Request for Distribution of St. Francois County CARES Act Funds

Application Form

Section 1. Applicant Background Information

A. Legal Name	B. Mailing Address			
St. Francois County Health Center	P.O. Box 367 Park Hills, MO 63601			
C. Primary Contact	**D. City**	**E. County**	**F. State**	**G. Zip**
Name: Amber Elliott Title: Director	Park Hills	St. Francois	MO	63601

H. Business Phone(s)	I. Check One in the Space Below
(573) 431 - 1947 ( ) -	**Local Government/Public Entity** ☐City ☐Town/Township/Village ☐School ☐ City/County Library ☐ County Hospital ☐ Municipal Corporation ☐Political Corporation ☐ Fire/Road/Sewer/Levee District ☐ Soil/Water Conservation District ☑ Other Local Government/Public Entity: Political Subdivision (List Entity Type) County Health Department **Private Entity** ☐Sole Proprietor ☐Public Corporation (General) ☐LLC ☐LP ☐LLP ☐Close Corporation ☐Professional Corporation ☐ Nonprofit Corporation ☐Foreign Entity: _____ (List Entity Type)
J. Facsimile	
(573) 431 - 7326	
K. Email Address	
amber.elliott@sfchealth.org	
L. Tax Identification Number	
43-1274324	

M. Is the Applicant located within the County?	☑Yes ☐No
N. Does the Applicant have locations, facilities, offices, operations, divisions, branches, or offices located outside the County? (If no, skip to Section 1.P.)	☐Yes ☑No

O. If the answer to Item 1.N. is "Yes", list the locations by address and county of the other segments of the Applicant.

N/A

St Francois County Health Center
2020 BUDGET

	2020 Proposed	NOTES
Revenues		
County Property Taxes	$700,000	increased d/t valuation, decrease from dec 2019
Medicaid	$25,000	no WIC billing, no std billing
State Reimbursement	$40,100	increase to CORE
Federal Reimbursement	$669,800	decrease to CHIP (exact amount is unknown)
Registrar Fees	$100,000	passports and VR
Other insurers	$37,000	no insurance billing (not purchasing vaccine)
Miscellaneous Income	$65,000	minus passports, add TX court
Grants	$0	
Medicare	$1,000	not billing for FLU, pneumovax
Interest Income	$12,500	
Total Revenues	**$1,650,400**	
Expenses		
Salaries Totals	$989,563	
Payroll Taxes Totals	$75,702	
Employee Benefits Totals	$209,392	
Office Supplies	$15,000	2019-d/t phones
Postage	$5,500	
Equipment Repair & Maintenance	$10,000	
Bldg Repair & Maintenance	$6,500	
Lawn & Grounds Maintenance	$6,000	
Trash Service	$4,000	
Insurance	$31,000	
Telephone & Utilities	$30,000	
Legal & Professional	$8,000	no single audit needed
Medical Supplies	$22,000	not purchasing vaccines
Labs/Tests	$17,000	increase d/t tx court (STD testing, vx)
Travel & Mileage	$40,000	RW Case Management
Dues & Subscriptions	$5,500	
Training Costs	$17,000	
General Supplies	$22,500	$2,500 Farmers market vouchers FY19
Housekeeping Supplies	$3,000	
Promotional Items	$5,000	
Nutrition Education	$7,000	
Contract Expenses	$55,000	Dr. Keller, TOP facilitators, IT, PHEP Planner
Licenses & Fees	$17,000	Patagonia fees, encryption fees
Advertising	$3,000	
Election Fees	$0	
Capital Outlay	$45,000	gutters, computers (at least 10), EPHS printer, ca
Grant Expenditures		
Total Expenses	**$1,649,657**	
Beginning Cash available	$886,726	actual cash in bank
Net Surplus (Deficit)	**$887,469**	
Net Surplus (Deficit) less cash available	**$743**	

The St. Francois County Health Center is responsible for the promotion and protection of the public's health through education, disease and injury prevention, regulation, and direct delivery of health care services in order that all residents may achieve their fullest health potential.

This will be achieved by the following actions:

1 **Monitor health status to identify community health problems**

Through a regularly updated assessment of health status indicators by assisting in the registration and distribution of vital records for St. Francois County;

2 **Diagnose and investigate health problems and health hazards in the community**

With the authority granted through state law, contracts, local ordinances, and Board policy,

By investigating locally illnesses, implementing local control measures, testing individuals for communicable diseases, and through disease surveillance;

3 **Inform, educate, and empower people about health issues**

Through health education and provision of information upon request;

4 **Mobilize community partnerships to identify and solve health problems**

By supporting the St. Francois County Caring Communities and as well as participating in other community groups and coalitions;

5 **Develop policies and plans that support individual and community health efforts**

Within the scope of the state's county health center law;

6 **Enforce laws and regulations that protect health and ensure safety**

Within the authority granted through state contracts and local ordinances,

7 **Assure a competent public health workforce by providing ongoing services**

SFCHC STRATEGIC PLAN

Vision
Meet the public health needs of our community

Mission
Promote and protect the health and welfare of the public

Goal
Reduce or prevent the incidence of disease in our community

Objectives
Enhance the community knowledge of public health through education and community partnership;
Utilize evidence-based strategies to deliver public health services

Increase community outreach and input:
- community trainings
- social media
- community events
- community partnerships

Focus energy and efforts on prioritized health needs:
- review and evaluate programs
- identify funding opportunities
- communicate public health needs to elected officials and community partners

Ensure a competent public health workforce:
- staff orientation to policies, procedures and programs
- staff trainings
- maintain technology
- performance evaluations
- staff mentoring

Core Values
compassion
respectfulness

professionalism
quality

dependability
reliability

efficiency
credibility

accuracy
dedication

to
world
NTLY.

TH ARTHRITIS
CISE (PACE)

ENROLLMENT
Varies. Please visit the website or speak with a Health Center official for the next open enrollment period.

ram leaders, this free program ith arthritis or limited mobility : while improving their health. iratory endurance activities, es and relaxation. It can be ns and treatments.

OM SMOKING

From Smoking program has icans begin smoke-free lives. ies of quitting smoking in a ee style by focusing almost not why to quit. Studies show gram are six times more likely ater than those who try to quit

COUNSELING

: customized education for betes, cardiovascular disease, t management. A registered educator will conduct an tritional needs and develop an rship with the patient.

e by visiting
werYou.org
wwerMO

We, the **ST. FRANCOIS COUNTY HEALTH CENTER,** *will* PROMOTE *and* PROTECT *the health and welfare of the public.*

Public Health
Prevent. Promote. Protect.

St. Francois County Health Center

St. Francois County Health Center
1025 W. Main St.
P.O. Box 367
Park Hills, MO 63601

Phone: 573-431-1947 or 877-622-7187

Fax: 573-431-7326

8 a.m.–4 p.m.
Monday–Friday
**Office closed 8-10 a.m. the first Thursday of every month*

www.SFCHC.org

Public Health
Prevent. Promote. Protect.

St. Francois County Health Center

MP
EMPOWER
HEALTHIER,

M Power is a regional
improving the health of t
disease – such as a
disease and others. By
with chronic disease and
chronic disease unique
better manage sympton
Southeast Missouri to ge

CHRONIC
SELF-MANAGEM

COST	TIMELINE
At no cost	Two-hour sessions, one day a week, for six weeks

Backed by Stanford Universit program is designed to help step-by-step plans for living be combined with other progr

DIAB
SELF-MANAGEM

COST	TIMELINE
At no cost	One day a week for six weeks

Recognized by the America free six-week program help including family members a more effectively manage sym other programs and treatment

SERVICES
AVAILABLE

MISSOURI WIC

Women, Infants and Children (WIC) is an income-based program intended to help pregnant women, new mothers, infants and children under five get the food and nutrients they need. WIC provides other special services such as health screenings, risk assessments and nutrition education.

MISSOURI SAFE CRIB PROGRAM

Those in WIC may also be referred to the Missouri Safe Crib program for a Pack 'n Play with a bassinet, pending eligibility. In this program, parents learn safe sleep guidelines and gain information about Sudden Infant Death Syndrome (SIDS). To find out if you are eligible, contact your WIC representative.

SEXUALLY TRANSMITTED DISEASES (STDS)

We offer testing, treatment and counseling for gonorrhea, syphilis and chlamydia, along with STD prevention education. We also offer complete HIV screenings with pre- and post-counseling. Contact the Health Center to learn more about this service.

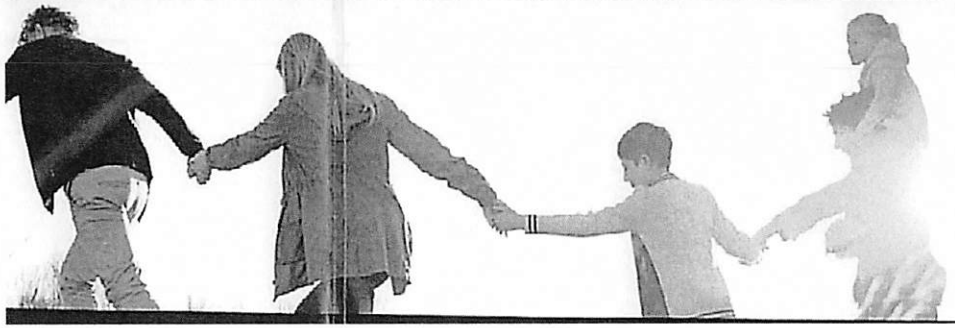
The Show Me Healthy Women program helps detect breast and cervical cancers in their earliest stages, when the diseases are easiest to treat. Free mammograms and Pap smears are available for women age 35 and older who meet certain guidelines. Call (573) 431-1947 or (877) 622-7187 to learn more.

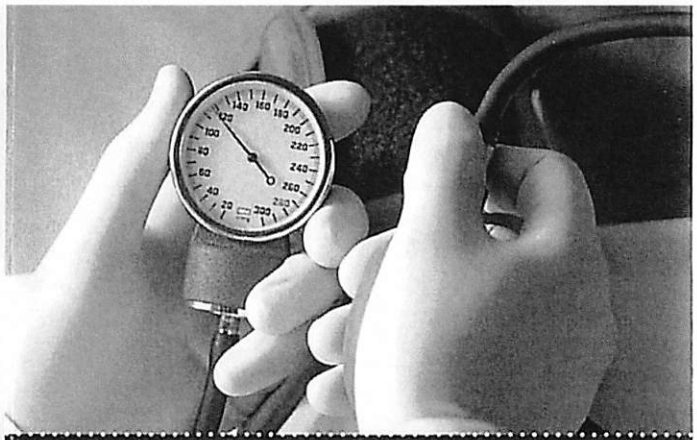
WISEWOMAN
CARDIOVASCULAR HEALTH SERVICES

The WISEWOMAN program provides free health screenings and lifestyle education for low-income women age 35 and older to help reduce their risk of heart disease and stroke. This service is offered to women who participate in the Show Me Healthy Women program.

TEEN OUTREACH PROGRAM®

Based on contemporary research and proven to deliver results, the Teen Outreach Program® (TOP) includes a nine-month curriculum specifically designed for teens in sixth through 12th grades. TOP® reduces problem behavior by promoting healthy choices and empowering teens to lead successful lives and build strong communities.





SCREENINGS WE PROVIDE

- Blood pressure
- Blood sugar
- Cholesterol
- HIV
- Hepatitis C
- Lead
- Tuberculosis

VITAL RECORDS

Photo ID and other paperwork required to obtain copies of vital records

- Birth certificates
- Death certificates

ABOUT VACCINATIONS

Vaccination is an effective way to prevent life-threatening contagious diseases. We offer a variety of routine vaccinations to protect you and your family from disease. Vaccinations are available Monday through Friday from 8 a.m.- 4 p.m.

More HEALTH SERVICES

ENVIRONMENTAI

- Childcare inspect
- Environmental ec
- Food safety educ
- Foodborne illness
- Lodging inspectic
- Private sewage c
- Private water sup
- Restaurant and fc inspections

OTHER

- Laboratory Servic
- Breastfeeding pe support
- Childcare nurse c
- Communicable d
- Community healt
- CPR and first-aid
- Emergency prepa
- Educational traini
- Infectious diseas
- Temporary prena
- HIV/AIDS Case M
- US Passport Acc

Request for Distribution of St. Francois County CARES Act Funds
Application Form

P. In the space below, describe the general business operations of the Applicant, such as the services or goods provided, and the purpose or mission of the Applicant. Attached additional pages if necessary.

Protect the health of St Francois County Residents. See additional pages.

Section 2: Applicant – Representatives/Ownership

A. If Applicant is a local government/public entity, list the chief executive and elected officials of the governing body by name and title.
If Applicant is a private entity, list the name, title, and ownership percentage of all owners of 20% or more equity of the Applicant.

Name	Title	Ownership Percentage
John Poston	Chairman	
Victoria Damba	Treasurer	
Joni Bannister	Secretary	
Tara Wadlow	Member	
Jason King	Member	

B. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	☐ Yes ☑ No
C. Has the Applicant, any owner, or any business owned or controlled by any of them, obtained a direct or guaranteed loan from a federal or state agency that is currently delinquent or has defaulted in the last 7 years?	☐ Yes ☑ No
D. Is the Applicant, or any individual owning 20% or more of the equity subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges (other than traffic citations) are brought in any jurisdiction, presently incarcerated, or on probation or parole?	☐ Yes ☑ No
E. Within the last 5 years, for any felony, has the Applicant or any owner: **(1) been convicted;** **(2) pleaded guilty;** **(3) pleaded nolo contendere;** **(4) been placed on pretrial diversion; or** **(5) been placed on any form of parole or probation (including probation before judgment)?**	☐ Yes ☑ No
If the answer to Items 2.B., 2.C., 2.D., or 2.E. is "Yes", the Application will be denied, and funds will not be awarded.	

Request for Distribution of St. Francois County CARES Act Funds
Application Form

Section 3. Request for Funding – General

A. Total Amount of Funds Requested by Applicant:	$ 584,335.72
B. If awarded, will all funds be used within the County?	☑ Yes ☐ No
If the answer to Item 3.B. is "No", the Application will be denied, and funds will not be awarded.	
C. If the answer to Item 1.N. is "Yes," is the Applicant seeking funds or anticipating the receipt of funds from any other counties where those locations of the Applicant are located?	☐ Yes ☐ No N/A
D. If the answer to Item 3.C. is "Yes," in the space below please identify the counties in which funds have been requested or will be requested, the amount of funds requested or to be received, and the intended use of those funds. Attach any other applications, requests or other documentation relating to this item.	
N/A	
E. For each of the requests set forth in Section 4, below, in the event any portion of the Application and request for funding is approved, provide responses to the following questions:	
(i) Will the funds be used only to cover costs that are necessary expenditures as defined by the CARES Act and related to the Coronavirus Disease 2019 (COVID-19)?	☑ Yes ☐ No
(ii) Will the funds be used only to cover costs that were not accounted for in the Applicant's budget (as described Paragraph C of the Instructions, below) most recently approved as of March 27, 2020, or as permitted by the CARES Act and Treasury guidance?	☑ Yes ☐ No
(iii) Will the funds be used only to cover costs that were incurred by the Applicant during the period that begins March 1, 2020 and ends December 30, 2020?	☑ Yes ☐ No
(iv) Will the funds be used exclusively within the County?	☑ Yes ☐ No
(v) If Applicant is a public entity, Applicant agrees the funds will not be used as revenue replacement for lower than expected tax or other revenue collections.	☑ Yes ☐ No
If any of the answers to Items 3.E.(i) – (v) is "No", the Application will be denied, and funds will not be awarded.	

Request for Distribution of St. Francois County CARES Act Funds
Application Form

4. Request for Funding - Purpose and Intended Use of Funds
(only those pages as necessary for request)

A. Medical Expenses	
(i) Is Applicant requesting funds for medical expenses (as described Paragraph E.1 of the Instructions, below)?	☑ Yes ~~☐ No~~ error
(ii) State the amount of funds requested.	$ 317,959.17

(iii) If the answer to Item 4.A(i) is "Yes", in the space below, describe the category of expenditure (e.g. COVID-19-related expenses of public hospitals, clinics, and similar facilities) and proposed use of funds, and the itemized amount requested. Attach supporting documentation for the request. Attach additional pages if necessary.

Description	Amount
See attached Spreadsheet	

(ix) Explain in detail the intended use and how the intended use meets the criteria for a "necessary expenditure" under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation. Attach additional pages if necessary.

See attached Spreadsheet

Public Health
Prevent. Promote. Protect

St. Francois County Health Center CARES Act Funding Request and Justification

Medical Expenses

Description	Justification	Amount	Purchased/Proposed
COVID-19 PCR Testing via Quest Diagnostics. $100/test. Testing for 3,000 persons; priority for uninsured. Goal: 150 tests/week	Increase access to free testing to detect cases for isolation and quarantine and determine disease prevalence in a given time.	$300,000.00	Proposed
Personal Protective Equipment for testing and care of clients in the Health Center. Isolation gowns: 1,000 at $4.90 each=$4900 Face shields: 1,000 at $3.70 each=$3,700 Surgical Masks: 1,000 at $0.65 each=$650.00	Prevent transmission to other staff and clients; preserve public health workforce	$9,250.00	**Purchased**
Drive Thru COVID-19 Testing Tent	Increase access to testing, prevent COVID-19 exposures	$5,939.64	**Purchased**
Touch Free Thermometers 2 at $54.99 each 1 at $59.95	Screen clients prior to entry into the Health Center	$169.93	**Purchased**
Vaccine Refrigerator	Preservation of vaccine (when available)	$2,500.00	Proposed
Data logger	Ensures proper temperature of fridge	$100.00	Proposed
	TOTAL	**$317,959.57**	

Limited Enterprise, Inc.
Post Office Box 1635, Stockbridge, GA 30281
Tel: 678.834.5098 Fax: 678.289.6426
www.limitedenterprise.com

PURCHASE QUOTATION

Date: 06/26/2020

ENTERED JUN 16 2020

Ship To:
St. Francois County Health Center
1025 West Main St.
Park Hills, MO 63601
Attn: Amber Elliott

505517

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
1,000	Pcs	Isolation Gown Level 2	$4.90	$4,900.00
1,000	Pcs	Disposable Face Shields	$3.70	$3,700.00
1,000	Pcs	Disposable Medical Surgical Mask	$0.65	$650.00
				Total = $9,250.00

Payment Term: Net 30

Approval Name: Amber Elliott

Signature: _____ **Date:** 6/26/2020

Building up moments. MASTERTENT®

Order confirmation

Customer

St. Francois County Health Dept
Amber Elliott
1025 West Main St
Park Hills, MO 63601

801017

Expected Shipping date	Customer contact	Number	Date	Page
07/10/2020	Tel : 573-431-1947 Mail: amber.elliott@sfchealth.org	U01-842	06/26/2020	1

Agent	Order number	Customer Code
Shane Booth - 704.312.1600	-	548

Contact person
Booth Shane

Pos.	Code	Description	Quantity	Unit price	Disc. %	Net amount
1	309743	MASTERTENT S1 Frame 26x13ft (8x4m) / Silver	1 PC	2,999.00	30,00	2,099.30
2	3020590	MASTERTENT S1 Roof 26x13ft (8x4m) / White *Ready for Thermal Print*	1 PC	1,999.00	30,00	1,399.30
3	3T-DR20	MASTERTENT Thermal Print Service - Roof(s) per Meter² (10 ft²) - 2020 Promotion	1.8 M2	199.00	30,00	250.74
4	302239	MASTERTENT S1 Sidewall 13ft (4m) / Closed / White	4 PC	329.00	30,00	921.20
5	304631	Side wall for internal separation 13 ft White / with zipper in the middle	1 PC	619.00	30,00	433.30
6	309163	MASTERTENT Base Weight 60lbs. (28kg)	6 PC	199.00	30,00	835.80

Amount of merchandise	Shipping	Discount	Subtotal
5,939.64			5,939.64

Taxable amount	Sales Tax code	Sales Tax description	Sales Tax amount
5,939.64	NA.	No Sales Tax	0.00

Terms of payment
Prepayment

Total amount
$ 5,939.64

Transport reason	Shipment medium	Type of packaging	Packages	Weight
Sales	Carrier			255.67000 kg

Carrier	Mode of shipment	Transport Date
	FOB Origin - Collect from Customer	

Signature freighter/recipient

Mastertent USA Inc.
1859 Lindbergh Street, Suite 200 | Charlotte, NC 28208 | USA
Main 704.312.1600 | Fax 704.312.1610
sales.usa@mastertent.com | us.mastertent.com

06/29/2020 13:04:44

amazon.com

Current Invoice Details

AMAZON
PO BOX 530958
ATLANTA, GA 30353-0958

ST FRANCOIS COUNTY H
Account : 8781 048328 5
Location: 0003

Date of Sale: 05/29/20
Invoice: 893374477375
P.O. :

S.K.U.	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
B087RR39VC	Forehead Thermometer for Fever	2.000	EA	54.9900	109.98

Subtotal: 109.98 Tax: 0.00 Balance Due: 109.98

AMAZON
PO BOX 530958
ATLANTA, GA 30353-0958

ST FRANCOIS COUNTY H
Account : 8781 048328 5
Location: 0003

Date of Sale: 05/29/20
Invoice: 976844889897
P.O. :

S.K.U.	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
B001E67CM8	Dataproducts R1427 Compatible	1.000	EA	6.1000	6.10

Subtotal: 6.10 Tax: 0.00 Balance Due: 6.10

AMAZON
PO BOX 530958
ATLANTA, GA 30353-0958

ST FRANCOIS COUNTY H
Account : 8781 048328 5
Location: 0003

Date of Sale: 06/01/20
Invoice: 456945534935
P.O. :

S.K.U.	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
B07D5KM7Z2	Tops Penpal Rubber Pen/Pencil	2.000	EA	13.5200	27.04
B000UI6AG0	Post-it Notes, America's #1 Fa	3.000	EA	17.3300	51.99
B079GXSFPB	Energizer AA Batteries (48 Cou	1.000	EA	20.4900	20.49
B07MW6VWQ5	Transparent Tape Refills Rolls	2.000	EA	8.9900	17.98
B000Y9JCEW	Hammermill Fore Multi-Purpose	3.000	EA	11.7800	35.34
B000VA205C	Pendaflex CutLess File Folders	3.000	EA	14.6800	44.04
B07J1W58SW	AdamsMoney and Rent Receipt Bo	2.000	EA	31.2500	62.50
B07SMXNDS1	BIC Wite-Out Brand EZ Correct	1.000	EA	25.9400	25.94
MISC	SHIPPING AND TAX	1.000	EA	7.5200	7.52

Subtotal: 292.84 Tax: 0.00 Balance Due: 292.84

0-0

SHG

St. Francois County Health Center
Prevent, Promote, Protect
P.O. Box 367
Park Hills, MO 63601

Phone: 573-431-1947 **Fax: 573-431-7326**

PURCHASE ORDER

Show this Purchase Order Number on all correspondence, invoices, shipping papers and packages.

2594

TO Amazon.Com

DATE 5-29-20

REQUISITION NO.

SHIP TO

~~Dept#15~~ #17 covid

REQUISITIONED BY	WHEN SHIP	SHIP VIA	F.O.B. POINT	TERMS
> KParish				Corp. Acct

QTY. ORDERED	QTY. RECEIVED	STOCK NO. /DESCRIPTION	UNIT PRICE	TOTAL
2		Forehead- Infrared thermometers	54 99	109 98
		505517		
>				
		ENTERED JUN 22 2020		

1. Please send _____ copies of your invoice.
2. Order is to be entered in accordance with prices, delivery and specifications shown above.
3. Notify us immediately if you are unable to ship as specified.

AUTHORIZED BY

Details for Order #114-5272678-3982667

Print this page for your records.

Order Placed: June 29, 2020
Amazon.com order number: 114-5272678-3982667
Order Total: $59.95

Not Yet Shipped

Items Ordered	Price
1 of: *Infrared Digital Non-Contact Forehead Thermometer for Adults and Kids with Fever Alarm, Memory Function, LCD Display* Sold by: GorillaGadgets (seller profile) Condition: New	$59.95

Shipping Address:
Kathy Parish
1025 W MAIN ST
BOX 367
PARK HILLS, MO 63601-2079
United States

Shipping Speed:
FREE Shipping

Payment information

Payment Method:
Amazon Corporate Credit Line

Billing address
TONYA PITTS
1025 W MAIN ST
PO BOX 367
PARK HILLS, MO 63601-2079
United States

Item(s) Subtotal:	$59.95
Shipping & Handling:	$7.06
Free Shipping:	-$7.06

Total before tax:	$59.95
Estimated tax to be collected:	$0.00

Grand Total:	**$59.95**

To view the status of your order, return to Order Summary.

Request for Distribution of St. Francois County CARES Act Funds

Application Form

B. Public Health Expenses	
(i) Is Applicant requesting funds for public health expenses (as described Paragraph E.2 of the Instructions, below)?	☑ Yes ☐ No
(ii) State the amount of funds requested.	$ 9,708.50
(iii) If the answer to Item 4.B.(i) is "Yes", in the space below, describe the category of expenditure (e.g., Expenses for acquisition and distribution of medical and protective supplies) and proposed use of funds, and the itemized amount requested. Attach supporting documentation for the request. Attach additional pages if necessary.	

Description	Amount
See attached	

(iv) Explain in detail the intended use and how the intended use meets the criteria for a "necessary expenditure" under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation.

See attached

Public Health
Prevent. Promote. Protect.

St. Francois County Health Center CARES Act Funding Request and Justification

Public Health Expenses

Description	Justification	Amount	Purchased/Proposed
Harris & Harris PC	Legal fees for enforcement of public health law related to COVID-19: stay at home order, isolation/quarantine orders.	$2,880	**Purchased**
Disinfection supplies: Antibacterial Wipes, 9 at $3.59 each	Disinfection of frequently used surfaces at SFCHC to prevent exposures to clients and staff	$32.31	**Purchased**
Laptop 2 laptops with Microsoft Office and set up at $1,250	Needed to conduct investigations, drive-thru testing and vaccine clinics when COVID-19 vaccine is available.	$2,500	Proposed
Cell phone (iPhone)	Needed to provide on-call nurse line for after-hours investigations	$699.00	Proposed
Tablets x 2	Needed to conduct check-in at drive-thru testing and vaccine clinics when COVID-19 vaccine is available.	$800	Proposed
Disinfection supplies	Maintain disinfection of surfaces at the Health Center	$500	Proposed
Social distancing signs	Signage to direct clients entering SFCHC to maintain social distancing and prevent exposure to clients and SFCHC staff	$15	**Purchased**
MAC Testing Event Supplies (ICE) for MONG	Ice for coolers to prevent overheating of guardsmen	$25.36	**Purchased**
Advertising-MAC Testing Event	Increase attendance at a free COVID-19 testing event,	$525	**Purchased (*not yet invoiced*)**

	public awareness		
Advertising-COVID-19 Awareness 4th of July	Reminder for social distancing and COVID-19 prevention over holiday	$100	**Purchased**
ArcGIS	Data system for tracking COVID-19 cases and for public information	$1,500	Proposed
Mileage @ 0.575/mile: Radio: 5 miles Community Meetings/outreach:94.6 miles Client home visits: 18.9 miles COVID-19 Testing kit drop off: 19.2 miles Supply pick up: 16.4 miles	Travel to COVID-19 related community meetings. Travel to public information sites such as radio stations for CVOID-19 education and awareness. Travel to clients homes in isolation and quarantine for delivery or supplies.	$88.61	**Purchased**
Ink cartridge	Supply to support telecommute for COVID-19 investigation staff	$43.22	**Purchased**
	TOTAL	**$9,708.50**	

Harris & Harris, P.C.
Eric C. Harris - Ashlee F. Harris
P. O. Box 246
Park Hills, MO 63601

Invoice submitted to:
Ms. Amber Elliott
St. Francois County Health Center
P.O. Box 367
Park Hills, MO 63601

July 15, 2020

In Reference To: Miscellaneous Matters 2019/2020

431-1947 330-6018

ENTERED JUL 16 2020

Professional Services

		Hours
4/26/2019	Phone conference with Jessica McKnight re: termination of probationary employee	0.30
	Receipt and review of fax from Jessica McKnight re: termination of employment of [redacted] review of termination letter, review of record of employee conferences	0.50
12/16/2019	Phone conference with client re: collaborative practice rule re: public health nursing	0.25
12/27/2019	Phone conference with client re: Injections by RN vs Doctor	0.10
2/21/2020	Phone conference with Amber Elliott re: school infestation	0.25
3/13/2020	Phone conference with Amber Elliott	0.25
	Review of Department of Health and Senior Services Code of State Regulations re: Quarantine or Isolation practices	1.00
	Review of article on public health emergency and Order of Quarantine	0.50
	Preparation of Order for St. Francois County Health Center re: Order of Quarantine	0.50
3/22/2020	Phone conference with Amber Elliott	0.25
3/28/2020	Receipt and review of new County Covid-19 Notice and Stay at Home Order	0.50
3/30/2020	Preparation of initial draft of demand to Cease and Desist	1.00
	Phone conference with client re: basic format for Cease and Desist letter	0.25
	Review of County Stay Order and Preparation of revised provisions	1.00
3/31/2020	Preparation of revised outline of demand to Cease and Desist	0.30

505001
$ 420.00

		Hours
3/31/2020	Preparation of revised draft of demand to Cease and Desist	0.15
4/6/2020	Phone conference with client re: HIPPA violation liability	0.15
4/8/2020	Receipt and review of demand to cease and desist	0.15
	Preparation of Petition for Injunction and for Temporary Restraining Order and Permanent Injunction	0.50
	Phone conference with CPA Shanna Plummer re: contacting Michael Morgan of TR Fitness	0.25
4/15/2020	Phone conference with client re: Temporary Restraining Order TR Fitness (formerly Better Bodies)	0.25
	Research Secretary of State TR Fitness for registered agent; review of Secretary of State documents for Team Respect, LLC d/b/a TR Fitness	0.50
4/20/2020	Phone conference with Michael Morgan of TR Fitness	0.05
	Receipt and review of court order dated May 4, 2020	0.25
4/23/2020	Phone conference with client re: Temporary Restraining Order against worker in Capital Supply	0.25
4/26/2020	Phone conference with client re: Jared Keen violations at public gathering	0.15
4/27/2020	Phone conference with client re: Jared Keen violations at drag races	0.25
4/28/2020	Phone conference with client re: disclosure per Sunshine Act Request	0.25
5/11/2020	Phone conference with client	0.25
7/6/2020	Phone conference with client re: enforcing and Order for an individual to be quarantined	0.25
	Review of RSMo Section 192.320	0.15
7/7/2020	Receipt and review of RSMo Section 192.020 and 192.490	0.25

505017
$ 2,880.00

		Amount
For professional services rendered	**11.00**	**$3,300.00**
Balance due		$3,300.00

I accept Mastercard, Visa, American Express, Discover. If paying with credit card, please detach and return the bottom portion of this bill. Thank you.

MUELLER ACE HARDWARE
3412 Rosener Road
Hwy 67 & Rosener Road
Park Hills, MO 63601
PHONE: (573) 431-2182

FREE IN STORE PICKUP

Saint Francois County Health
PO BOX 367
1025 WEST MAIN ST.
Park Hills MO 63601
(573) 431-1947

CUST # 311947
TERMS: NET 10TH

INV # 230298
DATE : 7/01/20
CLERK: MIKE
TERM # 551

TIME : 9:50
****
* INVOICE *
****

QUANTITY	UM	ITEM	DESCRIPTION	SUG.PRICE	PRICE/PER	EXTENSION
9	EA	1014276	ANTIBCTRL WIPE LMN 50PC	3.59	3.59 /EA	32.31*N

** AMOUNT CHARGED TO ACCOUNT ** 32.31

TAXABLE	0.00
NON-TAXABLE	32.31
SUB-TOTAL	32.31
TAX AMOUNT	0.00
TOTAL INVOICE	32.31

Kathy Parish
Received By

MO. VOCATIONAL ENTERPRISES
P.O. BOX 1898 - ACCOUNTING DEPT.
JEFFERSON CITY, MO. 65102
(573) 522-2958

Page Number- 1
Date - 05/19/20
Customer - 80090892
Brn/Plt - 61311
Related PO -
Order Nbr - 40013721 SO
Invoice - 607895 RI

Sold To: ST FRANCOIS COUNTY HEALTH DEPARTMENT
SAMII: M9310000080
1025 WEST MAIN STREET
PARK HILLS MO 63601

Ship To: ST FRANCOIS COUNTY HEALTH DEPARTMENT
SAMII: M9310000080
1025 WEST MAIN STREET
PARK HILLS MO 63601

Tax ID:
Tax Cert:

Original Order #

Request Date	Customer P.O.	F.O.B	Ship : TONYA PITTS
05/11/20	TP050720		Inst : 573-431-1947 X: 160

Ln/Rq Dt	Description	Item Number	UM	Ship/Back/Cance	Price	Extended Price	Tax
1.000							
	SOCIAL DISTANCING FLOOR SIGN	D-150.STD	EA S	3.000	5.0000	15.00	Y
05/11/20	18" x 12"				Per EA		

Please return a copy of the invoice with your payment.

503017

ENTERED MAY 27 2020

PAID MAY 29 2020 BY:

	Sales Tax	Total Order
Terms NET 30 Net Due Date 06/18/20	Tax Rt	15.00

Ice for COVID test site

Casey's General Store# 3803
10Flat River Dr
Park Hills, MO 63601
Register 2

7/14/20 05:42:01
Reg:2 Cashier:RHONDA
Receipt 2169279
Type SALE

10 Home City Ice 7lb	23.90
SubTotal	23.90
State L	0.29
County Tax	0.51
Local/City Tax	0.66
Total	25.36
Received	25.36

Master Card
Master Card
Card Num : XXXXXXXXXXXX3727
Chip Read
Terminal : 022003803
Approval : 615729

USD$ 25.36

Mastercard
AID: A0000000041010
TVR: 8000008000
IAD:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TSI: 6800

ARC: 00
TC: 2BACA28AAA6189B6

++++++++++++++++++++++++++++++++++++
Visit CaseysFeedback.com
To take a short survey about your visit
And be entered into a monthly drawing
to win a $500 Casey's Gift Card.
Survey # 3803-0002169279-0542
++++++++++++++++++++++++++++++++++++

7/14/20 05:42:01

5088017

Dockins Broadcast Group
900 E. Karsch Blvd.
Farmington, Missouri 63640
Office (573)-701-9590
Fax (573)-701-9696

Broadcast Statement of Account

Account ID: 3828
Statement Date: 6/30/2020
Account Rep: House Accounts

Please Pay This Amount $100.00

Amount Paid: _____

ST. FRANCIS COUNTY HEALTH DEPARTMENT/WIC
1025 WEST MAIN
PARK HILLS, MO 63601

PAYMENT DUE UPON RECEIPT
THANK YOU!

Sponsor: ST. FRANCIS COUNTY HEALTH DEPARTMENT/WIC

Reference	Date	Type	Description	Amount	Balance
20060453	6/30/2020	INV	Invoice: KLMZ 107.1FM 3828-015 HEALTH AWARENESS	0.00	0.00
20060795	6/30/2020	INV	Invoice: KYLS FM 3828-015 HEALTH AWARENESS	100.00	100.00
			Statement Total:		**100.00**

509517

RECEIVED JUL 06 2020

ENTERED JUL 14 2020

Please Pay This Amount **100.00**

THANK YOU FOR YOU BUSINESS!

Current	31-60 Days	61-90 Days	91-120 Days	121+ Days	Total Due
100.00					100.00

St. Francois County Health Center - TRAVEL/EXPENSE LOG	Month/Year	2/28/2020-3/24/2020	Mileage reimbursement rate @ $0.575/mile
Employee Name: Amber Elliott	Department	Admin	

MAX MEAL REIMBURSEMENT: BREAKFAST $10.00 LUNCH $10.00 DINNER $20.00

EFFECTIVE 01/01/2020

	SFCHC		FIELD LOG					Odometer			Mileage		
Date	Out	In	Site	Purpose	Program	In	Out	Start	Finish	Mileage	Amount	Meals	Misc
2/28/2020	9:40		Farmington Library	RCORP grant	10	10:00am	11:40a	0.00	0.00	0.00	0.000	$ -	$ -
			PHC	COVID19 exercise	4	11:55a	2:15p	0.00	0.00	0.00	0.000	$ -	$ -
3/2/2020	4:15p		Turner Chevrolet	test drive car	1	4:20pm	5:00p	0.00	0.00	0.00	0.000	$ -	$ -
3/3/2020	9:45am	11:45p	Auffenberg Chevrolet	test drive car	1	10:10a	11:30a	0.00	16.80	16.80	9.660	$ -	$ -
3/4/2020	8:05	9:00	kfmo	public info covid 19	17 (covid 19)			0.00	5.00	5.00	2.875	$ -	$ -
3-5-2020		10am	krei	public info COVID 19	17 (covid 19)	8:45	9:45	0.00		0.00	0.000	$ -	$ -
3/5/2020	10:40a	12p	12 west	school mtg	17 (covid 19)	11:00	11:30	0.00	20.00	20.00	11.500	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
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										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
									Totals	41.80	24.035	$ -	$ -

Accounting Department Use Only

Account Number	Amount $
506501	9.66
506517	14.38

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

AElliott 3/25/2020
Employee Signature Date

Sonya 3/25/2020
Supervisor Signature Date

Total Reimbursement $ 24.04 5

ENTERED MAR 25 2020

St. Francois County Health Center - TRAVEL/EXPENSE LOG	Month/Year	FEBRUARY-MARCH, 2020	Mileage reimbursement rate @ $0.575/mile
Employee Name: Kathy Parish	Department	Contract Billing	

**MAX MEAL REIMBURSEMENT: BREAKFAST $10.00 LUNCH $10.00 DINNER $20.00*

Date	SFCHC Out	SFCHC In	FIELD LOG Site	Purpose	Program	In	Out	Odometer Start	Finish	Mileage	Mileage Amount	Meals	Misc
2/27/2020	11:11 AM		BANK	DEPOSIT	16	11:14 AM	11:19 AM	0.00	1.10	1.10	0.633	$ -	$ -
		11:28 AM	POST OFFICE	MAIL	16	11:20 AM	11:25 AM	0.00	1.20	1.20	0.690	$ -	$ -
3/5/2020	11:09 AM		BANK	DEPOSIT	16	11:12 AM	11:15 AM	0.00	1.10	1.10	0.633	$ -	$ -
		11:23 AM	POST OFFICE	MAIL	16	11:16 AM	11:19 AM	0.00	1.20	1.20	0.690	$ -	$ -
3/16/2020	11:17 AM		BANK	DEPOSIT	16	11:20 AM	11:26 AM	0.00	1.10	1.10	0.633	$ -	$ -
		11:35 AM	POST OFFICE	MAIL	16	11:28 AM	11:31 AM	0.00	1.20	1.20	0.690	$ -	$ -
3/17/2020	11:09 AM		BANK	DEPOSIT	16	11:12 AM	11:18 AM	0.00	1.10	1.10	0.633	$ -	$ -
		11:26 AM	POST OFFICE	MAIL	16	11:19 AM	11:22 AM	0.00	1.20	1.20	0.690	$ -	$ -
3/18/2020	10:31 AM		FARMINGTON TO DELIVER COVID 19 INFO TO CLIENT THEN BACK TO PARK HILLS POST OFFICE	INFORMATION	17	10:51 AM	10:53 AM	0.00	18.90	18.90	10.868	$ -	$ -
		11:14 AM	PARK HILLS POST OFFICE AND RETURN TO SFCHC	MAIL	16	11:11 AM	11:14 AM	0.00	1.10	1.10	0.633	$ -	$ -
3/19/2020	11:06 AM		BANK	DEPOSIT	16	11:10 AM	11:19 AM	0.00	1.10	1.10	0.633	$ -	$ -
		11:26 AM	POST OFFICE	MAIL	16	11:20 AM	11:23 AM	0.00	1.20	1.20	0.690	$ -	$ -
3/20/2020	11:06 AM		BANK	MAKE CHANGE	16	11:09 AM	11:12 AM	0.00	1.10	1.10	0.633	$ -	$ -
		11:19 AM	POST OFFICE	MAIL	16	11:14 AM	11:16 AM	0.00	1.20	1.20	0.690	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
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										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
									Totals	33.80	19.435	$ -	$ -

EFFECTIVE 01/01/2020

Accounting Department Use Only

Account Number	Amount $
506516	867
506517	1087

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

Kathy Parish — 3/20/2020
Employee Signature — Date

Tonya — 3-20-20
Supervisor Signature — Date

ENTERED MAR 2 0 2020

Total Reimbursement $ 19.44

MAKE SURE TO COPY AND SAVE THIS FORM FOR YOURSELF ON YOUR COMPUTER. DO NOT FILL THIS ONE IN.

St. Francois County Health Center - TRAVEL/EXPENSE LOG

Employee Name: TONYA PITTS

Month/Year: MAR 2020

Department:

Mileage reimbursement rate @ $0.575/mile

EFFECTIVE 01/01/2020

*MAX MEAL REIMBURSEMENT: BREAKFAST $10.00 LUNCH $10.00 DINNER $20.00

Date	SFCHC Out	SFCHC In	FIELD LOG Site	Purpose	Program	ODOMETER In	ODOMETER Out	ODOMETER Start	ODOMETER Finish	Mileage	MILEAGE AMOUNT	Meals	Misc	Accounting Department Use Only: Account Number	Amount $
02/26	1106		PO	MAIL	16	1109	1111		2.30	2.30	1.323	$ -	$ -		
		1128	SONIC	LUNCH		1115	1120			0.00	0.000	$ -	$ -	506516	6.20
2/28	1102		BANK	DEPOSIT	16	1105	1111		1.10	1.10	0.633	$ -	$ -		
			PO	MAIL	16	1113	1116		1.20	1.20	0.690	$ -	$ -	506517	35.60
		1133	HUNTS	LUNCH		11.21	1124			0.00	0.000	$ -	$ -		
3/2	1111		BANK	DEPOSIT	16	1114	1117		1.10	1.10	0.633	$ -	$ -	508106	3.00
			PO	MAIL	16	1118	1122		1.20	1.20	0.690	$ -	$ -		
		1139	SONIC	LUNCH		1127	1131			0.00	0.000	$ -	$ -		
3/3	1109		BANK	DEPOSIT	16	1113	1119		1.10	1.10	0.633	$ -	$ -		
			PO	MAIL	16	1122	1124		1.20	1.20	0.690	$ -	$ -		
		1140	HUNTS	LUNCH		1129	1131			0.00	0.000	$ -	$ -		
3/4	1109		BANK	DEPOSIT	16	1112	1115		1.10	1.10	0.633	$ -	$ -		
			PO	MAIL	16	1117	1119		1.20	1.20	0.690	$ -	$ -		
		1145	KFC	LUNCH		1125	11.35			0.00	0.000	$ -			
3/5	950	1112	WALMART	TB PHONE	18	1000	1103		5.90	5.90	3.393	$ -	$ -		
3/6	909	952	WALMART	TB PHONE ACTIVATE	18	917	944		5.90	5.90	3.393	$ -	$ -		
	1110		BANK	DEPOSIT	16	1113	1118		1.10	1.10	0.633	$ -	$ -		
		1125	PO	MAIL	16	1119	1121		1.20	1.20	0.690	$ -	$ -		
3/9	1107		BANK	DEPOSIT	16	1111	1117		1.10	1.10	0.633	$ -	$ -		
		1133	PO	MAIL	16	1119	1130		1.20	1.20	0.690	$ -	$ -		
3/10	1105		PO	MAIL	16	1109	1112		1.10	1.10	0.633	$ -	$ -		
		1134	HUNTS	LUNCH		1117	1126		1.20	1.20	0.690	$ -	$ -		
3/11	1121		BANK	DEPOSIT	16	1124	1131		1.10	1.10	0.633	$ -	$ -		
		1148	PO	MAIL	16	1133	1145		1.20	1.20	0.690	$ -	$ -		
3/12	1105		BANK	DEPOSIT	16	1108	1111		1.10	1.10	0.633	$ -	$ -		
			PO	MAIL	16	1113	1116		1.20	1.20	0.690	$ -	$ -		44.80
		1146	HUNTS	LUNCH		1121	1137			0.00	0.000	$ -	$ -		
3/13	10.55		PARKLAND HOSPITAL	DELIVERY	17	1110	1121		19.20	19.20	11.040	$ -	$ -		
			PO	MAIL	16	1136	1139			0.00	0.000	$ -	$ -		
		1150	SFCHC AND BACK TO PO TO TAKE OUT GOING MAIL	MAIL	16	1143	1147		2.30	2.30	1.323	$ -	$ -		
3/16	217	303	AT&T	HOT SPOT	17	2.30	2.47		16.40	16.40	9.430	$ -	$ -		
2/15			HAND SANITIZER FOR WIC		6					0.00	0.000	$ -	$ 3.00		

ENTERED MAR 19 2020

St. Francois County Health Center - TRAVEL/EXPENSE LOG	Month/Year	7/2/2020-7/22/2020	Mileage reimbursement rate @ $0.575/mile
Employee Name: Amber Elliott	Department	Admin	

EFFECTIVE 01/01/2020

*MAX MEAL REIMBURSEMENT: BREAKFAST $10.00 LUNCH $10.00 DINNER $20.00

	SFCHC		FIELD LOG					Odometer			Mileage		
Date	Out	In	Site	Purpose	Program	In	Out	Start	Finish	Mileage	Amount	Meals	Misc
7/2/2020	1030	1215	ERDCC Bonne terre	COVID-19, outbreak	17	1050	1155	0.00	14.00	14.00	8.050	$ -	$ -
7/7/2020			Desloge Chamber of Commerce	COVID-19	17	11:30	1:00p	0.00	3.00	3.00	1.725	$ -	$ -
7/72020			FCC	COVID-19, outbreak	17	1:30	3:30	0.00	0.00	0.00	0.000	$ -	$ -
7/7/2020			NC Primary	School reopen	17	5:30	8:30	0.00	12.60	12.60	7.245	$ -	$ -
7/14/2020	12:30	1:30	MAC	testing event	17	12:40	1:20	0.00	7.40	7.40	4.255	$ -	$ -
7/14/2020	5:00pm		NC Primary	School reopen	17	5:20pm	7:30pm	0.00	12.60	12.60	7.245	$ -	$ -
7/21/2020	5:00pm		NC Primary	School reopen	17	5:20pm	7:30pm	0.00	12.60	12.60	7.245	$ -	$ -
7/22/2020	11:15am	1:15pm	BT Chamber of Commerce	Covid-19	17	12pm	1pm	0.00	12.40	12.40	7.130	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
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										0.00	0.000	$ -	$ -
										0.00	0.000	$ -	$ -
									Totals	74.60	42.895	$ -	$ -

Accounting Department Use Only

Account Number	Amount $

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

Employee Signature Date

Supervisor Signature Date

Total Reimbursement $ 42.90

St. Francois County Health Center - TRAVEL/EXPENSE LOG

Month/Year April 2020

Employee Name: Tiffany Roth

Department Nursing

Mileage reimbursement rate @ $0.575/mile

EFFECTIVE 01/01/2020

Accounting Department Use Only

**MAX MEAL REIMBURSEMENT: BREAKFAST $10.00 LUNCH $10.00 DINNER $20.00*

Date	SFCHC Out	SFCHC In	FIELD LOG Site	Purpose	Program	In	Out	Odometer Start	Finish	Mileage	Mileage Amount	Meals	Misc	Account Number	Amount $
04/02/20			Work from home, computer ink for printing covid information	Covid	CD					0.00	0.000	$ -	$ 43.22	503017	43.22
										0.00	0.000	$ -	$ -		
										0.00	0.000	$ -	$ -		
										0.00	0.000	$ -	$ -		
										0.00	0.000	$ -	$ -		
										0.00	0.000	$ -	$ -		
										0.00	0.000	$ -	$ -		
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										0.00	0.000	$ -	$ -		
										0.00	0.000	$ -	$ -		
										0.00	0.000	$ -	$ -		
									Totals	0.00	0.000	$ -	$ 43.22		

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

Tiffany Roth
Employee Signature

Date

Tonya O'Bellas
Supervisor Signature

Date 4-16-2020

Total Reimbursement $ 43.22

PAID
APR 23 2020
BY:

ENTERED APR 16 2020

Request for Distribution of St. Francois County CARES Act Funds

Application Form

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 COVID-19 public health emergency	
(i) Is Applicant requesting funds for 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 COVID-19 public health emergency?	☒ Yes ☐ No
(ii) State the amount of funds requested.	$256,667.65

(iii) If the answer to Item 4.C.(i) is "Yes", in the space below, describe the category of expenditure (e.g. payroll expenses for public safety employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency) and proposed use of funds, and the itemized amount requested. Attach supporting documentation for the request. Attach additional pages if necessary.

Description	Amount
See attached	

(iv) Explain in detail the intended use and how the intended use meets the criteria for a "necessary expenditure" under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation.

See attached

Public Health
Prevent. Promote. Protect.

St. Francois County Health Center CARES Act Funding Request and Justification

Personnel Expenses

Description	Justification	Amount	Purchased/Proposed
Amber Elliott BSN, RN, SFCHC Director (Annual Salary $65,000): April-48% FTE to COVID-19 response=$3,169.81 May-49% FTE to COVID-19 response=$2663.08 June-35% FTE to COVID-19 response= $1907.07 Proposed: July-December 2020-50% FTE to COVID-19 response=$16,254	Oversee pandemic response, partner outreach, policy development, public health order enforcement, public information, epidemiology, health education, approve purchases for response, hire response personnel	$23,993.96	**On-going**
Linda Ragsdale BSN, RN, Immunization Coordinator (Annual Salary $58,776): April-85% FTE to COVID-19 response=$4,148.38 May-50% FTE to COVID-19 response=$5,456.02 June-45% FTE to COVID-19 response= $2,199.45 Proposed: July-December 2020-50% FTE to COVID-19 response=$14,694	Oversee and conduct COVID-19 outbreak investigations, contact tracing, data management	$26,497.85	**On-going**
Donovan Kleinberg Environmental Specialist (Annual Salary $39,168) *April-62% FTE to COVID-19 response=$2,056.24*	Guidance for businesses, response to complaints, reports, compliance, and questions associated with Stay At Home order	$2,056.24	**On-going**
John Wiseman Environmental Specialist (Annual Salary $44,712) *April-50% FTE to COVID-19 Response=$1,863.00*	Guidance for businesses, response to complaints, reports, compliance, and questions associated with Stay At Home order	$1,863	**On-going**
Contracted communication specialist $20/hour 31 hrs/month	Assist Director in the management and dissemination of public information related to the COVID-19 pandemic locally and response	$6,200	**On-going**
COVID-19 Only Overtime Pay for Nursing and Contact	In order to minimize community transmission, we must	$13,629.60	**On-going**

Tracers July-December 2020 Public Health Nurse (estimated) at $22.86 average hourly rate x 40 hours per month x 1.5 OT=$1,371.60/month Contact Tracer (estimated) at $15 hourly rate x 40 hours per month x 1.5 OT=$900/month	work 7 days/week to investigate and contact trace COVID-19 cases. Each case is approx. 4 hours for initial investigation and contact tracing (not inclduing follow up). We need to follow up on cases within 24 hrs of receipt and contact trace within 48 hrs of investigation. Overtime is needed to respond to cases in a timely manner and prevent further spread of disease.		
Epidemiologist: August 2020-December 2020 FTE 20.19/hour	Compile and analyze data associated with SFC COVID-19 cases and outbreaks. Track community transmission and evaluate response progress. Provide guidance to various sectors to control outbreaks in schools, businesses, and congregate facilities	$17,500	Proposed
Public Health Nurses RN (**2**) August 2020-December 2020 at 20.15/hour	Conduct COVID-19 investigations and COVID-19 testing	$34,927	Proposed
Contact Tracers (10) FTE $15/hour August 2020-December 2020=$13,000/tracer	Conduct contact tracing for contacts of confirmed cases to prevent further community transmission	$130,000	Proposed
	TOTAL	**$256,667.65**	

AMBER ELLIOTT		ST. FRANCOIS COUNTY HEALTH CENTER																															MO/YEAR:	APRIL		2020
DAYS OF MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	DEPT%	SALARY%	DEPT TOTALS
DEPARTMENTS																																	37.96730769		6581.00	
A & G	1							2.00	1.00						1.00	1.00	1.00	1.50					1.00										8.50	3.281853%	215.98	215.98
HEALTH ED	1																																0.00	0.000000%	0.00	
ENVIRONMENTAL HEALTH ADMIN	3			0.50																													0.50	0.193050%	12.70	12.70
BT - PHEP	4	5.00	4.75	4.50	5.00	5.00	4.00	4.00	5.00	4.00	3.00			5.75	4.00	2.75	4.00	3.00			5.00	4.00	4.00	5.00	5.00	6.00	6.00	3.00	4.00	4.25	5.00		115.00	44.401544%	2922.07	2922.07
CHIPS SCHOOL HEALTH	5																																0.00	0.000000%	0.00	0.00
WIC	6	0.50	0.50	0.50					0.50																								2.00	0.772201%	50.82	50.82
RYAN WHITE	8	0.50	0.25						0.50						1.00	1.00	1.00	1.00															5.25	2.027027%	133.40	133.40
LABS - NOD, BS, CHOL, INJECTIONS	9																																0.00	0.000000%	0.00	0.00
WH - PREG TEST	9																																0.00	0.000000%	0.00	
OPIOIDS	10		0.50																														0.50	0.193050%	12.70	12.70
TREATMENT COURT	10																																0.00	0.000000%	0.00	
MCH - Child Fatality	11																																0.00	0.000000%	0.00	25.41
MCH -	11															1.00																	1.00	0.386100%	25.41	
MCH SUBSTANCE USE	11																																0.00	0.000000%	0.00	
CDSMP - MISSISSIPPI DELTA GRANT	13																																0.00	0.000000%	0.00	0.00
PASSPORTS	14																																0.00	0.000000%	0.00	0.00
CHIPS IMMS/FLU	15																	0.50															0.50	0.193050%	12.70	12.70
LEAD	16																																0.00	0.000000%	0.00	0.00
CD -ANIMAL BITES-19 & OLDER	17																																0.00	0.000000%	0.00	3169.81
CD -ANIMAL BITES - 18 & YOUNGER	17																																0.00	0.000000%	0.00	
CD - 19 AND OLDER	17																																0.00	0.000000%	0.00	
CD - 18 AND YOUNGER	17																																0.00	0.000000%	0.00	
CD - STD - 19 AND OLDER	17																																0.00	0.000000%	0.00	
CD - STD - 18 AND UNDER	17																																0.00	0.000000%	0.00	
CORONAVIRUS	17	5.00	5.00	4.00	4.00	5.00	5.75	4.00	1.50	4.75	3.25	4.00	2.00	4.00	4.00	2.50	3.50	3.75	3.00	2.00	5.00	4.00	4.00	5.50	6.00	6.00	6.00	4.25	4.00	5.00	4.00		124.75	48.166023%	3169.81	
Hep A OUTBREAK	17																																0.00	0.000000%	0.00	
TB	18																																0.00	0.000000%	0.00	0.00
CCHC	19															1.00																	1.00	0.386100%	25.41	25.41
TOP	26																																0.00	0.000000%	0.00	0.00
MEDICAID PE	27																																0.00	0.000000%	0.00	0.00
OFFICE USE ONLY																																	259.00	1.00	6581.00	6581.00
TOTAL HRS WORKED		11.00	11.00	9.50	9.00	10.00	9.75	10.00	8.50	8.75	6.25	4.00	2.00	9.75	10.00	9.25	9.50	9.75	3.00	2.00	10.00	8.00	9.00	10.50	11.00	12.00	12.00	7.25	8.00	9.25	9.00	0.00	259.00			
SOCIAL SERVICE HOURS																																	0.00	TIME AVAILABLE		
LEAVE AVAILABLE THIS MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TIME -	ACCRUE	BALANCE	MAX
ANNUAL/VAC	157.250																																0.000		157.250	240
SICK	109.750																																0.000		109.750	480
COMP EARNED	0.000																																0.000		0.000	40
COMP USED																																	0.000			
OCCURENCES	0																																0		0	6
FLOATING HOLIDAY	8																																0		8	
COVID-19	80																																0		80	
Holiday/Scheduled Administrative Leave											8.000																						8.000			
Jury/Witness Duty, Donating Blood, Bereavement Leave																																	0.000			
DONATED TIME TO SICK POOL																																	0.000			
USED TIME FROM SICK POOL																																	0.000			
FLEX TIME: EX: 7:30-3:30		8-7p	8am-6p	8:30-6p	8-5p	8-6p	8-5:15, 9-9:30p	8-5p, 6-7p	8-4:10p, 6-6:30	9-5:15, 6-6:30	9:30-2:15, 3-6:30	8-9a, 2-5p	2-4p	8:45-5:30, 7-8p	9-4, 5-6p	9-5:45, 7-8p	7:30-8a, 9-6	8:15-6p	9-12p	9-10a, 3-4p	8a-6p	9-3p, 5-7p	8-4, 6-7p	9-5:30p, 7-9p	8-7p	8-8p	9-9p	9:30-2:45, 5-7	8-12, 1-5	8-4:15p, 5-6p	8:15-3:45, 4:30-6		0.000			

SUPERVISORS SIGNATURE AND DATE

EMPLOYEE SIGNATURE AND DATE

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

AMBER ELLIOTT		ST. FRANCOIS COUNTY HEALTH CENTER																															MO/YEAR:	MAY	2020
DAYS OF MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	DEPT%	SALARY%	DEPT TOTALS
DEPARTMENTS																																	31.25769231		5418.00	
A & G	1				1.00	1.00	1.00						1.00			1.00			1.25		1.00	1.00	1.00				2.00	1.00	1.00	1.00			14.25	8.050847%	436.19	436.19
HEALTH ED	1																																0.00	0.000000%	0.00	
ENVIRONMENTAL HEALTH ADMIN	3				1.00		0.50						1.00									1.00						1.00	1.00				5.50	3.107345%	168.36	168.36
BT - PHEP	4				2.00	1.00	2.00	5.00	4.00			5.00	1.00			2.00					2.00	2.50	1.00				2.25	1.50	2.00	2.00			35.25	19.915254%	1079.01	1079.01
CHIPS SCHOOL HEALTH	5																																0.00	0.000000%	0.00	0.00
WIC	6				1.00	1.00	1.00						1.00			1.00			1.50		1.00	1.00	1.00				1.00	0.50	0.50	1.00			12.50	7.062147%	382.63	382.63
RYAN WHITE	8				1.00	1.00	1.00						1.00						1.00		1.00		1.00				1.00	0.50	0.50	1.00			10.00	5.649718%	306.10	306.10
LABS - NOD, BS, CHOL, INJECTIONS	9																																0.00	0.000000%	0.00	0.00
WH - PREG TEST	9																																0.00	0.000000%	0.00	
OPIOIDS	10																				1.00		1.00				0.50		1.00				3.50	1.977401%	107.14	107.14
TREATMENT COURT	10																																0.00	0.000000%	0.00	
MCH - Child Fatality	11																																0.00	0.000000%	0.00	76.53
MCH -	11																				1.00							0.50		0.50			2.00	1.129944%	61.22	
MCH SUBSTANCE USE	11																					0.50											0.50	0.282486%	15.31	
CDSMP - MISSISSIPPI DELTA GRANT	13															1.50			0.50									0.50					2.50	1.412429%	76.53	76.53
PASSPORTS	14																																0.00	0.000000%	0.00	0.00
CHIPS IMMS/FLU	15																											0.50	0.50	0.50			1.50	0.847458%	45.92	45.92
LEAD	16																																0.00	0.000000%	0.00	0.00
CD -ANIMAL BITES-19 & OLDER	17																																0.00	0.000000%	0.00	2663.08
CD -ANIMAL BITES - 18 & YOUNGER	17																																0.00	0.000000%	0.00	
CD - 19 AND OLDER	17																																0.00	0.000000%	0.00	
CD - 18 AND YOUNGER	17																																0.00	0.000000%	0.00	
CD - STD - 19 AND OLDER	17																																0.00	0.000000%	0.00	
CD - STD - 18 AND UNDER	17																																0.00	0.000000%	0.00	
CORONAVIRUS	17	6.75	1.00	1.00	3.50	5.00	4.00	5.50	4.00	2.00	3.00	4.50	3.50	4.75	8.75	2.50		1.50	4.00	1.50	2.00	3.00	3.25				2.50	2.00	2.50	4.00	1.00		87.00	49.152542%	2663.08	
Hep A OUTBREAK	17																																0.00	0.000000%	0.00	
TB	18																												0.50				0.50	0.282486%	15.31	15.31
CCHC	19																											0.50					0.50	0.282486%	15.31	15.31
TOP	26					0.50																						1.00					1.50	0.847458%	45.92	45.92
MEDICAID PE	27																																0.00	0.000000%	0.00	0.00
OFFICE USE ONLY																																	177.00	1.00	5418.00	5418.00
TOTAL HRS WORKED		6.75	1.00	1.00	9.50	9.50	9.50	10.50	8.00	2.00	3.00	9.50	8.50	4.75	8.75	8.00	0.00	1.50	8.25	1.50	9.00	9.00	8.25	0.00	0.00	0.00	9.25	9.50	9.50	10.00	1.00	0.00	177.00			
SOCIAL SERVICE HOURS																																	0.00	TIME AVAILABLE		
LEAVE AVAILABLE THIS MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TIME -	ACCRUE	BALANCE	MAX
ANNUAL/VAC	167.250																																0.000		167.250	240
SICK	119.750																																0.000		119.750	480
COMP EARNED	0.000																																0.000		0.000	40
COMP USED																																	0.000			
OCCURENCES	0																																0		0	6
FLOATING HOLIDAY	8																																0		8	
Holiday/Scheduled Administrative Leave									8.000																	8 000							16.000			
Jury/Witness Duty, Donating Blood, Bereavement Leave																																	0.000			
DONATED TIME TO SICK POOL																																	0.000			
USED TIME FROM SICK POOL																																	0.000			
FLEX TIME: EX: 7:30-3:30		8-2:45	3p-4p	3p-4p	8-4, 4:30-6	8-4, 6-7:30	8-4:30,5-6	8-6:30p	8-12, 1-5p	2p-4p	2-5p	8-5, 6-6:30p	8-4:30	10-2:45p	8:30-3:45, 4:30-6p			1-2:30	8-4:15p	2:30-4	8-5p	8:15-4:15, 4:30-	8-4:15				8-4:15, 5:30-6:30	8-4:30, 5p-6p	8-5:30p	8-3, 4-7	9-10a		0.000			

SUPERVISORS SIGNATURE AND DATE

EMPLOYEE SIGNATURE AND DATE

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

AMBER ELLIOTT		ST. FRANCOIS COUNTY HEALTH CENTER																															MO/YEAR:	JUNE	2020
DAYS OF MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	DEPT%	SALARY%	DEPT TOTALS
DEPARTMENTS																																	31.25769231		5418.00	
A & G	1	1.00		1.00	1.00					0.75	1.00	1.50	2.25			1.50	1.00	0.50		0.50				1.00	2.00	1.00	1.00			1.00			18.00	10.603829%	574.52	574.52
HEALTH ED	1																																0.00	0.000000%	0.00	
ENVIRONMENTAL HEALTH ADMIN	3	1.00			1.00				1.00	0.50	0.50		0.50			0.75		1.00															6.25	3.681885%	199.48	199.48
BT - PHEP	4	1.00		2.00	2.00					2.00	0.50	2.00				2.00	4.00	2.00	2.00	4.50			4.00	3.00	3.00	4.00	4.00			3.00			45.00	26.509573%	1436.29	1436.29
CHIPS SCHOOL HEALTH	5																																0.00	0.000000%	0.00	0.00
WIC	6	1.00			0.50					0.50	0.75	0.50	0.75			0.75	0.50	0.50	0.50					0.50	0.50	0.50							7.75	4.565538%	247.36	247.36
RYAN WHITE	8	1.00			0.50				0.50	1.00	0.75	0.50	1.00			0.50	0.25	0.75						0.50	0.50	0.50							8.25	4.860088%	263.32	263.32
LABS - NOD, BS, CHOL, INJECTIONS	9																																0.00	0.000000%	0.00	0.00
WH - PREG TEST	9																																0.00	0.000000%	0.00	
OPIOIDS	10									0.75			0.25					1.00					0.50			0.50							3.00	1.767305%	95.75	127.67
TREATMENT COURT	10			0.50	0.50																												1.00	0.589102%	31.92	
MCH - Child Fatality	11									0.50	1.00						1.00	1.50	4.00											2.00			10.00	5.891016%	319.18	422.91
MCH -	11										1.50	1.00	0.25				0.50																3.25	1.914580%	103.73	
MCH SUBSTANCE USE	11																																0.00	0.000000%	0.00	
CDSMP - MISSISSIPPI DELTA GRANT	13								0.50	0.25																							0.75	0.441826%	23.94	23.94
PASSPORTS	14																	0.25															0.25	0.147275%	7.98	7.98
CHIPS IMMS/FLU	15								0.50	0.50	1.00													0.50	0.25	0.50				1.00			4.25	2.503682%	135.65	135.65
LEAD	16																																0.00	0.000000%	0.00	0.00
CD -ANIMAL BITES-19 & OLDER	17																																0.00	0.000000%	0.00	1938.99
CD -ANIMAL BITES - 18 & YOUNGER	17																																0.00	0.000000%	0.00	
CD - 19 AND OLDER	17																																0.00	0.000000%	0.00	
CD - 18 AND YOUNGER	17																																0.00	0.000000%	0.00	
CD - STD - 19 AND OLDER	17																																0.00	0.000000%	0.00	
CD - STD - 18 AND UNDER	17																																0.00	0.000000%	0.00	
CORONAVIRUS	17	3.00		4.00	2.50				2.00	2.00	1.00	4.00	3.00			2.00	2.00	1.25	2.00	4.50	1.00	1.00	3.75	3.75	4.00	4.00	4.00	2.00	2.00	1.00			59.75	35.198822%	1907.07	
Hep A OUTBREAK	17										0.50		0.50																				1.00	0.589102%	31.92	
TB	18															0.50																	0.50	0.294551%	15.96	15.96
CCHC	19																																0.00	0.000000%	0.00	0.00
TOP	26			0.50												0.25																	0.75	0.441826%	23.94	23.94
MEDICAID PE	27																																0.00	0.000000%	0.00	0.00
OFFICE USE ONLY																																	**169.75**	**1.00**	**5418.00**	**5418.00**
TOTAL HRS WORKED		8.00	0.00	8.00	8.00	0.00	0.00	0.00	4.50	8.75	8.50	9.50	8.50	0.00	0.00	8.25	9.25	8.75	8.50	9.50	1.00	1.00	8.25	9.25	10.25	11.00	9.00	2.00	2.00	8.00	0.00	0.00	**169.75**			
SOCIAL SERVICE HOURS																																	**0.00**		**TIME AVAILABLE**	
LEAVE AVAILABLE THIS MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TIME -	ACCRUE	BALANCE	MAX
ANNUAL/VAC	177.250					8.000																											8.000		169.250	240
SICK	129.750								4.000																								4.000		125.750	480
COMP EARNED	0.000																																0.000		0.000	40
COMP USED																																	0.000			
OCCURENCES	0																																0		0	6
FLOATING HOLIDAY	8																														8		8		0	
Holiday/Scheduled Administrative Leave																																	0.000			
Jury/Witness Duty, Donating Blood, Bereavement Leave																																	0.000			
DONATED TIME TO SICK POOL																																	0.000			
USED TIME FROM SICK POOL																																	0.000			
FLEX TIME: EX: 7:30-3:30									12-4:30	8-4:15, 5-5:30	8-4, 6:30-7	8-5:30	8-4:30			8-4:15	8-4:15, 5-6p	8-4:15, 5:30-6	8-3:30, 4:30-5:30	8-4:30, 6-7	1:00-2	12:00-1	8-3:15, 4-5p	8-4:15, 5-6	8-5:15p, 6-7	8a-7p	8a-5	12p-2	11a-1p				0.000			

SUPERVISORS SIGNATURE AND DATE

EMPLOYEE SIGNATURE AND DATE

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

LINDA RAGSDALE — **ST. FRANCIOS COUNTY HEALTH CENTER** — MO/YEAR: **APRIL** **2020**

Days of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	DEPT%	SALARY %	DEPT TOTAL
Departments		W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH					4898	
ADMIN & GENERAL	1																																0.00	0.00%	$0.00	0.00
HEALTH EDUCATION	1																																0.00	0.00%	$0.00	
PHEP	4																																0.00	0.00%	$0.00	0.00
CHPS SCHOOL HEALTH	5																																0.00	0.00%	$0.00	0.00
WIC	6																																0.00	0.00%	$0.00	0.00
RYAN WHITE	8																																0.00	0.00%	$0.00	0.00
LABS, WOMENS HEALTH	9																																0.00	0.00%	$0.00	0.00
OPIOIDS	10																																0.00	0.00%	$0.00	0.00
TREATMENT COURT	10																																0.00	0.00%	$0.00	
CRIB PROJECT	11																																0.00	0.00%	$0.00	0.00
MCH	11																																0.00	0.00%	$0.00	
MCH - Substance Use	11																																0.00	0.00%	$0.00	
CHIP IMMS/FLU/BILLING	15						6.50	3.00	7.50					0.50											1.00					1.00	3.00		22.50	13.37%	$655.01	655.01
CHIPS LEAD	16																																0.00	0.00%	$0.00	0.00
CD -ANIMAL BITES-19 & OLDER	17																																0.00	0.00%	$0.00	4148.38
CD-ANIMAL BITES - 18 & YOUNGER	17																																0.00	0.00%	$0.00	
CD - 19 AND OLDER	17																																0.00	0.00%	$0.00	
CD - 18 AND YOUNGER	17																																0.00	0.00%	$0.00	
CD - STD 19 AND OLDER	17																																0.00	0.00%	$0.00	
CD-STD 18 AND YOUNGER	17																																0.00	0.00%	$0.00	
CORONAVIRUS	17	9.50	8.00	10.00				5.00			2.25	0.25		7.50	8.00	8.00	8.00	8.00	0.50		8.25	8.00	9.50	7.00	7.00			7.75	8.00	7.00	5.00		142.50	84.70%	$4,148.38	
HEP A OUTBREAK	17																																0.00	0.00%	$0.00	
TB	18						1.50		0.50																								2.00	1.19%	$58.22	58.22
CCHC	19																																0.00	0.00%	$0.00	0.00
TOP	26																							1.25									1.25	0.74%	$36.39	36.39
PRESUMPTIVE ELIGIBILITY	27																																0.00	0.00%	$0.00	0.00
FOR OFFICE USE ONLY																																	168.25	100.00%	$4,898.00	4898.00
TOTAL HOURS WORKED		9.50	8.00	10.00	0.00	0.00	8.00	8.00	8.00	0.00	2.25	0.25	0.00	8.00	8.00	8.00	8.00	8.00	0.50	0.00	8.25	8.00	9.50	8.25	8.00	0.00	0.00	7.75	8.00	8.00	8.00	0.00	168.25	LEAVE AVAILABLE		
SOCIAL SERVICE HOURS																																	0.00			
LEAVE - AVAILABLE THIS MONTH																																	Time (-)	Accrue	Balance	Max
ANNUAL/VAC	335.875									8.000																							8.000		327.875	336
SICK	420.375																																0.000		420.375	480
COMP EARNED	27.250	1.500		2.000							2.250	0.250							0.500		0.250		1.500	0.250									8.500		35.500	40
COMP USED																												0.250					0.250			
OCCURRENCES	0																																0		0	6
FLOATING HOLIDAY	8																																0		8	
COVID-19	80																																0		80	
Holiday, Scheduled Administrative leave											8.000																									
Jury/Witness Duty, Donating Blood, Bereavement Leave																																				
Donated time from Sick Pool																																	0.000			
Used time from Sick Pool																																	0.000			
FLEX TIME: EX: 7:30-3:30																																	0.000			

SUPERVISOR SIGNATURE AND DATE

EMPLOYEE SIGNATURE AND DATE

Linda Ragsdale

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

LINDA RAGSDALE — **ST. FRANCIOS COUNTY HEALTH CENTER** — MO/YEAR: MAY 2020

Days of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	DEPT%	SALARY %	DEPT TOTAL
Departments		F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S		28.257692		4898	
ADMIN & GENERAL	1																																0.00	0.00%	$0.00	0.00
HEALTH EDUCATION	1																																0.00	0.00%	$0.00	
PHEP	4																																0.00	0.00%	$0.00	0.00
CHPS SCHOOL HEALTH	5																																0.00	0.00%	$0.00	0.00
WIC	6																																0.00	0.00%	$0.00	0.00
RYAN WHITE	8																																0.00	0.00%	$0.00	0.00
LABS, WOMENS HEALTH	9																																0.00	0.00%	$0.00	0.00
ZIKA	10																																0.00	0.00%	$0.00	0.00
TREATMENT COURT	10																																0.00	0.00%	$0.00	
CRIB PROJECT	11																																0.00	0.00%	$0.00	0.00
MCH	11																																0.00	0.00%	$0.00	
MCH - SUBSTANCE USE	11																																0.00	0.00%	$0.00	
CHIP IMMS/FLU/BILLING	15	3.75			2.00	2.00	3.50	2.00				2.50	2.50	2.50	2.25	2.50																	25.50	29.23%	$1,431.51	1431.51
CHIPS LEAD	16																																0.00	0.00%	$0.00	0.00
CD -ANIMAL BITES-19 & OLDER	17																																0.00	0.00%	$0.00	2456.02
CD-ANIMAL BITES - 18 & YOUNGER	17																																0.00	0.00%	$0.00	
CD - 19 & OLDER	17																																0.00	0.00%	$0.00	
CD - 18 & UNDER	17																																0.00	0.00%	$0.00	
CD - STD - 19 & OLDER	17																																0.00	0.00%	$0.00	
CD-STD 18 AND YOUNGER	17																																0.00	0.00%	$0.00	
CORONAVIRUS	17	2.00			4.00	6.00	0.50	4.75	3.50	1.00	0.50	5.50	5.50	3.50	4.00	3.00																	43.75	50.14%	$2,456.02	
HEP A OUTBREAK	17																																0.00	0.00%	$0.00	
TB	18				2.00		4.00	1.50						1.00		1.00																	9.50	10.80%	$533.31	533.31
CCHC	19																																0.00	0.00%	$0.00	0.00
TOP	26												0.50	1.00	2.00	1.50							3.00				0.50						8.50	9.74%	$477.17	477.17
PRESUMPTIVE ELIGIBILITY	27																																0.00	0.00%	$0.00	0.00
FOR OFFICE USE ONLY																																	87.25	100.00%	$4,898.00	4898.00
TOTAL HOURS WORKED		5.75	0.00	0.00	8.00	8.00	8.00	8.25	3.50	1.00	0.50	8.00	8.50	8.00	8.25	8.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	87.25	LEAVE AVAILABLE		
SOCIAL SERVICE HOURS																																	0.00			
LEAVE - AVAILABLE THIS MONTH																																	Time (-)	Accrue	Balance	Max
ANNUAL/VAC	341.875	2.250																															2.250		339.625	336
SICK	430.375																		8.000	8.000	8.000	8.000	5.000				7.500	8.000	8.000	8.000			68.500		361.875	480
COMP EARNED	35.500							0.250	3.500	1.000	0.500		0.500		0.250																		6.000		41.500	40
COMP USED																																	0.000			
OCCURRENCES	0																																0		0	6
FLOATING HOLIDAY	8																																0		8	
COVID-19	80																																0		80	
Holiday, Scheduled Administrative leave									8.000																	8.000										
Jury/Witness Duty, Donating Blood, Bereavement Leave																																				
Donated time from Sick Pool																																	0.000			
Used time from Sick Pool																																	0.000			
FLEX TIME: EX: 7:30-3:30																																	0.000			

SUPERVISOR SIGNATURE AND DATE

EMPLOYEE SIGNATURE AND DATE

Linda Ragsdale

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

LINDA RAGSDALE		ST. FRANCIOS COUNTY HEALTH CENTER																																	MO/YEAR:	JUNE		2020
Days of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	DEPT%	SALARY %	DEPT
Departments		M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T		28.257692		4898	TOTAL
ADMIN & GENERAL	1				1.00																												1.00	0.69%	$33.84	33.84
HEALTH EDUCATION	1																																0.00	0.00%	$0.00	
PHEP	4																																0.00	0.00%	$0.00	0.00
CHPS SCHOOL HEALTH	5																																0.00	0.00%	$0.00	0.00
WIC	6																																0.00	0.00%	$0.00	0.00
RYAN WHITE	8																																0.00	0.00%	$0.00	0.00
LABS, WOMENS HEALTH	9		0.25																														0.25	0.17%	$8.46	8.46
ZIKA	10																																0.00	0.00%	$0.00	0.00
TREATMENT COURT	10																																0.00	0.00%	$0.00	
CRIB PROJECT	11																																0.00	0.00%	$0.00	0.00
MCH	11																																0.00	0.00%	$0.00	
MCH - SUBSTANCE USE	11																																0.00	0.00%	$0.00	
CHIP IMMS/FLU/BILLING	15	5.00	4.75	4.00	4.00	5.50			1.00	1.00	4.00	5.00	4.50										2.50	3.25	3.25	3.50	3.00			2.50	2.50		59.25	40.93%	$2,004.88	2004.88
CHIPS LEAD	16																																0.00	0.00%	$0.00	0.00
CD -ANIMAL BITES-19 & OLDER	17																																0.00	0.00%	$0.00	
CD-ANIMAL BITES - 18 & YOUNGER	17																																0.00	0.00%	$0.00	
CD - 19 & OLDER	17																																0.00	0.00%	$0.00	
CD - 18 & UNDER	17																																0.00	0.00%	$0.00	2309.42
CD - STD - 19 & OLDER	17												1.00																		1.00		2.00	1.38%	$67.68	
CD-STD 18 AND YOUNGER	17																																0.00	0.00%	$0.00	
CORONAVIRUS	17	1.75	2.00	4.25	2.50	1.50	3.00	2.00	7.25	7.00	4.00	3.50	1.75										3.00	4.00	4.00	2.50	2.75			3.75	4.50		65.00	44.91%	$2,199.45	
HEP A OUTBREAK	17											0.25	0.25										0.75										1.25	0.86%	$42.30	
TB	18					0.50							1.25										0.25				1.00			0.50			3.50	2.42%	$118.43	118.43
CCHC	19									1.00																							1.00	0.69%	$33.84	33.84
TOP	26	1.50	1.00		0.50	2.00																	1.50	1.00		1.00	1.50			1.50			11.50	7.94%	$389.13	389.13
PRESUMPTIVE ELIGIBILITY	27																																0.00	0.00%	$0.00	0.00
FOR OFFICE USE ONLY																																	144.75	100.00%	$4,898.00	4898.00
TOTAL HOURS WORKED		8.25	8.00	8.25	8.00	9.50	3.00	2.00	8.25	9.00	8.00	8.75	8.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.25	7.25	7.00	8.25	0.00	0.00	8.25	8.00	0.00	144.75	LEAVE AVAILABLE		
SOCIAL SERVICE HOURS																																	0.00			
LEAVE - AVAILABLE THIS MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Time (-)	Accrue	Balance	Max
ANNUAL/VAC	353.625															8.000	8.000	8.000	8.000	8.000													40.000		313.625	336
SICK	371.875																																0.000		371.875	480
COMP EARNED	41.500	0.250		0.250		1.500	3.000	2.000	0.250	1.000		0.750	0.750											0.250			0.250			0.250			10.500		50.250	40
COMP USED																									0.750	1.000							1.750			
OCCURRENCES	0																																0		0	6
FLOATING HOLIDAY	8																																0		8	
COVID-19	80																																0		80	
Holiday, Scheduled Administrative leave																																				
Jury/Witness Duty, Donating Blood, Bereavement Leave																																				
Donated time from Sick Pool																																	0.000			
Used time from Sick Pool																																	0.000			
FLEX TIME: EX: 7:30-3:30																																	0.000			

SUPERVISOR SIGNATURE AND DATE

Linda Ragsdale

EMPLOYEE SIGNATURE AND DATE

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

DONOVAN KLEINBERG — **ST. FRANCOIS COUNTY HEALTH CENTER** — MO/YEAR: **APRIL** **2020**

Days of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	DEPT%	SALARY:	DEPT TOTAL
Departments																																	18.83076923		3264	
ADMIN & GENERAL	1																																0.000	0.0000%	$0.00	
HEALTH ED	1																																0.000	0.0000%	$0.00	0.00
DAYCARES	3																																0.000	0.0000%	$0.00	
ENVIRONMENTAL PUBLIC HEALTH	3	2.75	1.50					0.50		1.00					1.00													1.00	2.00				9.750	9.1335%	$298.12	
ON SITE SEWAGE	3																																0.000	0.0000%	$0.00	298.12
ENV LEAD	3																																0.000	0.0000%	$0.00	
SUMMER FOOD	3																																0.000	0.0000%	$0.00	
AFDO - TRAINING	3																																0.000	0.0000%	$0.00	
BT - PHEP	4																																0.000	0.0000%	$0.00	0.00
CHIPS SCHOOL HEALTH	5																																0.000	0.0000%	$0.00	0.00
OPIOIDS	10																																0.000	0.0000%	$0.00	0.00
CD - ANIMAL BITES	17	0.25	0.50	2.00										5.00	4.00						3.00	4.00	4.00					4.00	3.00				29.750	27.8689%	$909.64	2965.88
CORONAVIRUS	17	5.00	6.00	6.00			8.00	7.50	8.00	1.75				3.00	3.00						5.00	4.00	4.00					3.00	3.00				67.250	62.9977%	$2,056.24	
OFFICE USE ONLY																																	106.750	100.0000%	**$3,264.00**	**3264.00**
TOTAL HOURS WORKED		8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	2.75	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	8.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	106.750			
SOCIAL HOURS WORKED																																	0.000	LEAVE AVAILABLE		
LEAVE		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TIME -	ACCRUE	BALANCE	MAX
ANNUAL	36.000																																0.000		36.000	240
SICK	35.250									5.250																							5.250		30.000	480
COMP EARNED	0.000																																0.000	0.000	0.000	40
COMP USED																																	0.000			
OCCURRENCES	0																																0		0	6
FLOATING HOLIDAY	8																																0		8	
COVID-19	80															8	8	8						8	8					8	8		56		24	
HOLIDAY/ SCHEDULED ADMINISTRATIVE LEAVE											8.000																						8.000			
JURY/WITNESS DUTY, DONATING BLOOD, BEREAVEMENT LEAVE																																	0.000			
DONATED TIME TO SICK POOL																																	0.000			
USED TIME FROM SICK POOL																																	0.000			
1.5 COMP																																	0.000			
FLEX TIME: EX: 7:30-3:30																																	0.000			

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

Donovan Kleinberg

EMPLOYEE SIGNATURE AND DATE

SUPERVISOR SIGNATURE AND DATE

JOHN WISEMAN		ST. FRANCOIS COUNTY HEALTH CENTER																															MO/YEAR:	APRIL		2020
Days of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	DEPT%	SALARY:	DEPT TOTAL
Departments		W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T				3726	
ADMIN & GENERAL	1																																0.000	0.0000%	$0.00	
HEALTH ED	1																																0.000	0.0000%	$0.00	$0.00
DAYCARES	3																																0.000	0.0000%	$0.00	
ENVIRONMENTAL PUBLIC HEALTH	3																																0.000	0.0000%	$0.00	
ENV LEAD	3																																0.000	0.0000%	$0.00	
ON SITE SEWAGE	3																																0.000	0.0000%	$0.00	$0.00
SUMMER FOOD	3																																0.000	0.0000%	$0.00	
AFDO STANDARDS	3																																0.000	0.0000%	$0.00	
AFDO - TRAINING	3																																0.000	0.0000%	$0.00	
PHEP	4	4.00	4.00	4.00			4.00	4.00	4.00	4.00				4.00	4.00	4.00	4.00	4.00			4.00	4.00	4.00	4.00	4.00					4.00	4.00		76.000	50.0000%	$1,863.00	$1,863.00
CHIPS SCHOOL HEALTH	5																																0.000	0.0000%	$0.00	$0.00
OPIOIDS	10																																0.000	0.0000%	$0.00	$0.00
CD - ANIMAL BITES	17																																0.000	0.0000%	$0.00	$0.00
CORONAVIRUS	17	4.00	4.00	4.00			4.00	4.00	4.00	4.00				4.00	4.00	4.00	4.00	4.00			4.00	4.00	4.00	4.00	4.00					4.00	4.00		76.000	50.0000%	$1,863.00	$1,863.00
OFFICE USE ONLY																																	152.000	100%	#DIV/0!	$3,726.00
TOTAL HOURS WORKED		8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	0.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	152.000	LEAVE AVAILABLE		
SOCIAL HOURS WORKED																																	456.000			
LEAVE AVAILABLE THIS MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TIME -	ACCRUE	BALANCE	MAX
ANNUAL	218.625																																0.000		218.625	240
SICK	469.250																											8.000	8.000				16.000		453.250	480
COMP EARNED	9.750																																0.000	0.000	9.750	40
COMP USED																																	0.000			
OCCURRENCES	0																																0		0	6
FLOATING HOLIDAY	8																																0		8	
COVID-19	80																																0		80	
HOLIDAY/ SCHEDULED ADMINISTRATIVE LEAVE											8.000																						8.000			
JURY/WITNESS DUTY, DONATING BLOOD, BEREAVEMENT LEAVE																																	0.000			
DONATED TIME TO SICK POOL																																	0.000			
USED TIME FROM SICK POOL																																	0.000			
FLEX TIME: EX: 7:30-3:30																																	0.00			
1.5 TIME																																	0.000			

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

EMPLOYEE SIGNATURE AND DATE

SUPERVISOR SIGNATURE AND DATE

Communications Specialist Invoice

Name: Doug Wicker

Month/Year Mar-20

Make checks payable to:

Contractor: St. Francois County Health Center
Program: COVID-19
Address: PO Box 367, Park Hills MO, 63601
Phone: 573-431-1947

Recipient: Douglas Wicker
Email: douglas.wicker@gmail.com
Address: 900 Pamela Ct Apt 24
Park Hills, MO 63601
Phone: 573-518-6562

Date	Start Time	End Time	Hours worked at $20/hr.	Detail (What task working on)	Salary
3/20/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/21/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/22/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/23/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/24/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/25/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/26/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/27/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/28/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/29/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/30/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
3/31/2020	5p	8p	3	Public informaton management: print media, social media	$ 60.00
		Total Hours Worked	36.00	Total Salary	$ 720.00

I certify that all data and information submitted are truthful and accurate to the best of my knowledge.

Signature:

Total Reimbursement $ 720.00

Time should include total prep time and should be documented in 15 minutes increments. Ex: 15 minutes=0.25 hours. Reimbursements are due by the third Friday of every month. Any invoices submitted after this day will be reimbursed the following month. Reimbursement checks will be ready for pick up the day after board meeting. Board meeting is usually the fourth Thursday of the month. Mileage will be reimbursed at 0.58 cents/mile.

508517

PAID
MAY 29 2020
BY:

ENTERED MAY 11 2020

INVOICE

INVOICE NUMBER
03202020-2 APRIL 2020

DATE OF ISSUE
05/26/2020

DOUGLAS WICKER

900 Pamela Ct. Apt. 24
Park Hills, MO
573.518.6562
douglas.wicker@gmail.com

BILLED TO
St. Francois County Health Center
PO Box 367
Park Hills, MO 63601
573.431.1947
PROGRAM: COVID-19

DESCRIPTION	UNIT COST	QTY/HR RATE	AMOUNT
Public Information Management - Print, Social Media, Marketing Consultation	$20/HR PER DAY	30 DAYS	$600

INVOICE TOTAL
$600.00

SUBTOTAL	$600.00
DISCOUNT	$0
TOTAL	$600.00

TERMS
Invoice Due By 08/31/2020

508517

PAID
MAY 29 2020
BY:

ENTERED MAY 27 2020

INVOICE

INVOICE NUMBER
03202020-3 MAY 2020

DATE OF ISSUE
05/26/2020

DOUGLAS WICKER

900 Pamela Ct. Apt. 24
Park Hills, MO
573.518.6562
douglas.wicker@gmail.com

BILLED TO
St. Francois County Health Center
PO Box 367
Park Hills, MO 63601
573.431.1947
PROGRAM: COVID-19

DESCRIPTION	UNIT COST	QTY/HR RATE	AMOUNT
Public Information Management - Print, Social Media, Marketing Consultation	$20/HR PER DAY	30 DAYS	$600

INVOICE TOTAL
$600.00

SUBTOTAL	$600.00
DISCOUNT	$0
TOTAL	$600.00

PAID
MAY 29 2020
BY:

508517

TERMS
Invoice Due By 08/31/2020

ENTERED MAY 27 2020

1920.00 total

INVOICE

INVOICE NUMBER
03202020-4 JUNE 2020

DATE OF ISSUE
06/23/2020

DOUGLAS WICKER

900 Pamela Ct. Apt. 24
Park Hills, MO
573.518.6562
douglas.wicker@gmail.com

BILLED TO
St. Francois County Health Center
PO Box 367
Park Hills, MO 63601
573.431.1947
PROGRAM: COVID-19

508517

DESCRIPTION	UNIT COST	QTY/HR RATE	AMOUNT
Public Information Management - Print, Social Media, Marketing Consultation	$20/HR PER DAY	30 DAYS	$600

INVOICE TOTAL
$600.00

SUBTOTAL	$600.00
DISCOUNT	$0
TOTAL	$600.00

PAID
PAID JUN 25 2020 PAID
BY:

TERMS
Invoice Due By 09/31/2020

ENTERED JUN 23 2020

INVOICE

INVOICE NUMBER
03202020-5 JULY 2020

DATE OF ISSUE
07/21/2020

DOUGLAS WICKER
900 Pamela Ct. Apt. 24
Park Hills, MO
573.518.6562
douglas.wicker@gmail.com

BILLED TO
St. Francois County Health Center
PO Box 367
Park Hills, MO 63601
573.431.1947
PROGRAM: COVID-19

PAID JUL 23 2020

DESCRIPTION	UNIT COST	QTY/HR RATE	AMOUNT
Public Information Management - Print, Social Media, Marketing Consultation	$20/HR PER DAY	30 DAYS	$600

INVOICE TOTAL
$600.00

SUBTOTAL	$600.00
DISCOUNT	$0
TOTAL	$600.00

50851M

TERMS
Invoice Due By 09/31/2020

ENTERED JUL 21 2020

Request for Distribution of St. Francois County CARES Act Funds

Application Form

D. Expenses of actions to facilitate compliance with COVID-19-related public health measures (as described Paragraph E.4 of the Instructions, below).	
(i) Is Applicant requesting funds to facilitate compliance with COVID-19 related public health measures?	☑ Yes ☐ No
(ii) State the amount of funds requested.	$
(iii) If the answer to Item 4.D.(i) is "Yes", in the space below, describe the category of expenditure (e.g., expenses for food delivery to residents) and proposed use of funds, and the itemized amount requested. Attach supporting documentation for the request. Attach additional pages if necessary.	
Description	**Amount**
See "public Health expenses"	
(ix) Explain in detail the intended use and how the intended use meets the criteria for a "necessary expenditure" under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation.	

Request for Distribution of St. Francois County CARES Act Funds

Application Form

E. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency (as described Paragraph E.5 of the Instructions, below).	
(i) Is Applicant requesting funds that will be used for the provision of economic support in connection with COVID-19?	☐ Yes ☑ No
(ii) State the amount of funds requested.	$
(iii) If the answer to Item 4.E.(i) is "Yes", in the space below, describe the category of expenditure (e.g., expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures) and proposed use of funds, and the itemized amount requested. Attach additional pages if necessary.	
Description	**Amount**
(iv) Explain in detail the intended use, how the intended use meets the criteria for a "necessary expenditure" under the CARES Act (as described Paragraph B of the Instructions, below). Attach supporting documentation.	

Request for Distribution of St. Francois County CARES Act Funds

Application Form

F. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Coronavirus Relief Fund's eligibility criteria.	
(i) Is Applicant requesting funds for purposes that are not listed Items A – E, above, that otherwise satisfy the Coronavirus Relief Fund eligibility criteria?	☐ Yes ☑ No
(ii) State the amount of funds requested.	$
(iii) If the answer to Item 4.F.(i) is "Yes", in the space below, describe the category of expenditure and proposed use of funds, and the itemized amount requested. Attaching supporting documentation for the request. Attach additional pages if necessary.	
Description	**Amount**
(iv) Explain in detail the intended use, how the intended use meets the criteria for a "necessary expenditure" under the CARES Act and attach supporting documentation (as described Paragraph B of the Instructions, below).	

5. Applicant Budget Information
Please attach a copy of the Applicant's budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act).

Request for Distribution of St. Francois County CARES Act Funds

Application Form

6. Applicant Representation and Certification	
A. I have read the statements included in this Application Form and understand them and that all responses are true and correct.	☑ Yes ☐ No
B. I have the authority to act on behalf of the above-named Applicant to request funds from the County allocated by the State of Missouri to the County from the Coronavirus Relief Fund as created in the CARES Act.	☑ Yes ☐ No
C. I understand that the County will rely on the information provided by Applicant in this Application and this Certification as a material representation in evaluating this Application and making award decisions to the above-named Applicant.	☑ Yes ☐ No
D. If approved, the Applicant agrees to use the funds received pursuant to this application only for those costs that: (1) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); (2) were not accounted for in the budget most recently approved as of March 27, 2020 for the above-named Applicant; and (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.	☑ Yes ☐ No
E. If approved, I agree that no funds provided pursuant to this Application will be used as a revenue replacement for lower than expected tax or other revenue collection.	☑ Yes ☐ No
F. If approved, I agree that no funds can be used for expenditures for which the above-named Applicant received any other emergency COVID-19 supplemental funding (whether state, federal or private in nature) for that same expense.	☑ Yes ☐ No
G. I agree that the above-named Applicant will retain documentation of all uses of the funds, including but not limited to invoices and/or sales receipts and that all necessary documentation shall be produced to the County upon request.	☑ Yes ☐ No
H. I agree not to use the funds in a different manner than Applicant's purposes and uses described in this Application.	☑ Yes ☐ No
I. I certify that use of the funds will not violate any State or Federal law, and the Applicant is not engaged in any activity that is illegal under federal, state, or local law.	☑ Yes ☐ No
J. Funds provided as a result of this Application and any subsequent award must adhere to official federal, state, or local guidance issued or to be issued. Any funds expended in any manner that does not adhere to official guidance shall be returned.	☑ Yes ☐ No
K. Applicant understands and agrees that in the event an award of funds is made pursuant to this Application, as a condition of any award an agreement provided by the County will be required to be approved and executed prior to disbursement of funds.	☑ Yes ☐ No
L. I understand that the County is not required or obligated to award funds to an Applicant.	☑ Yes ☐ No
If the answer to any of Items 6.A. – 6.L. is "No", the Application will be denied and funds will not be awarded to Applicant.	

Request for Distribution of St. Francois County CARES Act Funds

Application Form

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

This application must be signed by the authorized representative, elected official, individual owner, a partner, or an officer of the Applicant.

_____

Applicant Name

_____

Authorized Representative Name

_____

Authorized Representative Signature

_____

Title

_____

Date

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

_____

Notary Public

Request for Distribution of St. Francois County CARES Act Funds
Application Form

INSTRUCTIONS

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and submitted to the County. Submission of the requested information is required to make a determination regarding eligibility for the funding request. Failure to submit required information in order to evaluate the Application and make a funding award decision will result in denying the Application and any award of funds.

Applicants are encouraged to review section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"); Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments issued by the United States Department of Treasury, dated April 22, 2020; and Coronavirus Relief Fund Frequently Asked Questions issued by the United States Department of Treasury, updated most recently as of May 4, 2020.

Instructions regarding completing this form:

A. Requirements of the CARES Act. The CARES Act provides that payments from the Fund may only be used to cover costs that: (1) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID–19); (2) were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

B. Necessary Expenditures. The requirement that expenditures be incurred "due to" the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

With respect to Section 5 titled "Intended Use of Funds," all funds must be for "Necessary Expenditures" incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19). On April 22, 2020, the federal government provided guidance on the definition of Necessary Expenditure.

C. Costs Not Accounted For In The Budget Most Recently Approved As Of March 27, 2020.

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (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. The "most recently approved" budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

D. Costs Incurred During The Period That Begins On March 1, 2020 And Ends On December 30, 2020.

A cost is "incurred" when the responsible unit of government has expended funds to cover the cost.

E. Eligible Expenditures

Under the federal guidance, eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:

(a) COVID-19-related expenses of public hospitals, clinics, and similar facilities.

(b) Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.

(c) Costs of providing COVID-19 testing, including serological testing.

(d) Emergency medical response expenses, including emergency medical transportation, related to COVID-19.

(e) Expenses for establishing and operating public telemedicine capabilities for COVID-19--related treatment.

2. Public health expenses such as:

(a) Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.

(b) 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.

(c) Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.

(d) Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.

(e) Expenses for public safety measures undertaken in response to COVID-19.

(f) Expenses for quarantining individuals.

3. 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 COVID-19 public health emergency.

4. 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 closings to enable compliance with COVID-19 precautions.

(c) Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.

(d) Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.

(e) 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.

(f) Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.

5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:

(a) Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.

(b) Expenditures related to a State, territorial, local, or Tribal government payroll support program.

(c) 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.

6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

F. Examples of Excluded Expenditures. The following is a list of examples of costs that *would not be eligible* expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.

2. Damages covered by insurance.

3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

4. 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.

5. Reimbursement to donors for donated items or services.

6. Workforce bonuses other than hazard pay or overtime.

7. Severance pay.

8. Legal settlements.

G. Questions. Questions should be addressed to:

Margaret Yates or Jeremy Tanz
Grant Administrator Executive Director
myates@semorpc.org jtanz@semorpc.org
Southeast Missouri Regional Planning and Economic Development Commission
1 W. Saint Joseph St.
Perryville, MO 63775
Phone: (573) 547-8357
Fax: (573) 547-7283

H. Submission. Applications should be submitted by either by mail, email, or fax to the contact information listed above. Applications will be reviewed for completeness and eligibility by the SEMO Regional Planning Commission and forwarded to the St. Francois County Commission for final approval.