Coronavirus Emergency Supplemental Funding Program Solicitation FY 2020 Formula Grant

Applications are due by 11:59 p.m. on November 9, 2020

Contact Information

County Name:

Federal ID #:

DUNS #:

Vendor ID (if known):

Primary Contact Name:

Title:

Email: **Phone:**

Secondary Contact Name:

Title:

Email: **Phone:**

Fiscal Agent Name:

Title:

Email: **Phone:**

COVID-19 Application Narrative

Please provide a <u>brief</u> response to the questions below.

1. How does your county plan to utilize the Coronavirus Emergency Supplemental Funds?

2. How will your county ensure funds are distributed to all justice-related agencies in need, within your jurisdiction? (e.g. – Town Marshals)

   I acknowledge that this reimbursement grant is for preventing, preparing for, and responding to COVID-19. Funds may not be used to supplant state or local funds but must be used to increase the amounts of such funds that would, in the absence of federal funds, be made available.

COVID-19 Response Budget Form

County Name: _____

Respondent Name: _____

Respondent Email Address: _____

PERSONNEL

Area of Need	Description	Rate per Hour	# of Hours	# of Staff	Total Cost
New Hires *(Staff hired to meet increasing demand resulting from COVID-19)*					
Overtime Expenses *(overtime costs for new and/or existing staff due to increasing demand resulting from COVID-19)*					
Total					

Area of Need	Description	Cost Per Employee	Number of Employees	Total Cost
Fringe Benefits *(i.e. benefits for new hires, overtime, etc.)*				
Total				

OTHER OPERATIONAL EXPENSES

Area of Need	Brief Explanation	Total Cost
Travel *(i.e. local mileage, rental car, etc.)*		
Equipment *(i.e. additional equipment needed as a result of COVID-19, etc., >$500 only)*		
Supplies (i.e. office supplies, Personal protective equipment (PPE), etc.)		
Contractual *(i.e.* contract fees, professional fees, etc.)		
Other *(Any other COVID-19 related expenses that do not fit within the above categories)*		

TOTAL BUDGET

Total Personnel Expenses	
Total Other Operational Expenses	
Total Expenses	