

Coronavirus Relief Fund Spending Request Form

Requests must be submitted via email attachment to: CARESAct@colecounty.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*

56910
44147
1 - Urgent
Equipment
Capital
Cole County Emergency Medical Services

Matthw Lindewirth
Chief of EMS
5736801770
mlindewirth@colecouny.org

Medical Preparedness, Response, and Treatment

56910
Medication Pumps, single channel, lightweight, certified for ground transport

Severely ill patients that require medications due to COVID when being transferred to other hospitals or

Emergency Purchse from Manufacturer

Direct from manufacturer, We looked at other vendors, however they were nearly \$12,000 more expensive

No

No

30 Days

Cole County CARES Act Internal Spending Request

Application Eligibility and Compliance :

- *Costs cannot be used if already covered by other funding.*
- *Applicants must take reasonable measures to safeguard personally identifiable information.*
- *Funds cannot be used as revenue replacement for lower than expected tax collections.*
- *Purchases should be prudent in the interest of time where feasible.*
- *Please provide detailed documentation, including approved shipping documents and receipts*

Organization Information

- 1 Name of Applicant
- 2 Dept. Type
- 3 Dept. Address

Authorized Representative & Contact Information

- 4 Authorized Representative - First Name
- 5 Authorized Representative - Last Name
- 6 Authorized Representative - Email Address
- 7 Authorized Representative - Phone Number
- 8 Designated Point of Contact- First Name
- 9 Designated Point of Contact- Last Name
- 10 Designated Point of Contact- Email Address
- 11 Designated Point of Contact- Phone Number

Information About Other COVID-19 Assistance Received

- 12 Have you requested or been granted other CARES/FEMA related Public Assistance?
- 13 Have you received any other funding not noted above for COVID-19 impacts? This may include funds from SBA, HHS, HUD, other federal or state grants, loans, or donations.
- 14 If you answered yes to either of the two questions above, please describe funding amounts requested and/or received.

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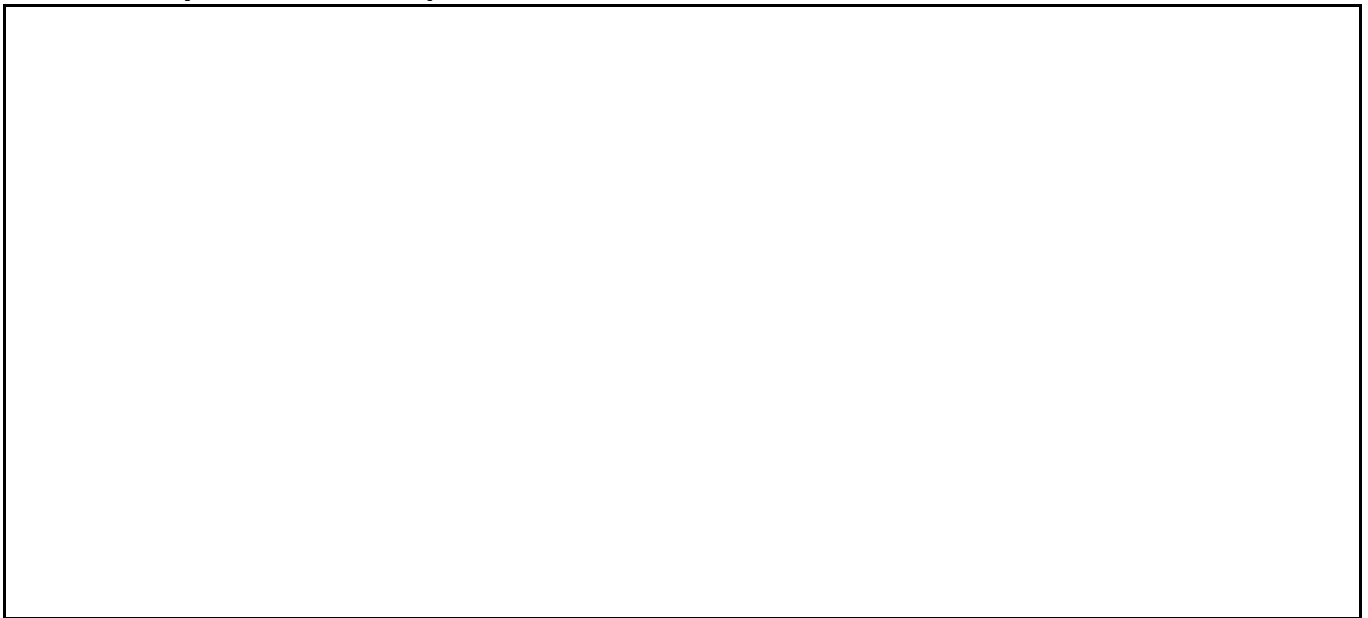
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Financial Request

- 17 Provide a detailed request description, including (a) how the grant helps during the COVID-19 emergency, (b) Why the purchase is necessary due to COVID-19 c) Where the funds will be used

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Cole County CARES Act Request:

A large, empty rectangular box with a black border, intended for the user to enter their request under the heading 'Cole County CARES Act Request:'. The box is currently blank.



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River Oak Christian Academy - \$4780.25 - 2020-11-17

Grant Name	River Oak Christian Academy - \$4780.25 - 2020-11-17	Close Date	11/17/2020
Account Name	River Oak Christian Academy	Stage	BKD Review
Grant Number	BKD-04045	Total Amount Requested	\$4,780.25
Entity Type	Private Schools	Total Amount Awarded	\$0.00
		True, Complete, Accurate	Yes
Grant Impact	Like many schools and business in our community, our school has had increased costs in maintaining healthy protocols in our building and with our students and staff. COVID-19 has caused a decrease in our enrollment impacting our overall school budget.		
Additional Comments			
Award Comments	Health end date of 5/18/2021??		

Contacts

Authorized Representative	Lisa Smith	Designated Point of Contact
Auth Rep Email	lisa.smith@riveroakjc.org	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**

Total Health	\$4,780.25	Total Health - Awarded	\$0.00
COVID-19 Testing and Contact Tracing	\$0.00	COVID-19 Testing - Awarded	
Personal Protective Equipment	\$550.88	Personal Protective Equipment - Awarded	
Public Health Expenses	\$4,229.37	Public Health Expenses - Awarded	
Health Reason	We need these supplies and equipment to meet and maintain the challenge of providing a healthy learning and working environment for our students and staff.	Health Start Date	8/26/2020
Health Address	River Oak Christian Academy, 919 Wildwood Drive, Jefferson City, MO 65109	Health Completion Percentage	33.00%
		Health End Date	5/18/2021

Economic**Compliance****Response****Medical****Items Not Listed Above****Scoring Tool**

Total Score 8

Criteria

Previous Funding Amount	\$64,500.00	Previous Funding Score	0
Persons Impacted	125	Affected Individuals Score	0
Matching Funds %		Matching Funds Score	0
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	No	Recent Single Audit Score	0
Low risk auditee			
Amount Requested	4,780.25	Amount Requested Score	2

System Information

Created By	Cole County CARES Site Guest User, 11/17/2020, 8:07 AM	Last Modified By	Teresa Seymour, 11/19/2020, 7:54 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	River Oak Christian Academy	Account Owner	ImagineCRM
Entity Type	Private Schools	Website	http://www.riveroakjc.org
Entity Type Detail		Cole County Zip Code	Cole County
DUNS Number	926163853	Cole County Benefit	
DUNS Lookup	DUNS Lookup		
DUNS Confirmed	Confirmed		
Debarred Indicator	 Not Debarred		

Organization Notes

Description

Address Information

Billing Address	919 Wildwood Drive Jefferson City, MO 65109	Shipping Address	919 Wildwood Drive Jefferson City, MO 65109
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COVID-19 Assistance

Other COVID Funding	Yes	Previous Funding Amt	\$64,500.00
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Previous Funding Description SBA PPP Load Forgiveness Money
Our school received \$64,500.

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		Recent Single Audit	No
Recent financial statement audit	Yes	Unqualified Opinion	Yes

System Information

Created By	Cole County CARES Site Guest User, 11/10/2020, 1:30 PM	Last Modified By	Melinda Jones, 11/18/2020, 2:06 PM
Parent Account		Account Record Type	Cole County Organization
Import Source			

Contact Roles

Lisa Smith

Role Authorized Representative
Title
Primary
Phone 573-634-3983
Email lisa.smith@riveroakjc.org
Account Name River Oak Christian Academy

Lisa Smith

Role Authorized Representative
Title
Primary
Phone 573-634-3983
Email lisa.smith@riveroakjc.org
Account Name River Oak Christian Academy

Files

Cole County CARES Act Price Quote

Last Modified 11/17/2020, 10:44 AM
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