

The information below explains how Sedgwick County's allocation of Federal funds through the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act may be used in accordance with the law. The funds provided to potential recipients are available under section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

Entities will submit an initial application for review by Sedgwick County staff and advisors; if approved, County staff will create an account for the entity and advise the designated contact. At that time, the entity will be asked to enter an agreement with the County and will submit more detailed documentation for review. The information will be reviewed by County staff, submitted to the Federal Stimulus Review Team (a 7-member entity) that will consider and recommend reimbursement, and ultimately recommended to the Sedgwick County Board of County Commissioners. Upon approval by the Board, entities will provide vendor registration information to Sedgwick County allow for payment. Additional monitoring may be necessary. Additional instruction and frequently asked question documents will be posted routinely.

Entities that seek to receive the funding will be asked to certify that funds will only be used in accordance with the following:

1. Are necessary expenditures incurred due to the public health emergency with respect to COVID-19;
2. [For governmental entities only] Were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if:
 - a. The cost cannot lawfully be funded using a line item, allotment, or allocation within that budget; OR
 - b. The cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation; and
3. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

Examples of eligible expenses include COVID-19 related expenses of public hospitals, clinic, and similar facilities; expenses for establishing and operating public telemedicine capabilities for COVID-19 related treatment; 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; expenses for quarantining individuals; expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions; expense to improve telework capabilities for public employees 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; any other COVID-19 related expenses reasonably necessary to the function of government that satisfy the fund's eligibility criteria.

Recipients will be asked to provide detailed documentation, including receipts, and may be required to participate in ongoing monitoring, depending on the type of request. If funds are found to be used outside of what has been approved, recipients will be responsible for repayment of the funds to the County.

Completing the application is likely to take between 20 to 30 minutes.

Contained within this guide:

1. How to Submit an Application
2. Full List of Application Questions and Elements



How to Submit an Application

SEDGWICK CARES CORONAVIRUS RELIEF FUND APPLICATION PORTAL

Before beginning this application please read the note below outlining all information you will need to present in the application

[Complete Application](#)

CLICK HERE WHEN
READY TO START
APPLICATION

Authorized Representative & Contact Information

* Authorized Representative - First Name

* Authorized Representative

Authorized Representative - Email
you@example.com

Fields with asterisks are required to advance to next step of application

Navigate Through Application Using "Next" and "Previous"

Previous Next

At the conclusion of the application, click "Finish" to receive an email confirming submission

Finish

Full List of Application Questions and Elements

Before you begin, please note the following questions and components of the application that you will be required to answer:

Organization Information

- Name of Applicant Organization
- Entity Type
- Organization Address
- Mailing Address (If Different)
- Website
- Most Recently Adopted Budget Amount
- Total Number of Employees

Authorized Representative & Contact Information

- Authorized Representative - First Name
- Authorized Representative - Last Name
- Authorized Representative - Email Address
- Authorized Representative - Phone Number
- Designated Point of Contact- First Name
- Designated Point of Contact- Last Name
- Designated Point of Contact- Email Address
- Designated Point of Contact- Phone Number

Information About Other COVID-19 Assistance Received

- Have you pursued FEMA Public Assistance (PA)?
- Have you received FEMA Public Assistance?
- Total amount requested from FEMA Public Assistance (\$)
- Total amount obligated or received from FEMA PA to date (\$)
- Have you received an SBA loan
- Type of SBA loan received
- Total amount of SBA loans received (\$)
- Have you received COVID-19 funding from HHS?
- Total amount of HHS funding received (\$)
- Have you received any other funding not noted above for COVID-19 impacts?
- Total amount of Federal Assistance received not noted above (\$)
- Federal Assistance funding source
- Total amount of State Assistance received not noted above (\$)
- State Assistance funding source
- Total amount of loans received related to COVID-19 (excluding SBA) (\$)
- Total amount of private donations received related to COVID-19 (\$)
- Any other funding received related to COVID-19 not noted above (\$)
- Source of other funding

Financial Assistance Request - Adjustments to Delivery of Services

- Is your organization seeking financial assistance for any adjustments to the delivery of services?
- Provide a detailed description of your request (2-3 Paragraphs Minimum)
- How will the requested assistance help your organization ensure operation continuity during the COVID-19 public health emergency?
- Please outline your method for determining the need for your request
- Please outline your method for determining the estimated cost of your request

Adjustment to Delivery of Services Request Budget

- PPE or related protective equipment not covered by FEMA Public Assistance (\$)
- Increased cleaning or disinfection costs of facilities - including cleaning equipment (\$)
- Lease of temporary facilities, or outfitting of current facilities to comply with Centers of Disease Control health guidance (\$)
- Information Technology and/or Information Software - hardware or software costs associated with the implementation of tele-medicine or to facilitate working from home (\$)
- Any other emerging need with a clear nexus to COVID-19 not covered by any other federal, state or local funding source related to adapting delivery of services (\$)

Financial Assistance - Programs / Initiatives

- Are you seeking financial assistance to expand or create new programs or initiatives that have a public benefit?
- Provide a detailed description of your request (2-3 Paragraphs Minimum)
- Is this a new program/initiative or expansion of an existing program/initiative?
- Please outline your method for determining the need for this request
- Please outline your method for determining the estimated cost of your request
- What is the geographic area for services?
- How will these services being marketed?
- Are those served a targeted population or is the service open to all?
- Will the services be delivered by existing staff or will you need to hire additional resources?
- What other funding sources have you already pursued for the proposed request?
- How many are anticipated to benefit from the services?
- How will outcomes be measured?

Programs or Initiatives Request Budget

- Expanding existing services beyond pre-pandemic level of delivery (\$)
- Increased food assistance programs for vulnerable or economically disadvantaged populations who have been impacted by COVID-19 impacts (\$)
- Workforce development or placement support for recently displaced workers as a result of COVID-19 (\$)
- Crisis counseling for individuals and families (\$)
- Mental health support initiatives for individuals and families (\$)
- Government assistance enrollment initiatives or support (\$)
- Any other emerging need with a clear nexus to COVID-19 not covered by any other federal, state or local funding source (\$)



Organization Capacity Assessment

- Total number of employees furloughed or laid off as a result of the COVID-19 public health emergency
- Did your organization experience closures as a result of local public health ordinances or government restrictions?
- Are you employees currently able to support operations using a remote work model?
- List your organization's experience with the same or similar body of work as proposed in this application, including funding source, time period services performed, and populations served.
- Has your organization received a federal award directly from an awarding agency in the past 5 years? If yes, please list the federal grantor agency name, time period, award amount, audit findings (and corrective actions/completion date(s)), and grant number.
- Indicate if your organization has experience in the past 5 years managing grant funds, loans or other types of financial assistance: Federal, State, County, City, and Private
- Does your organization have any new or substantially changed management systems (technological or other) in the past 12 months?
- If yes, please specify what has changed:
- Please indicate if your organization has had changes to the following key staff or positions in the past 12 months: Governing Body, Executive Officer, Financial Officer, Risk Manager and other if relevant
- Does your organization have capacity to manage and implement federal regulations, including 2 CFR 200 and specific federal funder regulations?
- Is your organization's system of internal controls reasonable in accordance with the applicable cost principles (including the segregation of duties, handling of cash, contracting procedures, and personnel and travel policies)?
- Has your organization had an audit completed or monitoring visit in the last 24 months?
- If yes, what type of audit or visit was completed?
- Did the audit or monitoring result in findings or concerns?
- Are all findings or concerns cleared?
- Which of the following best describes your organization's accounting system? - Manual, Automated or a combination of both
- Does your organization have an accounting system in place to segregate expenditures by funding source?
- If yes, what type of system?
- Does your organization maintain central files for grants, loans, or other types of financial assistance?
- Comments: Please use this section to provide additional information on the foregoing questions. Be sure to clearly list section and number on which you are providing comment.