

SANTA CRUZ COUNTY CARES RECOVERY COMMUNITY PARTNER CAPACITY GRANTS

I. INTRODUCTION

The County of Santa Cruz Board of Supervisors is directing Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to local recovery efforts. One of these efforts is one-time grants available to community partners to mitigate the impact of COVID-19. The objective of these **Community Partner Capacity Grants** is to offer immediate financial assistance to community partners to reimburse specific expenses related to COVID -19 that occurred between March 1 and August 2020.

The priority recipients will be agencies providing safety net and cultural services currently funded by the County. Only specific programs are eligible as identified below, however all eligible programs must submit an application for costs to be considered for the funding. Applications are due September 15, 2020.

- a) The majority of the funding for these grants, \$436,000, is dedicated to agencies receiving **Collective of Results and Evidence (CORE) Investments funding** in FY 2019-20 and 2020-21. CORE Investments is administered by the Human Services Department (HSD) and allocated by the Board of Supervisors to support vulnerable populations. Each funded agency will be eligible for a one-time grant of up to 10% of the total amount of the CORE contract authorized in FY 2019-20. The actual amount awarded will be dependent on eligible expenses as identified below. (If your agency receives this funding and you need assistance to identify which specific contract this grant pertains to, please contact the CORE Investments Analyst at HSD.)
- b) The remaining grant funds of \$64,000 are dedicated to community partners providing **Parks, Open Space and Cultural Services (POSCS)** funded programs. The actual amount awarded will be dependent on the eligible expenses and is limited where applicable to up to 10% of the FY 2019-20 POSCS contribution to the non-profit. Pre-existing partnerships (programs with prior agreements such as Purchase Orders, Contracts or Memorandums) with POSCS will be given priority consideration in funding decisions.

II. REIMBURSABLE EXPENSE TYPES

The CARES Act grant funds may only be used to reimburse specific expenses. The purpose of the Community Partner Assistance Grants is to cover eligible expenses occurring between March 1, 2020 to August, 31 2020. The following are the expense types that are eligible for this grant opportunity.

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.
3. Expenses for disinfection of facilities in response to the COVID-19 public health emergency.
4. Expenses for technical assistance related to mitigation of COVID-19
5. Expenses for public safety measures undertaken in response to COVID-19.

6. Payroll expenses employees whose services are substantially dedicated to mitigating or responding to the COVID19 public health emergency.
7. 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 or congregate care closings to enable compliance with COVID-19 precautions.
 - c. Expenses to improve telework capabilities for employees to enable compliance with COVID-19 public health precautions
8. Other expenses outlined by the Department of Treasury guidelines below. The intent of the Community Partners Capacity grants is to support organizational capacity necessary to respond to the COVID-19 pandemic rather than specific client costs for basic needs. Although all eligible expenses will be considered, agencies are encouraged to apply for reimbursement costs noted above, that impact agency capacity.

All qualifying expenditures must be consistent with the Department of Treasury Guidance and Frequently Asked Questions (FAQ) provided below:

Guidance:

<https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>

Frequently Asked Questions:

<https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf>

To receive a Community Partner Grant the agency must be in compliance with the terms of the associated contract, including compliance with insurance and financial statement provisions.

III. APPLICATION

An application that attests to eligible expenses must be submitted to be considered for this funding. One application per funded eligible program. Agencies with multiple programs may bundle applications, however requests must be clearly identified by program. Submission of an inaccurate or incomplete application may result in ineligibility for program funding.

A complete application includes:

1. Application Form (Appendix A) which includes:
 - a. Contact information: Agency, program name (if applicable) and primary contact and mailing address of business office;
 - b. Brief narrative description of response related to COVID-19; and
 - c. Summary of Reimbursable Costs.
2. Attachments
 - a. Attached listing of eligible costs and include associated "type" named above.

- b. Copies of relevant supporting documents to verify expenses. Please see section 6, for a list of potential documentation. This may include invoices or reports detailing costs and any documentation that they have not been paid or debts have been incurred. As noted in section 6, if additional information is required beyond what is submitted in the application, the County will request the information and payment may be dependent on submission of sufficient documentation. In addition, on relevant documentation is required to be retained for five (5) years.
- c. Signed certificate for receipt of these funds (Appendix B)

A program is defined as it is stipulated in the associated County contract. *Agencies with multiple CORE funded programs may apply for costs pertinent to all of the programs or just some of them, as long as the costs are not higher than 10% of the total contract amount.*

The County of Santa Cruz Health Services Agency (HSA) is also distributing funds from the Santa Cruz County Cares Recovery Program to community partners in an opportunity focused on equitable access to health services, titled "Community Partner Health Equity Grants". That opportunity has a separate and distinct application. Please note the funds can be used for the same category of expenses within this grant opportunity but the County will not pay the same expense twice. HSD and HSA will collaborate to ensure there is no duplication of funding and should an applicant request reimbursement for the same expense with both opportunities, they are required to note this in both their applications. Information may be found on Santa Cruz County Cares Recovery Program.

IV. PROCESS AND SUBMISSION

Questions:

Applicants are encouraged to refer to the federal guidance linked.
Should any clarifications be required this document will be updated and eligible agencies notified.
Back up documents will not be verified prior to submission; applicants are requested to submit the expenditure documents they deem relevant and if more documentation is required it will be requested.
Critical questions may be emailed to the email below.

Submission:

The documents listed above under Application must to be submitted by September 15, 2020, 5 PM to scccaresrecovery@santacruzcounty.us

Subject of emails:

Include agency name or acronym and the term partner capacity.
Also, please specify the funder as CORE or POSC, for example:

Myagency.partnercapacity.CORE OR Myagency.partnercapacity.POSC

Timeliness of applications will be considered in prioritization of funding.

An email receipt will be provided within five (5) days. If the applicant does not receive a receipt, the applicant is responsible to contact HSD. For this purpose, you may email Sherra Clinton at SherraClinton@santacruzcounty.us

V. NOTIFICATION AND AWARD

All applicants will be notified of award no later than the end of September.

Payments under \$100,000 may be provided via direct payment and as appropriate, some payments will be made via a County Purchase Order or a Contract. Funds totaling over \$100,000 will be administered in a contract.

VI. REPORTING AND AUDIT

Further reports and records may be requested of the business at the time of application, prior to payment and up to five years after award for reporting and audit purposes. The following Department of the Treasury document provides the reporting and retention requirements and is further summarized below. Please note all expenditures will require records.

<https://home.treasury.gov/system/files/136/IG-Coronavirus-Relief-Fund-Recipient-Reporting-Record-Keeping-Requirements.pdf>

Examples of records that may be submitted and/or requested as applicable:

- General ledger and subsidiary ledgers used to account for (a) the receipt of Coronavirus Relief Fund payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
- Budget records for 2019 and 2020;
- Payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
- Receipts/Invoices of purchases made related to addressing the public health emergency due to COVID-19; and
- Contracts and subcontracts entered into using Coronavirus Relief Fund payments and all documents related to such contracts;

For audit purposes the following documents may also be applicable to be retained:

- All internal and external email/electronic communications related to use of Coronavirus Relief Fund payments; and
- All investigative files and inquiry reports involving Coronavirus Relief Fund payments.

Records shall be maintained for a period of five (5) years after final payment is made using Coronavirus Relief Fund monies.

SANTA CRUZ COUNTY CARES, COMMUNITY PARTNER CAPACITY APPLICATION FORM

An application that attests to eligible expenses must be submitted to be considered for this funding. Agencies with multiple programs may do separate applications or bundle applications. If bundled, applicants are to ensure requests are clearly identified by program. Submission of an inaccurate or incomplete application may result in ineligibility for program funding.

Contact Information and Funding Request

Agency:

Agency Director:

Total Agency Request:

Business Address

Street:

City:

Zip Code:

Program 1:

N/A

Total Program Funding Request:

Primary Contact Person Name and Title:

E-Mail:

Phone:

Program 2:

N/A

Total Program Funding Request:

Primary Contact Person Name and Title:

E-Mail:

Phone:

Program 3:

N/A

Total Program Funding Request:

Primary Contact Person Name and Title:

E-Mail:

Phone:

Appendix A

If additional programs, you may use an additional form or identify name, contact information and total program request in the following box:

Service Background

Briefly describe each program's services and primary response to and/or impact of COVID 19

Summary of Reimbursable Costs

Briefly describe each programs proposed reimbursable costs

Attachments

- A. List of eligible costs per program and information on any one-time emergency funding accessed since March must be included with this form as a part of your application.
- B. Scanned Copies of relevant back up documents to verify expenses. This may include invoices or reports detailing costs and any documentation that they have not been paid or debts have been incurred. If applying for multiple programs clarify the associated program

COMMUNITY PARTNER CAPACITY AND HEALTH EQUITY PARTNERSHIP CERTIFICATION

CERTIFICATION FOR RECEIPT OF FUNDS PURSUANT TO PARAGRAPHS (2) OR (3) OF SUBDIVISION (d) OF CONTROL SECTION 11.90 OF THE BUDGET ACT OF 2020

I, (NAME) am the or authorized designee of the (Agency Name) and I certify that:

I have the authority on behalf of (Agency Name) to request payment from the County of Santa Cruz pursuant to the applicable provisions of subdivision (d) of Control Section 11.90 of the Budget Act of 2020.

I understand the County will rely on this certification as a material representation in making a direct payment to (Agency Name)

The (Agency Name) uses of the funds provided as direct payment under the applicable provisions of subdivision (d) of Control Section 11.90 of the Budget Act of 2020 will be used only for costs that:

- a. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19)
- b. Were incurred during the period that begins on March 1, 2020 and ends on August 31, 2020.

The Agency, agrees to do all of the following as a condition of receipt of funds:

Adhere to federal guidance and the County and State's stay-at-home requirements and other health requirements as directed in gubernatorial Executive Order N-33-20, any subsequent Executive Orders or statutes, and all California Department of Public Health orders, directives, and guidance in response to COVID-19 emergency.

Use the funds in accordance with all applicable provisions of subdivision (d) of Control Section 11.90 of the Budget Act of 2020 identified above.

Retain records to support reported COVID-19 eligible expenditures and participate in audits as outlined by the County of Santa Cruz, federal government and State.

Appendix B

CERTIFICATION FOR RECEIPT OF FUNDS PURSUANT TO PARAGRAPHS (2) OR (3) OF SUBDIVISION (d) OF CONTROL SECTION 11.90 OF THE BUDGET ACT OF 2020

By my signature below, I declare under penalty of perjury under the laws of the State of California the following representations and acknowledge agreement to the following terms and conditions:

Upon approval of award, as evidenced by award of grant funds, this application becomes a binding contract between the applicant and the County of Santa Cruz (Agreement).

I am duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.

If funds are provided by the County, the funds will be used for the purposes set forth above.

In no event shall the County's financial responsibility exceed the approved amount set granted.

Applicant shall defend and indemnify the County and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.

The representations made by applicant in this Application are material terms of the Agreement, as is compliance with the CARES Recovery Grant Program. The County may cancel this Agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated.

Name Typed:

Agency:

Signature: _____

Title:

Date: