**Application for COVID-19 CARES Act Relief Grant**

1. **Applicant information including Provider, Agency or School District name and address**: (Agency or District office must be located in a CROSS MHDS Region county including: Clarke, Decatur, Lucas, Marion, Monroe, Ringgold and Wayne.)
2. **Statement of Need:** (Describe WHAT funds are needed for expenses related to COVID-19. Funds may be used for the purchase of equipment or items, additional staff expenses, or other one-time or ongoing expenditures that are related to COVID-19, and development or expansion costs necessary for the purpose of continuing to provide services that would not otherwise be reimbursable by other funders. Proposals that address creative measures and actions are encouraged.)
3. **Justification of COVID-19 related expense of the Statement of Need as described above:** (Describe WHY the services, equipment or other expenditures identified above were/are needed and how they are COVID-19 related. Explain why the grant is necessary. Describe the proposed population(s) to be served by the funds i.e. mentally ill, intellectually disabled, student population, and family/community mental health.)
4. **COVID-19 Relief Fund Amount Requested and Budget:**

(Attach cost breakdown such as line item costs for each allowable cost noted, indicate rate of match if any (a match is not necessary), clearly demonstrate justification of cost breakdown.)

1. **Monitoring, Review and Payment:** ***By signing this request***:
2. The Recipient agrees to send invoice request for these grant dollars in a timely fashion to:

CROSS MHDS attn. Rachel Cecil, CEO

PO Box 627

Knoxville, IA 50138

*OR* by email to: Rachel.cecil@crossmhds.org Subject: Cares Act Grant Invoice

1. The Recipient agrees to submit to CROSS MHDS a general invoice(s) including receipts and documentation (as well as the agency’s W-9) no later than December 14, 2020. Invoices received after December 14, 2020 will not be paid.
2. The Recipient shall keep detailed records and receipts for five years that show how funds were expended.
3. The Recipient shall provide detailed records and receipts, if requested, to CROSS MHDS by the end of the next business day or sooner if necessary due to a state or federal audit.
4. The Recipient acknowledges and agrees that payments from the Coronavirus Relief Fund only be used to cover expenses that:
	1. 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.
5. The Recipient agrees to participate in on-site regional reviews, if any, as well as participate in a federal audit of the Office of Inspector General should one be conducted.
6. The Recipient agrees to return any authorized COVID-19 Relief funds should it be determined through the course of an audit that it was found to be an unauthorized use of such funds.
7. The Recipient agrees that any items purchased under this grant shall do so as efficiently and effectively as possible and make every reasonable effort to ensure the commitment of public funds obtains the most value for the money spent.
8. The Recipient certifies that this funding is not duplicating other funding received for COVID-19 Relief.
9. The Recipient agrees to make every effort to expend funds received from this grant.
10. The Recipient agrees to refund to CROSS MHDS by December 30, 2020 any dollars paid by CROSS MHDS but not expended by December 14, 2020.

Printed name Requesting/Responsible Party:

Signature of Requesting/Responsible Party: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CROSS MHDS shall follow a non-competitive selection process to identify the applicant’s needs and determine, to the best of its ability, if the proposal meets the requirements set by the Federal and State governments. CROSS reserves the right to decline any and all applications and choose to not award any or all grants.

IF APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rachel Cecil, CEO CROSS MHDS Region