

## Request for Distribution of County CARES Act Funds

### Round 2 - Preapproval Application - Cover Sheet

**Applicant Name:** City of Warrensburg  
**Applicant Contact:** Marcella McCoy, Director of Finance  
102 S Holden St. Warrensburg, MO 64093  
660-262-4640

**For Internal Use Only:**  
**App No:**  
 \_\_\_\_\_

**Application Checklist (to be completed by Applicant):**

- section A - Applicant has completed all portions of Section A, including attaching all necessary supporting documentation.
- section B - Applicant has completed all portions of Section B
- section C - Applicant has completed all portions of Section C, including attaching all necessary supporting documentation.
- section D - Applicant has completed those portions of Section D for which Applicant is requesting funds, including attaching all necessary supporting documentation.

Applicant is requesting funds:

to cover costs or expenses to be incurred.

- Section E - If applicable, Applicant has provided the documentation required by Section E
- Section F - If applicable, Applicant has provided the documentation required by Section F.
- Section G - Applicant has completed all portions of Section G.
- Authorized Representative of Applicant has completed, signed, and notarized the Application
- Applicant has submitted one (1) original and one (1) additional copy of the Application.
- Application requests funds only to cover costs that:

- are necessary expenditures incurred due to the public health emergency with respect to COVID-19;
- were not accounted for in the budget most recently approved as of March 27, 2020; and
- WILL BE incurred during the period that begins on September 1, 2020, and ends on December 30, 2020.

Applicant has not checked a box indicating a disqualifying condition or listed any other disqualifying condition in the Application.

**[Z]** Applicant acknowledges and understands that once submitted, the Application and all supporting documentation may be subject to disclosure pursuant to the Sunshine Law under Chapter 610, RSMo.

**APPLICATION  
INFORMATION  
DETAILS**

# Request for Distribution of County CARES Act Funds

## Round 2 -APPLICATION INFORMATION DETAILS

### APPLICATION INFORMATION DETAILS FOR: ROUND 2 REIMBURSEMENT & PREAPPROVAL APPLICATIONS

#### 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 August 10, 2020.

#### Information 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

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## Round 2 -APPLICATION INFORMATION DETAILS

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 Covered Period.

A cost is "incurred" when performance of services or delivery of goods occurs during the covered period.

### 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.

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## Round 2 -APPLICATION INFORMATION DETAILS

### 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.

## **Request for Distribution of County CARES Act Funds**

### **Round 2 -APPLICATION INFORMATION DETAILS**

(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 a State, territorial, local, or Tribal government payroll support program.

(b) 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.

**ROUND 2  
PREAPPROVAL  
APPLICATION**

# Request for Distribution of County CARES Act Funds

## Round 2 - PREAPPROVAL APPLICATION

**Introduction:** Failure to submit required information in order to evaluate the Application and make a funding award decision may result in denial of an Application and an award of funds.

**For Internal Use Only:**  
App No: \_\_\_\_\_

### Section A. Applicant Background Information

<b>1. Legal Name</b>		<b>2. Mailing Address</b>				
City of Warrensburg		102 S Holden Street				
<b>3. Primary Contact</b>		<b>4. City</b>	<b>5. County</b>	<b>6. State</b>	<b>7. Zip</b>	
<b>Name:</b> Marcella McCoy <b>Title:</b> Director of Finance		Warrensburg	Johnson	MO	64093	
<b>8. Business Phone(s)</b>		<b>9. Check One in the Space Below</b>				
(660) 747_ 9131 (660) 262 - 4640		<b>Political Subdivision/Local Government/Public Entity</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> Town/Township/Village <input type="checkbox"/> School District <input checked="" type="checkbox"/> County Hospital <input checked="" type="checkbox"/> Hospital District <input checked="" type="checkbox"/> Fire Protection District <input checked="" type="checkbox"/> Ambulance District <input checked="" type="checkbox"/> City/County Library <input checked="" type="checkbox"/> Municipal Corporation <input checked="" type="checkbox"/> Political Corporation <input checked="" type="checkbox"/> Other Local Government/Public Entity: _____ (List Entity Type)				
<b>10. Facsimile</b>		<b>Private Entity</b> <input checked="" type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Public Corporation (General) <input checked="" type="checkbox"/> LLC <input checked="" type="checkbox"/> LP <input checked="" type="checkbox"/> LLP <input type="checkbox"/> Close Corporation <input checked="" type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Non-profit Corporation <input checked="" type="checkbox"/> Foreign Entity: _____ (List Entity Type)				
( ) -						
<b>11. Email Address</b>						
marcella.mccoy@warrensburg-mo.com						
<b>12. Tax Identification Number</b>						
44-6000282						
<b>13. Is the applicant located within the County?</b>					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Does the applicant have locations, facilities, offices, operations, divisions, branches, or offices located outside the County? (If no, skip to Section A.16.)</b>					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

# Request for Distribution of County CARES Act Funds

## Round 2 - PREAPPROVAL APPLICATION

15. If the answer to Item A.14 is "Yes," list the locations by address and county of the other segments of the Applicant.

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16. Has the Applicant received other CARES Act funding, including Round 1 Johnson County CARES Funding? [Z]Yes 0 No

17. If the answer to Item A.16 is "Yes," list the CARES Act funding source, use and amount, as follows:

Source	Use	Amount
Johnson County	Medical Expenses	\$200.00
Johnson County	Public Health	\$9,455.26
Johnson County	Payroll	\$325,802.98
Johnson County	Compliance	\$109.63
Johnson County	Other	\$912.50

18. Does the Applicant anticipate receiving other CARES Act funding, NOT including Johnson County CARES Funding, on or before December 30, 2020? [Z]Yes 0 No

19. If the answer to Item A.18. is "Yes," list the CARES Act funding source, use and amount that you plan to receive, as follows:

Source	Use	Amount
MO Division of Employment Security	50% Unemployment benefits paid	\$8,514.19

# Request for Distribution of County CARES Act Funds

## Round 2 - PREAPPROVAL APPLICATION

### Section B. Applicant - Representatives/Ownership

1. 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% of more equity of the Applicant.

Name	Title	Ownership Percentage
Bryan Jacobs	Mayor	
Scott Holmberg	Chairman Pro Tern	
Casey Lund	Councilmember	
Nolan Brooks	Councilmember	
Jim Kushner	Councilmember	

2. 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?

Oves [Z]No

3. 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?

D Yes[Z]No

4. 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[Z]No

5. Within the last 5 years, for any felony, has the Applicant or any owner:

- (a) been convicted;
- (b) pleaded guilty;
- (c) pleaded nolo contendere;
- (d) been placed on pretrial diversion; or
- (e) been placed on any form of parole or probation (including probation before judgment)?

OYes[Z]No

*If the answer to Items 8.2., B.3., B.4., or 8.5. is "Yes," the Application will be denied and funds will not be awarded.*

# Request for Distribution of County CARES Act Funds

## Round 2 - PREAPPROVAL APPLICATION

### Section C. Request for Funding - General

<b>1. TOTAL Amount of <u>PREAPPROVAL</u> Funds Requested by Applicant:</b> <i>(calculate by totaling the following sections of this application: Sections D.1.c, D.2.c, D.3.c, D.4.c, D.5.c, and D.6.c.)</i>	<b>\$236,448.98</b>
<b>2. If awarded, will all funds be used for purposes within the County?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If the answer to Item C.2. is "No," the Application will be denied and funds will not be awarded.</i>	
<b>3. If the answer to Item A.14. 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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. If the answer to Item C.3. 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.</b>	
<b>5. For each of the requests set forth in Section D, below, in the event any portion of the Application and request for funding is approved, provide responses to the following questions:</b>	
<b>(a) 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)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(b) Will the funds be used only to cover costs that were not accounted for in the Applicant's budget most recently approved as of March 27, 2020, or as permitted by the CARES Act and Treasury guidance?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(c) 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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(d) Will the funds be used exclusively for purposes within the County?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(e) 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.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If any of the answers to Items C.5(a) - (e) is "No," the Application will be denied and funds will not be awarded.</i>	

# Request for Distribution of County CARES Act Funds

## Round 2 - PREAPPROVAL APPLICATION

### D. Request for Funding - Purpose and Intended Use of Funds

#### 1. Medical Expenses (as described in Paragraph E.1 of the Application Information Details)

(a) Is Applicant requesting PREAPPROVAL of funds for medical expenses that have not yet been incurred but WILL BE incurred, delivered and fully paid for by December 30, 2020?  Yes [Z] No

(b) If the answer to Item D.1(a) is "Yes," complete all items in Section "D.1-Medical" of the Estimated Cost or Expense Spreadsheet and attach to application. You may download the Estimated Cost or Expense Spreadsheet from the Johnson County CARES website page at: [http://jococourthouse.com/cares\\_information.html](http://jococourthouse.com/cares_information.html)

If the answer to Item D.1.(a) is "No," you may leave Section "D.1-Medical" of the Estimated Cost or Expense Spreadsheet blank.

Refer to pages 7-11 of the Information Packet for more information.

(c) State the total amount of PREAPPROVAL funds requested in this category, as totaled in Section "D.1-Medical" of the Estimated Cost or Expense Spreadsheet.

\$ 0.00

# Request for Distribution of County CARES Act Funds

## Round 2 - PREAPPROVAL APPLICATION

### D. Request for Funding - Purpose and Intended Use of Funds

**2. Public Health Expenses (as described in Paragraph E.2 of the Application Information Details)**

<p>(a) Is Applicant requesting PREAPPROVAL of funds for public health expenses that have not yet been incurred but <b><u>WILL BE</u></b> incurred, delivered and fully paid for by December 30, 2020?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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(b) If the answer to Item D.2(a) is "Yes," complete all items in Section "D.2-Public Health" of the Estimated Cost or Expense Spreadsheet and attach to application. You may download the Estimated Cost or Expense Spreadsheet from the Johnson County CARES website page at:

[http://jococourthouse.com/cares\\_information.html](http://jococourthouse.com/cares_information.html)

If the answer to Item D.2.(a) is "No," you may leave Section "D.2-Public Health" of the Estimated Cost or Expense Spreadsheet blank.

Refer to pages 7-11 of the Information Packet for more information.

<p>(c) State the total amount of PREAPPROVAL funds requested in this category, as totaled in Section "D.2-Public Health" of the <u>Estimated Cost or Expense Spreadsheet</u>.</p>	<p>\$152,216.00</p>
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**Request for Distribution of County CARES Act Funds**  
**Round 2 - PREAPPROVAL APPLICATION**

**D. Request for Funding - Purpose and Intended Use of Funds**

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

<p>(a) Is Applicant requesting PREAPPROVAL of 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, that have not yet been incurred but <b><u>WILL BE</u></b> incurred, delivered and fully paid for by December 30, 2020?</p>	<p><b>Dves 0 No</b></p>
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(b) If the answer to Item D.3(a) is "Yes," complete all items in Section "D.3-Payroll" of the Estimated Cost or Expense Spreadsheet and attach to application. You may download the Estimated Cost or Expense Spreadsheet from the Johnson County CARES website page at: [http://jococourthouse.com/cares\\_information.html](http://jococourthouse.com/cares_information.html)

If the answer to Item D.3.(a) is "No," you may leave Section "D.3-Payroll" of the Estimated Cost or Expense Spreadsheet blank.

Refer to pages 7-11 of the Information Packet for more information.

<p>(c) State the total amount of PREAPPROVAL funds requested in this category, as totaled in Section "D.3-Payroll" of the <u>Estimated Cost or Expense Spreadsheet</u>.</p>	<p>\$ 0.00</p>
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**Request for Distribution of County CARES Act Funds**  
**Round 2 - PREAPPROVAL APPLICATION**

**D. Request for Funding - Purpose and Intended Use of Funds**

4. Expenses of actions to facilitate compliance with COVID-19 related public health measures  
*(as described in Paragraph E.4 of the Application Information Details)*

<p>(a) Is Applicant requesting PREAPPROVAL of funds for expenses of actions to facilitate compliance with COVID-19 related public health measures, that have not yet been incurred but <u>WILL BE</u> incurred, delivered and fully paid for by December 30,2020?</p>	<p>[Z]Yes <input type="checkbox"/> No</p>
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(b) If the answer to Item D.4(a) is "Yes," complete all items in Section "D.4-Facilitate Compliance" of the Estimated Cost or Expense Spreadsheet and attach to application. You may download the Estimated Cost or Expense Spreadsheet from the Johnson County CARES website page at: [http://jococourthouse.com/cares\\_information.html](http://jococourthouse.com/cares_information.html)

If the answer to Item D.4.(a) is "No," you may leave Section "D.4-Facilitate Compliance" of the Estimated Cost or Expense Spreadsheet blank.

Refer to pages 7-11 of the Information Packet for more information.

<p>(c) State the total amount of PREAPPROVAL funds requested in this category, as totaled in Section "D.4-Facilitate Compliance" of the <u>Estimated Cost or Expense Spreadsheet</u>.</p>	<p><b>\$84,232.98</b></p>
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# Request for Distribution of County CARES Act Funds

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### D. Request for Funding - Purpose and Intended Use of Funds

5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency (*as described in Paragraph E.5 of the Application Information Details*).

(a) Is Applicant requesting PREAPPROVAL of funds that will be used for the provision of economic support in connection with COVID-19 that have not yet been incurred but WILL BE incurred, delivered and fully paid for by December 30, 2020

Yes [Z] No

(b) If the answer to Item D.S(a) is "Yes," complete all items in Section "D.5-Economic Support" of the *Estimated Cost or Expense Spreadsheet* and attach to application. You may download the *Estimated Cost of Expense Spreadsheet* from the Johnson County CARES website page at:

[http://jococourthouse.com/cares\\_information.html](http://jococourthouse.com/cares_information.html)

If the answer to Item D.S.(a) is "No," you may leave Section "D.5-Economic Support" of the *Preapproval Cost or Expense Spreadsheet* blank.

Refer to pages 7-11 of the Information Packet for more information.

(c) State the total amount of PREAPPROVAL funds requested in this category, as totaled in Section "D.S-Economic Support" of the *Estimated Cost or Expense Spreadsheet*.

\$ 0.00

# Request for Distribution of County CARES Act Funds

## Round 2 - PREAPPROVAL APPLICATION

### D. Request for Funding - Purpose and Intended Use of Funds

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

(a) Is Applicant requesting PREAPPROVAL of funds for purposes that are not listed Items 1-5 above, that otherwise satisfy the Coronavirus Relief Fund eligibility criteria?  Yes [Z]No

(b) If the answer to Item D.6(a) is "Yes," complete all items in Section "D.6-Other" of the Estimated Cost or Expense Spreadsheet and attach to application. You may download the Estimated Cost of Expense Spreadsheet from the Johnson County CARES website page at: [http://jococourthouse.com/cares\\_information.html](http://jococourthouse.com/cares_information.html)

If the answer to Item D.6.(a) is "No," you may leave Section "D.6-Other" of the Estimated Cost or Expense Spreadsheet blank.

Refer to pages 7-11 of the Information Packet for more information.

(c) State the total amount of PREAPPROVAL funds requested in this category, as totaled in Section "D.6-Other" of the Estimated Cost or Expense Spreadsheet.

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# Request for Distribution of County CARES Act Funds

## Round 2 - PREAPPROVAL APPLICATION

### E 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).

### F. Applicant Corporate Documents

For non-public entities, including businesses and nonprofits, please attach a copy of: (a) the Articles of Incorporation or Articles of Organization; (b) By-laws or Operating Agreement; and (c) a copy of the Certificate of Good Standing.

### G. Applicant Representation and Certification

1. I have read the statements included in this Application Form and understand them and that all responses are true and correct.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. 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.	0 ves <input type="checkbox"/> No
4. 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 September 1, 2020, and ends on December 30, 2020.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. 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.	<input checked="" type="checkbox"/> ves <input type="checkbox"/> No
6. 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.	<input checked="" type="checkbox"/> ves <input type="checkbox"/> No
7. 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. I agree not to use the funds in a different manner than Applicant's purposes and uses described in this Application.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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<p>9. 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.</p>	<p>@Yes <input type="radio"/> No</p>
<p>10. 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.</p>	<p>@Yes <input type="checkbox"/> No</p>
<p>11. 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 County will be required to be approved and executed prior to disbursement of funds.</p>	<p>@Yes <input type="radio"/> No</p>
<p>12. I understand that County is not required or obligated to award funds to an Applicant.</p>	<p>@Yes <input type="checkbox"/> No</p>
<p>13. I understand that a maximum of 90% for all approved items will be reimbursed.</p>	<p>@Yes <input type="checkbox"/> No</p>
<p>14. I understand that based upon the volume of requests received, the County reserves the right to reduce the maximum reimbursement.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. If approved, the Applicant agrees to comply with all local, state, and federal bidding, advertising and procurement requirements.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>If the answer to any of Items G.1. - G.15. is "No," the Application will be denied and funds will not be awarded to Applicant.</i></p>	

**Request for Distribution of County CARES Act Funds**  
**Round 2 - PREAPPROVAL APPLICATION**

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.

**City of Warrensburg**

Applicant Name

**Marcella McCoy**

Authorized Representative Name

**Ne. City**  
Authorized Representative Signature

**Director of Finance**

Title

**09/15/2020**

Date

Subscribed and sworn to before me this 15 day of September 2020.

*[Handwritten Signature]*

Notary Public

CYNTHIA GABEL  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Johnson County  
My Commission Expires: June 24, 2021  
Commission #13464006