

Exhibit A

Instructions for Submitting Requests

- Points of contact to email or call:

Franklin County Commission
commission@franklinmo.net
636-583-6358

Franklin County Auditor
Angela Gibson
auditor@franklinmo.net
636-583-6350

Franklin County Treasurer
Debbie Aholt
treasurer@franklinmo.net
636-583-6311

- The County will then process your request through our Accounts Payable process and issue payment as soon as possible.
- Please complete the attached Treasurer's ACH form.
- Please attach your most recent W-9



Internal Use Only:

- Approved by: _____ (EMA)
- Approved by: _____ (Commission)

Franklin County School District Application for CARES Act Reimbursement

<i>Entity Name:</i>	
<i>Remit Address:</i>	
<i>Contact and Title:</i>	
<i>Contact Phone Number:</i>	
<i>Contact Email:</i>	
<i>Federal Tax ID:</i>	

Certification

I, _____, am the chief executive of _____, ("School District") and I certify that:

1. I have the authority on behalf of the School District to request direct payment from the County of Franklin, Missouri pursuant to Section 14.435 of SS SCS HCS HB 2014, from the allocation of funds to the County of FRANKLIN, Missouri from the Coronavirus Relief Fund as created in the CARES Act.

2. I understand that the County of Franklin, Missouri will rely on this certification as a material representation in making a direct payment to the School District in the amount of Two Hundred Fifty and 00/100 Dollars (\$250.00) per student enrolled in the 2020-2021 academic year who is a Franklin County resident.

3. The School District's proposed uses of the funds provided as direct payment under Section 14.435 of SS SCS HCS HB 2014 will be used only to cover those costs that-

- a. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) ("necessary expenditures");
- b. Were not accounted for in the budget most recently approved as of March 27, 2020, for the School District; and
- c. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

4. Funds provided as direct payment from the County of Franklin, Missouri pursuant to this certification for necessary expenditures that were incurred during the period that begins on March 1, 2020, and ending on December 30, 2020, that are not expended on those necessary expenditures on or before March 31, 2021, by the School District, must be returned to the County of Franklin on or before March 31, 2021.

5. Funds provided as a direct payment from the County of Franklin, Missouri pursuant to this certification must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure. Any funds expended by the School District in any manner that does not adhere to official federal guidance shall be returned to the County of Franklin, Missouri.

6. Any School District that previously received CARES Act funds from the County of Franklin, Missouri shall have said amounts deducted from the CARES Act Funds distributed pursuant to this documentation.

7. Any funds provided pursuant to this certification cannot be used as a revenue replacement for lower than expected tax or other revenue collections.

8. Funds received pursuant to this certification cannot be used for expenditures for which the School District has received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same expense.

9. This grant shall be used solely for necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19), that were not accounted for in the budget most recently approved as of March 27, 2020, and that were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

10. I understand that the following are non-exclusive examples of eligible expenditures:

a. Medical expenses such as:

- COVID-19-related expenses of public hospitals, clinics, and similar facilities.
- Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
- Costs of providing COVID-19 testing, including serological testing.
- Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
- Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.

b. Public health expenses such as:

- Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
- 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.
- Expenses for disinfection of public areas and other facilities, e.g., nursing homes, in response to the COVID-19 public health emergency.
- Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.

- Expenses for public safety measures undertaken in response to COVID-19.
 - Expenses for quarantining individuals.
- c. 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.
- d. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
- Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
 - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
 - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
 - Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
 - 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.
 - Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
- e. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
- Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
 - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
 - 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.
- f. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

11. I understand that the following are non-exclusive examples of ineligible expenditures:
- a. Expenses for the State share of Medicaid.
 - b. Damages covered by insurance.
 - c. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

- d. 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.
- e. Reimbursement to donors for donated items or services.
- f. Workforce bonuses other than hazard pay or overtime.
- g. Severance pay.
- h. Legal settlements.

12. I certify that for the 2020-2021 academic year the School District has _____ students enrolled in the elementary and secondary schools of the School District who are residents of the County of Franklin, Missouri and I understand that the County of Franklin, Missouri will rely on this certification as a material inducement representation in making payment to the School District.

13. I understand that the funds distributed by the County of Franklin, Missouri pursuant to this Application are in lieu of, and not in addition to, any and all other CARES Act funds from the County of Franklin, Missouri.

14. 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: _____

Signature: _____

Title: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 2020.

Notary Public _____

My commission expires: _____

Exhibit B



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Local Government
Name _____

Local Government Employer
ID Number _____

_____ (Local Government Name) hereby authorizes the County of Franklin, Missouri, hereinafter called COUNTY, to initiate credit entries, **and if necessary, debit entries**, to _____ (Local Government Name) Account at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account.

I certify that I have the authority on behalf of _____ (Local Government Name) to request direct payment from the County of Franklin, Missouri pursuant to Section 14.435 of SS SCS HCS HB 2014, from the allocation of funds to the COUNTY from the Coronavirus Relief Fund as created in the CARES Act. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Depository
Name _____ Branch _____

City _____ State _____ Zip _____

Routing
Number _____ Account
Number _____

This authorization is to remain in full force and effect until COUNTY has received written notification from _____ (Local Government Name) of its termination in such time and in such manner as to afford COUNTY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ ID Number _____
(Please Print)

Date _____ Signature _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.