

# SANTA CRUZ COUNTY CARES RECOVERY – HEALTH EQUITY PARTNERSHIP

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## I. INTRODUCTION

Santa Cruz County CARES Recovery Program is distributing \$500,000 in one-time grants through the Coronavirus Aid, Relief, and Economic Security (CARES) Act to community partners to mitigate the impact of COVID-19. The objective of the Health Equity Partnership is to offer immediate financial assistance to non-profit community partners to reimburse specific expenses related to COVID -19. The priority recipients will be agencies serving individuals most impacted by the COVID-19 pandemic, with a focus on ensuring those most at risk for poor health outcomes related to the pandemic have equitable access to resources, services and information. Eligible programs must submit an application to be considered for these grants.

The purpose of these grants is to ensure those most impacted by COVID-19 have access to resources to support them during the pandemic. This is done by ensuring equity among the social determinants of health. Although the virus that causes COVID-19 does not discriminate, inequitable access to health and social resources can impact some communities more than others. The effect of poverty, unemployment and inadequate access to basic needs makes it more difficult for communities to shelter-in-place, stay home from work to quarantine when needed, and sustain resiliency for themselves and their families.

The County of Santa Cruz Health Services Agency (HSA) has utilized [The 4's of COVID-19 Recovery](#) document, developed by the Bay Area Regional Health Inequities Initiative (BARHII) to frame the equity context of this funding.

## II. REIMBURSABLE EXPENSE TYPES

The CARES Act grant funds may only be used to reimburse specific expenses. The purpose of the Community Partner Grants is to cover eligible expenses occurring between March 1, 2020 to December 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.

## 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 they are to ensure requests are clearly identified by program. Submission of an inaccurate or incomplete application may result in ineligibility for program funding.

### TO BE COMPLETED BY APPLICANT

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Name of Organization: \_\_\_\_\_

Name of Programs requesting funding: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Contact Person E-Mail: \_\_\_\_\_ Contact Person Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Please select the equity objective that relates to your funding request. More information about these Equity objectives can be found on the Bay Area Regional Health Inequities Initiative:

<https://www.barhii.org/covid-19-resources>

**Providing Basic Health Protections for Workers**

Description: COVID-19 represents a new threat to workers, and early data demonstrates that essential employees who worked during the shut down are facing higher rates of COVID-19. To

protect workers and prevent spikes in disease, workers need more extension health protections while on the job and programs that ensure they can stay home when sick.

**Providing Financial Stability for Families, Small Businesses, and/or Social Enterprises**

Description: The success of our economy and of family financial stability is inextricably linked. Small businesses and families have been squeezed by high rent and living costs that have made it hard to get ahead and impossible to save—even before COVID-19.

**Reconnecting Communities and Protecting Mental Wellness**

Description: Staying at home has reminded us about what is most important. We miss our neighbors, our colleagues, our friends. Social isolation has been increasing for years—and so have the impacts of daily and chronic stress on mental health. Mental health surges are expected.

**Revolutionizing the Status Quo to protect people of color and communities impacted by social determinants of health**

Description: Chronic stress related to economic and racial oppression have negative impacts on health and life expectancy that predate COVID-19. Communities of color are being hospitalized and dying at higher rates from COVID19.

**Other (please describe):\_\_\_\_\_**

**NARRATIVE COMPONENTS**

(please attach to this application in Word or PDF format)

**Background and Purpose**

- Organization and Program Mission Statements
- Description of who is served by the organization (one paragraph)
- Description of what services are provided

**How does your program support those most impacted by the COVID-19 pandemic?  
(no more than 500 words)**

**How will this funding support health equity for those most impacted by the COVID-19 pandemic? (no more than 500 words)**

**Summary of Reimbursable Costs (WORD, Excel or PDF)**

- o Listing of eligible costs and financial impacts related to COVID -19.
- o Include information on any one-time emergency funding accessed since March.

**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.**

**Submit Certification for Receipt of Funds (see Appendix A)**

Agencies applying for more than one program may bundle their application as long program costs are identifiable. A program is defined as it is stipulated in the associated County contract.

The County of Santa Cruz Human Services Department (HSD) is also distributing funds from the Santa Cruz County Cares Recovery Program, to community partners in an opportunity titled Community

Partner Capacity. This opportunity will be advertised by the Santa Cruz County Human Services Department and will have 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.

## 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 be submitted by September 15, 2020 to [scccaresrecovery@santacruzcounty.us](mailto:scccaresrecovery@santacruzcounty.us) BY 5:00 PM.

### **Subject of emails:**

Include agency name or acronym and the term “HealthEquity”

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 HSA at [scccaresrecovery@santacruzcounty.us](mailto:scccaresrecovery@santacruzcounty.us).

## III. NOTIFICATION AND AWARD

All applicants may 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. Agencies will be required to sign a certificate that attests to their adherence to the provisions. A sample certificate can be found below (VII. Sample Health Equity Partnership Certification).

#### IV. 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.**

#### V. SAMPLE 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) \_\_\_\_\_, I am the or authorized designee of the (Agency Name) \_\_\_\_\_, and I certify that:

1. 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.
2. I understand the County will rely on this certification as a material representation in making a direct payment to (Agency Name) \_\_\_\_\_.

3. The (Agency Name) \_\_\_\_\_ proposed 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 expenditure 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 December 31, 2020
4. The (Agency Name) \_\_\_\_\_ agrees to do all of the following as a condition of receipt of funds:
- a. 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.
  - b. 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.
  - c. 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.

**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.

By: (Name) \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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