Welcome to the Coronavirus Relief Fund Reimbursement Application Webinar!
Here is a brief agenda of what we will review today:

- Coronavirus Relief Fund (CRF) Introduction
- CRF Funding Categories
- Application Review
- Evaluation Criteria
- Reporting Requirements
- Timeline and Key Dates
- Q & A
Webinar Housekeeping

Powerpoint slides and webinar recording will be sent out after the webinar.

This webinar is intended to be an overview of the reimbursement application and evaluation process.

We will not be covering how to use foundant. If you want specific instructions, contact Hilary Pollan.

In general, this webinar is intended to be an overview of the application process. While we be going through details on the application and the evaluation, we are not going to spend much time learning how to use Foundant. If you want foundant assistance, Katie from UW and I have a number of resources available to help you.
For Questions During the Webinar, Please:

**Type** question into the Chat Box throughout the webinar.

**Wait** for questions to be answered during Q&A at the end of each section.

**Ask** questions that will be relevant to all applicants.

**Reserve** questions that are specific to your organization for office hours.
Coronavirus Relief Fund (CRF) Introduction

CRF Funding Categories
Application Review
Reporting Requirements
Evaluation Criteria
Timeline and Key Dates
Q & A
CARES ACT 101

Passed in March 2020

Established the Coronavirus Relief Fund (CRF)

Provided $7.6 billion to NC

$300 million to 97 counties (SL 2020-4 & SL 2020-80)

Lays the foundation for requirements for use of the CRF

In March 2020, the CARES Act was passed to support the public with navigating the current COVID-19 pandemic. The CARES Act later established the Coronavirus Relief Fund (CRF) which provided $7.6 billion to NC. Once NC received those funds, Governor Cooper signed SL 2020-4 & SL 2020-80 to appropriate $300 million to 97 counties based on population size. The CARES Act also lays the foundation for requirements for use of CRF monies.
CRF Use Requirements

Incurred during March 1, 2020 – December 30, 2020

Necessary expenditure due to the public health emergency

The CARES Act provides that reimbursements from the CRF to nonprofits meet the following requirements:

Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020
CRF Use Requirements

Incurred during March 1, 2020 – December 30, 2020

Necessary expenditure due to the public health emergency
reasonably necessary for mitigating the public health crisis

expenses must be used for actions taken to respond to the public
health emergency

Are necessary expenditures incurred due to the public health emergency with respect to the
Coronavirus Disease 2019 (COVID-19) → government officials must use reasonable
judgement to determine if it is a necessary expense. All expenses should be clearly justified in
reporting.
Questions/Comments?

Type questions into the Chat Box.

Ask questions that will be relevant to all applicants.

Reserve questions that are specific to your organization for Office Hours.
Coronavirus Relief Fund (CRF) Introduction

CRF Funding Categories

Application Review

Evaluation Criteria

Reporting Requirements

Timeline and Key Dates

Q & A
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public Health Expenses</td>
</tr>
<tr>
<td>2</td>
<td>Medical Expenses</td>
</tr>
<tr>
<td>3</td>
<td>Payroll Expenses</td>
</tr>
<tr>
<td>4</td>
<td>Compliance Expenses</td>
</tr>
<tr>
<td>5</td>
<td>Economic Support Expenses</td>
</tr>
</tbody>
</table>

There are five eligible expense categories.
Coronavirus Relief Fund Categories

1 | Public Health Expenses

the acquisition of personal protective equipment and other medical supplies, disinfection of public areas and other facilities such as nursing homes, and expenses for public safety measures, including expenses for quarantining.

Examples: PPE, sanitizing products, and plexiglass

This is an area where I see that nonprofits may have a lot of expenses
Coronavirus Relief Fund Categories

2 | Medical Expenses

including the COVID-19 related expenses of public hospitals and clinics, establishment of temporary medical facilities, COVID-19 testing, and public telemedicine capabilities.

Examples: testing, temporary hospital facilities, emergency medical transportation, telemedicine
Coronavirus Relief Fund Categories

3 | Payroll Expenses

for employees whose services are substantially dedicated to responding to the COVID-19 emergency.

Examples: public health employees, grants manager, or new positions created to mitigate the health emergency

Please reach out to Courtney if you have a payroll expense you would like covered because there are additional requirements and technicalities.
Coronavirus Relief Fund Categories

4 | Compliance Expenses

Expenses of actions that facilitate compliance with COVID-19 related public health measures such as teleworking, distance learning, food delivery, paid sick and family and medical leave for public employees, expenses for maintaining prisons, and expenses for protecting the homeless population.

Examples: food delivered to seniors and vulnerable populations, telework expenses, sanitation and social distancing measures

This is another area where I would easily anticipate additional expenses from nonprofits.
Coronavirus Relief Fund Categories

5 | Economic Support Expenses

Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency.

*Not revenue replacement, which is not an eligible expense

Examples: training costs for employees performing new activities

I want to clarify that revenue replacement is NOT allowed at any point. If you have questions around economic support expenses, please reach out to Courtney.
Examples of Unallowable Categories

NO Revenue Replacement

NO payroll for non COVID-19 dedicated employees

NO double dipping

NO severance or bonus pay

This cannot be used for revenue replacement
Ie. if you have a funding event that happens every summer, this year it can’t happen. You CANNOT apply for CRF reimbursement to replace the money you weren’t able to get because of COVID.

Payroll has to be for substantially dedicated COVID-related employees.

You cannot use these funds to replace other grant funding.

No medicaid match, no severance or bonus pay.
All agencies receive a maximum reimbursement of $10,000.

It can all be in one category or multiple.
Coronavirus Relief Fund Categories

If you have questions related to whether or not a purchase may be eligible, please reach out to:

Courtney Cooper-Lewter
919-545-8328
Courtney.cooperlewter@chathamnc.org

We want to be a resource and a support for you for this process. We are doing our best to be as clear as we can and make this as least cumbersome as possible.
Questions/Comments?

Type questions into the Chat Box.

Ask questions that will be relevant to all applicants.

Reserve questions that are specific to your organization for Office Hours.
Coronavirus Relief Fund (CRF) Introduction
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Q & A
To begin, you can access the application in one of two ways.

First, you can log on to the Chatham County website. Under the Residents tab, then “Nonprofit Partners and Grantees” or if you have a foundant account you can use the link to access it.
The application has 4 sections:

- General Information
- Reimbursement Request
- Attachments
- Executive Director Signature

We will be going through each section.
Section 1: General Information

First Section is general information
### General Information

**Agency Name**
1. What is the name of the Agency applying for reimbursements?

**Applicant Name**
2. What is the applicant's name? This is the person that will be contacted should reimbursements be approved.

**Applicant Cell Phone Number**
3. What is the applicant's cell phone number?

**Applicant Email Address**
4. What is the applicant's email address?

**Agency Mailing Address**
5. What is the agency's mailing address?

It's pretty straightforward contact information so that if we do have questions, we know who to reach out to.
Service Outcome Area

6. Which of the following outcomes will you primarily address with the program/service requesting CRF reimbursements?

- Access to safe, affordable and stable housing
- Low/moderate income adults can move towards self-sufficiency and financial stability
- Access to Food
- Improved outcomes for children/youth living in poverty
- Improved access to comprehensive health care

Here you record your service outcome area.
Service Description

7. Please briefly describe your organization’s primary services and how your organization’s services are addressing the impacts of COVID-19 in Chatham County.

Here you will describe your org's primary services and how your org is addressing impacts of COVID-19. This helps us better understand your org as we review the applications.
8. Please describe the primary populations served by your services during COVID-19. Please consider discussing:

- The following demographic categories: gender, race and ethnicity, age, geographic location and income.
- How any of the demographic groups may experience greater risk during COVID-19

We want to highlight that certain populations are more vulnerable to COVID-19 so we want to know if the agency services those populations.
Amount of Reimbursement Requested

9. What is the amount of reimbursement requested?

This is the total amount requested
Eligible Expenses Categories

10. Which of the following Eligible Expense Categories will you be requesting reimbursements for? Check all that apply.

☒ Medical Expense
☐ Public Health Expenses
☐ Payroll Expenses
☐ Expense of actions that facilitate compliance with COVID-19 related public health measures
☐ Expenses associated with the provision of economic support

For question 10, select which expense categories you will be applying for reimbursements for. This selection will determine which questions you are asked for the remainder of section two.

So, for this example, we’re only going to select medical expenses.
11. Use this proposal template to complete an itemized budget for the amount of funding requested.

A maximum of $10,000 can be requested. If there are any categories that you are not requesting reimbursements for, please type "0".
Here is what the proposal budget document looks like.

Please remember to only fill in the expenses you are requesting for reimbursements.
Second Section is your Reimbursement Request. The questions in this section will be determined by your answer to question 6 – Public Health Expenses ONLY Or All Eligible Expense Categories
11. Which of the following Eligible Expense Categories will you be requesting reimbursements for? Check all that apply.

- Medical Expense
- Public Health Expenses
- Payroll Expenses
- Expense of actions that facilitate compliance with COVID-19 related public health measures
- Expenses associated with the provision of economic support

Now let’s go through what the rest of section two looks like. So, let’s say you select Medical Expenses. Foundant will automatically create the section of questions associated with medical expenses.

We are going to through the three questions in the section – which are the same for each expense category – but you will respond ONLY for the expenses within that category.
Category Example: Medical Expenses

*Medical expenses* including the COVID-19 related expenses of public hospitals and clinics, establishment of temporary medical facilities, COVID-19 testing, and public telemedicine capabilities.

**Amount Requested: Medical Expenses**

**Request Description: Medical Expenses**

Please describe the expense (i.e. what are the expenses, why are they important, what is the expected outcome, etc.)

1,000 characters left of 1,000

So for medical expenses, the additional section will include a description of medical expenses

1) Amount requested – which will be the same as the amount you put in the budget for medical expenses in question 12.

2) Next, you will describe the request for that expense category – so in this example, for medical expenses. You should answer the questions what are the expenses, why are they important, and what is the expected outcome.
Medical Expenses

Priority Ranking: Medical Expenses
How would you rank the priority of medical expenses, with 1 being the highest priority category and 5 being the lowest priority category?

- 1 (highest)
- 2
- 3
- 4
- 5 (lowest)

Finally, you will rank the priority of this expense category as compared to the other 4 categories. This question will be useful to us the evaluators to help them prioritize which expenses they cover based on the total amount requested – in the case that there is not enough funding to cover all requested reimbursements.
11. Which of the following Eligible Expense Categories will you be requesting reimbursements for? Check all that apply.

- Medical Expense
- Public Health Expenses
- Payroll Expenses
- Expense of actions that facilitate compliance with COVID-19 related public health measures
- Expenses associated with the provision of economic support

Again, if you select additional categories – say Payroll expenses – you will respond to the same three questions for the Payroll Expense Category.
Section 3: Invoice Attachments
Invoice Attachments

For all reimbursements requested, please upload a copy/scan of invoices that demonstrate proof of prior purchase. All invoices must uploaded in a single document (pdf;doc;docx, etc.).
Section 4:
Executive Director Signature
CRF Reimbursement Agreement

All agencies applying for CRF reimbursement will be required to provide invoices of expenses made in each category at the time of the submittal of the reimbursement application to align with monitoring requirements as outlined by Uniform Guidance (2 C.F.R. Part 200). See HERE for a detailed description of these requirements. Any agency approved for reimbursement will be required to submit two monthly reports and one final report to Chatham County about CRF reimbursements received per State requirements on use of funds. If the agency misuses or mishandles these funds, the agency will be required to reimburse Chatham County.

The Executive Director must type their name below to signify agreement with these terms and approval of this application’s submission. If the application is being completed by someone other than the Executive Director, use the collaborate button at the top of the application page to email it to them so they can type their name and submit the application.

Executive Director’s Name*

The application concludes with a brief statement that define follow up expectations.

We want to highlight that by applying for CRF reimbursement, your agency will be required to provide invoices of expenses made in each category, submit the monthly and final reports. And lastly, any misused funds will have to be repaid to Chatham County to then be paid to the State.
CRF Reimbursement Agreement

All agencies applying for CRF reimbursement will be required to provide invoices of expenses made in each category at the time of the submittal of the reimbursement application to align with monitoring requirements as outlined by Uniform Guidance (2 C.F.R. Part 200). See HERE for a detailed description of these requirements. Any agency approved for reimbursement will be required to submit two monthly reports and one final report to Chatham County about CRF reimbursements received per State requirements on use of funds. If the agency misuses or mishandles these funds, the agency will be required to reimburse Chatham County.

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Executive Director’s Name*  Executive Director Signature

Lastly, we want the ED's signature approving the application.
Questions/Comments?

Type questions into the Chat Box.

Ask questions that will be relevant to all applicants.

Reserve questions that are specific to your organization for Office Hours.
We do have a team identified to review the applications once they are submitted. They will be reviewing applications with these 4 criteria in mind:

- Eligibility
- Population Served
- Cost Effectiveness
- Service Provided
Eligibility: Meets CARES Act and eligible purchase requirements. This is the highest ranked criteria, since this is the first litmus test to determine if reimbursements are eligible.
**Application Evaluation Criteria**

- **Eligibility**
- **Cost Effectiveness**
- **Service Provided**

**Population Served**: Prioritizes High-risk populations, including older adults, persons from historically marginalized populations, persons with underlying health conditions, healthcare workers, frontline workers and essential workers and/or persons who live or have regular contact with high-risk settings (e.g., long-term care facility, homeless shelter, correctional facility, farmworker camp, meat-processing plants). This is in the middle category but we want to make sure we are serving high-risks populations when possible.
Cost Effectiveness (3pts): Demonstrates that requested reimbursements costs are reasonable and provide valuable benefit for the cost. We want to make sure that all expenses can reasonably be justified. This is also part of the middle category.
Service Provided (2pts): Provides food, shelter, healthcare, or childcare services. We want to have a lens on these critical services for the community. This is the lowest weighted category.

If your agency does not fall into one of those services provided, this does not mean that you will not get reimbursement.
This graphic shows the priority areas. Block 1 is the highest weighted, with block 3 being the lowest weighted.
Questions/Comments?

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Reporting Requirements

Must follow Uniform Guidance:

2 C.F.R. (Session law) 200.303 regarding internal controls

2 C.F.R (S.L.) 200.332 regarding subrecipient monitoring and management
Subpart F regarding audit requirements

Less of a concern, but more something that we wanted to communicate with you because these funds make you a subrecipient of Chatham County.

2 C.F.R. (Session law) 200.303 → This means that you should have good internal controls
2 C.F.R (S.L.) 200.332 → As a subrecipient, there is the possibility of audit

So you must be ok with this when moving forward.
Reporting Requirements

To align with requirements as directed by the State, each agency will have to submit itemized invoices and three forms to Chatham County.

C-1  C-2  F

For those approved for reimbursement there are three separate reporting documents will need to be submitted to Courtney Cooper-Lewter, as mentioned in the ED statement.

These are all documents that are required by the State for subrecipients of CRF monies.
Reporting Requirements

To align with requirements as directed by the State, each agency will have to submit itemized invoices and three forms to Chatham County.

MONTHLY

C-1  C-2  F

These two documents would be submitted monthly after each round. The deadline will be determined once the new round is announced.
Reporting Requirements

To align with requirements as directed by the State, each agency will have to submit itemized invoices and three forms to Chatham County.

This final report will be due January 15, 2021 to Courtney Cooper-Lewter
Reporting Requirements: C-1

Due: Monthly

Completed independently by each agency receiving reimbursement

A summary of how the funds were used, how this supported the Agency, and how this helped mitigate the spread of COVID-19.

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Attachment C-1
Covid-19 Grant Project Status Report

Before it will be possible to make any disbursement, you are required to provide to the Agency the status towards the specific purpose as stated in the grant contract (Attachment A-1). This report is to be completed by the grant recipient and each subrecipient. The grant recipient is to ensure all subrecipients’ reports are to be included with cost reimbursement requests. RECIPIENT COMPLETION INFORMATION:

1. Organization
   - Organization Name: Chatham County – Nonprofit Name
   - Contract Agreement Number: 2019
   - Date:

2. Financial Summary
   - Total Funding Authorized: $500
   - Total Funding Received to Date: $500
   - Balance:

3. Performance: Subrecipient shall detail below how the organization has spent the amount of funding allocated for the specific purpose as stated in the grant contract. The description should include activities and progress against the subrecipient’s scope of work and outcomes of that work. Attach additional documents as necessary.

   Descriptive summary of how the funds were used, including specific deliverables achieved, and progress against objectives and outcomes expected to be achieved.
Reporting Requirements: C-1

Due: Monthly

Completed independently by each agency receiving reimbursement

A summary of how the funds were used, how this supported the Agency, and how this helped mitigate the spread of COVID-19.

Here are the sections that you will complete
Reporting Requirements: C-1

Due: Monthly

Completed independently by each agency receiving reimbursement

A summary of how the funds were used, how this supported the Agency, and how this helped mitigate the spread of COVID-19.

Attachment C-1

Covid-19 Grant Project Status Report

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1. Organization
   - Organization Name
   - Chatham County - Nonprofit Name

2. Financial Summary

<table>
<thead>
<tr>
<th>Total Funding Authorized</th>
<th>Total Funding Received to Date</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$$$</td>
<td>$$$</td>
<td>$$$</td>
</tr>
</tbody>
</table>

Specific purpose as stated in the grant contract. The description should include activities and progress against the subrecipient’s scope of work and outcomes of that work. Attach additional documents as necessary.

Descriptive summary of how the funds were used, including specific deliverables achieved, and progress against objectives and outcomes expected to be achieved.
**Reporting Requirements: C-1**

Due: Monthly

Completed **independently** by each agency receiving reimbursement

A summary of how the funds were used, how this supported the Agency, and how this helped mitigate the spread of COVID-19.

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### Attachment C-1
**Covid-19 Grant Project Status Report**

Before it will be possible to make any disbursement, you are required to provide to the Agency the status towards the specific purpose as stated in the grant contract (Attachment A-1). This report is to be completed by the grant recipient and each subrecipient. The grant recipient is to ensure all subrecipients’ reports are to be included with cost reimbursement requests. RECIPIENT COMPLETION INSTRUCTIONS:

1. **Organization**
   - Organization Name
   - Chatham County – Nonprofit Name
   - Contract Agreement Number: 02-19
   - Date

2. **Financial Summary**

<table>
<thead>
<tr>
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<th>Balance</th>
</tr>
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</table>

3. **Performance**: Subrecipient shall detail below how the organization has spent the amount of funding allocated for the specific purpose as stated in the grant contract. The description should include activities and progress against the subrecipient’s scope of work and outcomes of that work. Attach additional documents as necessary.

Descriptive summary of how the funds were used, including specific deliverables achieved, and progress against objectives and outcomes expected to be achieved.
Reporting Requirements: C-2

Due: Monthly

Completed in conjunction with Courtney Cooper-Lewter via telephone or videoconference

Expense Report

This is a little more confusing, but it will be done in conjunction with Courtney Cooper-Lewter to eliminate confusion.
Reporting Requirements: C-2

Due: Monthly

Completed in conjunction with Courtney Cooper-Lewter via telephone or videoconference

Expense Report

Here are the sections we will complete
Reporting Requirements: C-2

Due: Monthly

Completed in conjunction with Courtney

Expense Report
Reporting Requirements: F

Due: January 15, 2021

Completed independently by each agency receiving reimbursement

Narrative of how the funds supported the Agency’s efforts to provide services and continue to mitigate COVID-19

This is the final report that will need to be submitted by every agency that received CRF monies.

It is also pretty straight forward. There is language in all of these documents like “outcomes” that I have reached out to the state for definitions. So far, I have not heard back. For now, we will move forward with the descriptions that are on the slides.

You can also submit pictures with the final reports!
Reporting Requirements: F

Due: January 15, 2021

Completed independently by each agency receiving reimbursement

Narrative of how the funds supported the Agency’s efforts to provide services and continue to mitigate COVID-19
Reporting Requirements: F

Due: January 15, 2021

Completed independently by each agency receiving reimbursement

Narrative of how the funds supported the Agency’s efforts to provide services and continue to mitigate COVID-19

Attachment F

Covid-19 Grant Outcomes and Accomplishments Final Report

To finalize this award, you are required to provide to the Agency with a narrative of the outcomes and accomplishments related to the funds spent for the specific purpose as stated in the grant contract. You can use the secure link provided below to upload images, brochures, and other information to illustrate your outcomes and accomplishments.

https://ensurem.sharefile.com/c/67f12e6777f4772b

1. Organization: Organization Name: Chatham County – Nonprofit

2. Outcomes and Accomplishments:
Questions/Comments?

**Type** questions into the Chat Box.

**Ask** questions that will be relevant to all applicants.

**Reserve** questions that are specific to your organization for Office Hours.

Q&A. Set timer for 6 minutes.
Hold in there, we’re almost done. I’m going to quickly review our timeline and key dates now.
Timeline and Key Dates

Round 1 CRF Applications are Due on Foundant by Friday, July 31st at 5PM

Round 1 applications are due on Foundant by Friday, July 31st at 5 pm!
Here is a review of all the most important upcoming dates.
Timeline and Key Dates

C-1 & C-2 Reports Due
(Due September 11, 2020)

Final (F) Report
(Due January 15, 2021)

Here are additional dates to keep in mind if you receive reimbursement
Office Hour Sign Up

Have questions specific to your agency’s application?

Sign up for an Office Hours Appointment using this Google Form Link: https://forms.gle/UKDRcFVcjMbb8csY8

We’re going to wrap up now. If you still have questions that you want answered, or as you work on the applications questions come up, please consider signing up for office hours.

The link will take you to a google form that will provide me with enough information to schedule an Office Hour. I can chat by video or phone.
Questions/Comments?

Type question into the Chat Box.

Ask questions that will be relevant to all applicants.

Reserve questions that are specific to your organization for Office Hours.
Thank you for your participation!

Comments/Question?
Contact Courtney Cooper-Lewter, Management Analyst
(courtney.cooperlewter@chathamnc.org or 919-545-8328)