possible	Yes
Previous grant management experience	Yes	Local, State, Federal Grant Experience	Federal
Aligned with 2CFR 200	Yes	Segregated expenses	Yes
Low risk auditee		Recent Single Audit	No
Recent financial statement audit	No	Unqualified Opinion	

System Information

Created By	Cole County CARES Site Guest User, 10/26/2020, 9:30 AM	Last Modified By	ImagineCRM, 10/30/2020, 8:42 PM
Parent Account		Account Record Type	Cole County Organization
Import Source			

Contact Roles

Lionel Green

Role	Authorized Representative
Title	
Primary	<input checked="" type="checkbox"/>
Phone	573-338-3569
Email	lionel.greentax@outlook.com
Account Name	Greens Accounting

Lionel Green

Role	Authorized Representative
Title	
Primary	<input checked="" type="checkbox"/>
Phone	573-338-3569
Email	lionel.greentax@outlook.com
Account Name	Greens Accounting

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