

COUNTY OF ELK

COVID-19 PUBLIC
HEALTH
EMERGENCY FORM

STATE AND LOCAL FISCAL
RECOVERY FUND

Version: 1.2 EMS Final Sept 2021

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Statement of Purpose

On March 11, 2021 the American Rescue Plan Act was signed into law, establishing the Coronavirus State and Local Fiscal Recovery Fund. This program is intended to support local governments in their efforts to respond to the impacts of the COVID-19 pandemic.

This form is to be used by businesses, nonprofit organizations, municipal authorities, and Elk County offices and departments who are requesting funds to support COVID-19 mitigation and prevention efforts; provide care and services to address the near and long term medical needs and expenses of those suffering from the effects of COVID-19; assist new or enhanced behavioral healthcare programs to respond to an increase in need of these services as a result of the pandemic; cover payroll and benefit expenses for public safety, public health, health care, human services, and similar employees, to the extent that their services are devoted to mitigating and responding to the pandemic; and improve the design and execution of health and public health programs.

Note on Sources

Unless indicated otherwise, information in this form is derived from the Department of The Treasury Coronavirus State and Local Fiscal Recovery Funds Interim Final Rule and Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds.^{1,2}

Application Deadline

Applications will be accepted until October 8 2021.

¹ [Interim Final Rule](#)

² [Compliance and Reporting Guidance](#)

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Applicant Information

| | |
|------------------------------------|----------------------------------|
| Business/Organization Name* | Click or tap here to enter text. |
| Address Line 1 | Click or tap here to enter text. |
| Address Line 2 | Click or tap here to enter text. |
| City and State | Click or tap here to enter text. |
| Zip Code | Click or tap here to enter text. |
| Contact Person | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Employer ID Number (if applicable) | Click or tap here to enter text. |

* If the organization is a non-profit or a public benefit corporation, include a copy of not-for-profit determination letter or evidence of corporation status

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Project Information

| | |
|---|--|
| Project Name | Click or tap here to enter text. |
| Amount of Funding Requested* | Click or tap here to enter text. |
| Is this project to reimburse costs prior to March 3, 2021? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Estimated Project Completion Date | Click or tap to enter a date. |
| Is the project/award directed towards assisting an economically disadvantaged group?*** | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has this Organization/Business ever violated Title VI of the Civil Rights Act of 1964? ³ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the project/award to cover payroll and benefit expenses for public safety and healthcare workers?*** | Yes <input type="checkbox"/> No <input type="checkbox"/> |

* If equal to or greater than \$50,000, please complete section titled “Project or award/sub-award equal to or greater than \$50,000”

** If yes, complete section titled “Project Demographic Distribution”

*** If yes, complete section titled “Payroll for Public health and Safety Employees”

³ [Title VI, Civil Rights Act of 1964](#)

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Project Category

Select the category(s) that best describe the proposed project. More than one may be selected.

| | | |
|------|---|--------------------------|
| 1.01 | COVID-19 Vaccination* | <input type="checkbox"/> |
| 1.02 | COVID-19 Testing* | <input type="checkbox"/> |
| 1.03 | COVID-19 Contact Tracing | <input type="checkbox"/> |
| 1.04 | Prevention in Congregate Settings (Nursing Home, Prisons/Jails, Dense Work Sites, Schools, etc.)** | <input type="checkbox"/> |
| 1.05 | Personal Protective Equipment | <input type="checkbox"/> |
| 1.06 | Medical Expenses (including Alternative Care Facilities) | <input type="checkbox"/> |
| 1.07 | Capital investments or physical plant changes to public facilities that respond to the COVID-19 public health emergency | <input type="checkbox"/> |
| 1.08 | Other COVID-19 Public Health, Safety, and Other Public Sector Staff Responding to COVID-19 | <input type="checkbox"/> |
| 1.09 | Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19 | <input type="checkbox"/> |
| 1.10 | Mental Health Services** | <input type="checkbox"/> |
| 1.11 | Substance Use Services** | <input type="checkbox"/> |
| 1.12 | Other Public Health Services | <input type="checkbox"/> |

* Any selection of categories with this symbol must complete section titled “Project Demographic Distribution”

** Any selection of categories with this symbol must complete section titled “Evidence-Based Intervention Additional Information”

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Status of Project

The Department of Treasury requires quarterly reports to be submitted 30 days after the end of each quarter. Therefore, if an award or project is approved, the applicant must communicate the status of the project to the County before the following dates for every calendar year from March 1, 2021 to June 30, 2026.

- March 31
- June 30
- September 30
- December 31

The applicant must notify the County of one of three statuses below. The preferred method of communication is via email at covidgrant@countyofelkpa.com. If no communication is received before the end of the quarter, the County will assume and report the project is complete.

- Not started
- Completed less than 50%
- Completed 50% or more

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Project Description

In the box below, please describe the project in sufficient detail to provide an understanding of the major activities that will occur and how the project/award addresses one or more of the subject areas described in the Statement of Purpose. If additional documentation accompanies the project, such as invoices, quotes, payroll records, and/or a more detailed explanation, please reference those documents in this section and be sure include them with the application.

The description below should be approximately 50 to 250 words.

Click or tap here to enter text.

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Project or Award/sub-Award Equal to or greater than \$50,000

Complete this section if the project or award is equal to or greater than \$50,000. If a category or question is not applicable, please enter “N/A”.

| | |
|---|----------------------------------|
| Sub-recipient identifying and demographic information (e.g., DUNS number and locations) | Click or tap here to enter text. |
| Award Number (e.g., award, contract, and/or loan number(s)) | Click or tap here to enter text. |
| Award/sub-Award or project | Click or tap here to enter text. |
| Award/sub-Award Amount | Click or tap here to enter text. |
| Award/sub-Award Payment Method (reimbursable or lump sum payment(s)) | Click or tap here to enter text. |
| For Loan, expiration date (when loan is expected to be paid in full) | Click or tap to enter a date. |
| Primary Place of Performance | Click or tap here to enter text. |
| Related Project Name(s) | Click or tap here to enter text. |
| Related Project Identification Number(s) | Click or tap here to enter text. |
| Period of Performance start date | Click or tap to enter a date. |
| Period of Performance end date | Click or tap to enter a date. |
| Quarterly Expenditure Amount | Click or tap here to enter text. |

If there is additional information concerning projects or awards/sub-awards equal to or greater than \$50,000, please enter that information below. If additional documentation accompanies the project, such as invoices, quotes, payroll records, and/or a more detailed explanation, please reference those documents in this section.

Click or tap here to enter text.

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Project Demographic Distribution

Complete this section if the proposed project and/or award is directed towards assisting economically disadvantaged communities or if directed to do so under “Project Categories”.

Submitters must indicate if their request is intended to support such a community.

| | |
|--|--|
| A majority of the project or award is directed at a physical location or population within a Qualified Census Tract | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Project or award is primarily intended to benefit those who earn less than 60% of the median income for the relevant jurisdiction | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If answering Yes to the above question, name the jurisdiction for which data was applied (Pennsylvania, Elk County, Municipality within Elk County, or other jurisdiction). If no, leave blank | Click or tap here to enter text. |
| At least 25% of a project or award’s intended beneficiaries are below the federal poverty line | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If there is additional information concerning the proposed projects and/or awards project demographic distribution, please enter that information below. If additional documentation accompanies the project, such as data, studies, references to outside sources, and/or a more detailed explanation, please reference those documents in this section.

Click or tap here to enter text.

Evidence Based Intervention Additional Information

Complete this section if the proposed project and/or award requires reporting of evidence-based intervention per the “Project Category” section.

Definitions, as provided by the Compliance and Reporting Guidance, are below.

Is the proposed project supported by:

| | |
|----------------------|--------------------------|
| Strong Evidence | <input type="checkbox"/> |
| Moderate Evidence | <input type="checkbox"/> |
| Preliminary Evidence | <input type="checkbox"/> |
| No Evidence | <input type="checkbox"/> |

Note: A proposed project or award that selects “No Evidence” **will not** be automatically denied. This information is needed for reporting requirements.

Strong evidence means the evidence base that can support causal conclusions for the specific program proposed by the applicant with the highest level of confidence. This consists of one or more well-designed and well-implemented experimental studies conducted on the proposed program with positive findings on one or more intended outcomes.

Moderate evidence means that there is a reasonably developed evidence base that can support causal conclusions. The evidence base consists of one or more quasi-experimental studies with positive findings on one or more intended outcomes OR two or more non-experimental studies with positive findings on one or more intended outcomes. Examples of research that meet the standards include: well-designed and well-implemented quasi-experimental studies that compare outcomes between the group receiving the intervention and a matched comparison group (i.e., a similar population that does not receive the intervention).

Preliminary evidence means that the evidence base can support conclusions about the program’s contribution to observed outcomes. The evidence base consists of at least one non-experimental study. A study that demonstrates improvement in program beneficiaries over time on one or more intended outcomes OR an implementation (process evaluation) study used to learn and improve program operations would constitute preliminary evidence. Examples of research that meet the standards include: (1) outcome studies that track program beneficiaries through a service pipeline and measure beneficiaries’ responses at the end of the program; and (2) pre- and post-test research that determines whether beneficiaries have improved on an intended outcome.

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Payroll for Public Health and Safety Employees

Complete this section if the award is intended to support payroll and covered benefits expenses for public safety, public health, health care, human services, and similar employees, to the extent that their services are devoted to mitigating or responding to the COVID-19 public health emergency.

Please indicate below the number of full-time equivalents (FTEs) supported under this authority.

FTEs are calculated by taking “an employee's scheduled hours divided by the employer's hours for a full-time workweek. When an employer has a 40-hour workweek, employees who are scheduled to work 40 hours per week are 1.0 FTEs. Employees scheduled to work 20 hours per week are 0.5 FTEs.

An employer with a 35-hour workweek would simply divide the employee's scheduled hours by 35 to determine the FTE. For example, an employee scheduled to work 21 hours per week would be 0.6 FTE when the full-time workweek is 35 hours.

FTE calculations are about hours worked rather than number of employees. You could have four employees and only one FTE. Four 0.25 employees would be 1.0 FTE. Amir, Mark, Phyllis and Sue could each work 10 hours per week and the total would be 40 hours worked, or one FTE based on a 40-hour workweek.”⁴

| | |
|----------------|----------------------------------|
| Number of FTEs | Click or tap here to enter text. |
|----------------|----------------------------------|

⁴ [SHRM. How do I calculate full-time equivalent \(FTE\) hours?](#)

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Submission

Applications can be submitted in one of three ways:

By Mail:

Pat Straub, Chief Clerk
Elk County Courthouse Annex
300 Center Street
PO Box 448
Ridgway, PA 15853

By Fax: 814-776-5379

By Email: covidgrant@countyofelkpa.com.

If you have questions, please feel free to contact the email above or call 814-776-1161.

Application Certification

By signing below, the applicant acknowledges the information provided on this application and any accompanying documents is true and correct to the best of the applicant's knowledge. The applicant further acknowledges that grant funds must be used in a manner permitted by the American Rescue Plan Act of 2021 and regulations issued by the Department of The Treasury and/or any federal agency having jurisdiction over this grant program. Applicants will be expected to maintain adequate and complete records regarding the disbursement of all grant funds received. Applicants will be required to refund moneys used in violation of program requirements.

Electronic signatures will be accepted and can be inserted in the field below. The signature page can be printed, signed, and delivered separately as well.

Application Completed by:

Name: Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.

Application Approved by Authorized Representative:

Name: Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.

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| | | | |
|-----------------------------------|----------------------------------|---------------------------------|----------------------------------|
| Date Application Received | Click or tap to enter a date. | | |
| Application Reviewed by | Click or tap here to enter text. | | |
| <input type="checkbox"/> Approved | | <input type="checkbox"/> Denied | |
| Project or Award Amount Approved | Click or tap here to enter text. | | |
| Approval Date | Click or tap to enter a date. | | |
| Identification Number | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Project Expenditure Category | Choose an item. | | |
| Transmit Payment to | Click or tap here to enter text. | | |

Notes on approval or denial:

Click or tap here to enter text.

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