

### Community Support Grant Program (CSPG)

Organization Name	Reimbursement Amount	Planned Expenditure Amount	Total Amount	Expense Description	Meets Grant Criteria	Comments
New Jerusalem Missions	7,082.13	-	7,082.13	Food, Cleaning Products, Paper Products	Yes	Requested \$8,931 in reimbursement. Difference is due to some receipts missing and some ineligible items.
Newton Ministerial Alliance Harvest of Love	15,419.69	4,803.21	20,222.90	Food, Utilities, Rent, Baby Items	Yes	Requested \$20,222 in reimbursement. Recommending \$15,419.69 in reimbursement, and \$4,803.21 in planned expenditures, as we are still waiting on documentation. They submitted an additional \$1,569.75 in receipts for 10-14 to 10-17 during a follow up request for information
Peace Connections	1,193.08	4,348.00	5,541.08	Food, Utilities	Yes	Only requested \$551, but receipts & plans at \$5,541.08
Newton Meals on Wheels, Inc.	50,000.00	-	50,000.00	Food	Yes	
District Council of Wichita Society of St. Vincent de Paul, Inc.	2,814.00	-	2,814.00	Rent, Utilities	Yes	
<b>Total</b>	<b>76,508.90</b>	<b>9,151.21</b>	<b>85,660.11</b>			

**Amount Available** **100,000.00**

**Balance Remaining** **14,339.89**

**Admin View**

**General Screening**

***Failure to submit a complete application with all questions answered and proper documentation attached will result in the application being rejected from consideration.***

**Organization Information**

*Legal Applicant Organization Name:	New Jerusalem Missions
*Does the organization have a fiscal sponsor for this application?	No
*Contact Name:	Penny Dugan
*Contact Title:	Director
*Contact Email Address:	pennydu@juno.com
Executive Director/Owner Name (if different from above):	
Executive Director/Owner Email Address (if different from above):	pennydu@gmail.com
*Organization Telephone Number:	(316) 207 7128
*Mailing Address (please enter the full address at which the organization receives checks):	209 E. Broadway
*City:	Newton
*State:	KS
*Zip:	67114

**Organization Details**

*Type of Organization:	Nonprofit
*Federal Employer Identification Number (EIN):	37-1299189
*Please Upload the Organization's W-9:(Allowable file formats include Excel, Image, PDF, and Word)	NJM W9.pdf
*Is the organization delinquent or in arrears on any federal, state, or county taxes, including income taxes, payroll taxes, sales taxes, property taxes, motor vehicle taxes, etc.?	No
*Did this organization receive any federal or state funding for assistance related to the COVID-19 crisis?	No

**Request Screening**

**Impact and Funding Request**

\*Please describe how the COVID-19 crisis has impacted your organization's operations, service delivery, and sustainability? (Limit-300 words)

With more people struggling in those difficult times we have seen an increase in people coming for meals and food boxes. The cost increase in meat impacted our costs on groceries as well. The money we are asking is the money we've spent on feeding the hungry since April

*Total amount requested with this application (Only one application with an amount between \$100 and \$50,000 will be considered for each organization).	\$8,391
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**Description of reimbursement(s) and/or planned expenditure(s) in this application.**

*Expense Category:	Food
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\*How will this reimbursement(s) and/or planned expenditure(s) support your organization and the Harvey County community during the COVID-19 crisis? (Limit-300 words)

We would use these funds to buy more food in order to feed more people. The funds would allow us to buy bulk meat at a better rate. We currently feed about a 1,000 meals a month and anticipate that increasing. Our donations are not increasing at the same rate. We work on a tight budget and having a full pantry and freezers would help us keep up with the need for meals.

**2020 Harvey County CARES: Community Support Grant Program (CSGP)  
New Jerusalem Missions | Dugan, Penny**

*Documentation of all incurred expenses (invoice, proof of payment, etc.) must be submitted with this application or by November 30, 2020. Is the organization requesting reimbursement for previously incurred expenses or planned expenditures?	Already Incurred Expenses
*If reimbursement for already incurred expenses is requested, please provide detail of those expenditures as they relate to how the organization arrived at the total amount requested in this application. Detail should include items/services eligible for reimbursement and amounts (Limit-300 words). Documentation supporting these expenditures should be uploaded below.	
<p>The total amount comes from grocery shopping and butchering fee for a beef cow. We used this food to feed everyone who came to our door, this includes the homeless, people in poverty and the unemployed. We bought food at local Dillions, Wal-Mart and due to food shortages on the basics also shopped at the Aldis in Wichita. The food was used both the prepare meals served on site and food boxes. We provide food boxes to anyone who asks, sometimes its seniors, sometimes it families. This food is a critical supplement for the food insecure.. The butchering fee \$428, the cow itself was donated, we just needed to pay the processing. Our monthly grocery budget can vary from \$520-\$807. It will vary depending on number of meals we serve and donations received..The meals and food boxes we provide serve a critical need in the community.</p>	
*If applying for reimbursement for already incurred expenses, please upload ALL documentation (invoice, proof of payment, etc.) for ALL expenses. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).	Combine October 9, 2020.pdf
If there are multiple expense documents to upload for reimbursement, please attach here.	Combine October 9, 2020 (1).pdf
If there are multiple expense documents to upload for reimbursement, please attach here.	Combine October 9, 2020 (2).pdf

**Declaration and Compliance**

<p><b><i>The information within the grant applications explains how Harvey County’s allocation of Federal funds through the Federal CARES Act may be used in accordance with the law. The funds provided to potential recipients are available under section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act. By submitting this form, the applicant agrees to adhere to those requirements listed in the CARES Act. Additionally, the organization agrees to comply with all reconciliation requests by Harvey County and/or Harvey County’s fiscal agent overseeing CARES Funding, Swindoll Janzen Hawk Loyd, LLC., and understands this application will be an open record in accordance with the Kansas Open Records Act (KORA).</i></b></p>	
*Signature of Representative Requesting Grant:	Penny Dugan 10/09/2020 4:21 PM
*Date:	10/09/2020

New Jerusalem Mission - Summary				Harvey Co Analysis	
Date	Vendor	Desc.	Total	Receipt?	Amount Eligible
4/4/20	Dillon's	Misc groceries,	\$49.60	Y	\$49.60
4/19/20	Walmart	Misc groceries,	\$47.65	Y	\$0.00
4/8/20	Dillon's	Misc groceries,	\$57.60	Y	\$57.60
4/8/20	Dillon's	Misc groceries,	\$117.26	N	\$0.00
4/10/20	Dillon's	Misc groceries,	\$152.63	N	\$0.00
4/13/20	Dillon's	Misc groceries,	\$128.35	N	\$0.00
4/15/20	Dillon's	Misc groceries,	\$94.12	Y	\$94.12
4/20/20	Dillon's	Misc groceries,	\$90.90	Y	\$90.90
4/22/20	Dillon's	Misc groceries,	\$97.53	Y	\$97.53
4/23/20	Dillon's	Misc groceries,	\$7.22	Y	\$7.22
4/26/20	Dillon's	Misc groceries,	\$82.29	Y	\$82.29
4/27/20	Dillon's	Misc groceries,	\$92.70	Y	\$92.70
4/29/20	dillon's	Misc groceries,	\$27.64	Y	\$27.64
4/15/20	Dollar Genral	Misc groceries,	\$4.10	N	\$0.00
4/4/20	Dollar Genral	Misc groceries,	\$11.83	Y	\$11.83
4/17/20	Sam's Club	Misc groceries, Supplies (paper goods)	\$467.58	Y	\$467.58
4/17/20	Sam's Club	trash bags	\$38.96	Y	\$38.96
			\$1,633.84		\$1,117.97
Date	Vendor	Desc.	Total	Receipt?	Amount Eligible
5/3/20	Dillons	Misc Grocery	\$11.20	Y	\$11.20
5/3/20	Walmart	Misc Grocery	\$83.89	Y	\$83.89
5/4/20	Dillons	Misc Grocery	\$223.24	Y	\$223.24
5/5/20	Dillons	Misc Grocery	\$34.45	Y	\$34.45
5/11/20	Dillons	Misc Grocery	\$85.12	Y	\$85.12
5/13/20	Dillons	Misc Grocery	\$32.45	Y	\$32.45
5/15/20	Dillons	Misc Grocery	\$11.71	Y	\$11.17
5/14/20	Walmart	Misc Grocery	\$96.04	Y	\$96.04
5/22/20	Dillons	Misc Grocery	\$5.61	Y	\$5.61
5/22/20	Dillons	Misc Grocery	\$4.32	Y	\$4.32
5/25/20	dollar genral	Misc Grocery	\$4.07	Y	\$4.07
5/28/20	Dillons	Misc Grocery	\$16.29	Y	\$16.29
5/26/20	Bread Basket	Misc Grocery	\$16.29	Y	\$16.26
5/29/20	Dillons	Misc Grocery	\$20.60	Y	\$20.60
5/1/20	Dillons	Misc Grocery	\$35.28	Y	\$35.28
5/7/20	Walmart	Misc Grocery	\$68.25	Y	\$68.25
5/14/20	Sam's Club	Misc Grocery and cleaning suppl	\$575.17	Y	\$566.35
					\$1,314.59
Date	Vendor	Desc.	Total	Receipt?	Amount Eligible
6/1/20	walmart	misc grocery	\$21.63	Y	\$0.00
6/1/20	dillon's	misc grocery	\$43.33	Y	\$43.33
6/2/20	walmart	misc grocery	\$86.94	Y	\$0.00
6/2/20	dillon's	misc grocery	\$14.72	Y	\$14.72
6/2/20	dillon's	misc grocery	\$7.11	Y	\$7.11
6/5/20	dillon's	misc grocery	\$13.65	Y	\$13.65
6/5/20	dillon's	misc grocery	\$54.12	Y	\$54.12
6/8/20	sam's club	misc grocery and paper goods/cleaning	\$205.09	Y	\$205.09
6/9/20	dillon's	misc grocery	\$47.30	Y	\$39.32
6/10/20	dillon's	misc grocery	\$53.94	Y	\$53.94
6/8/20	dillon's	misc grocery	\$64.33	Y	\$64.33
6/25/20	walgreens	gloves for serving food	\$25.76	Y	\$24.93

6/15/20	dillon's	misc grocery	\$108.27	Y	\$108.27
6/17/20	dillon's	misc grocery	\$39.20	Y	\$39.20
6/17/20	dillon's	misc grocery	\$15.17	Y	\$15.75
6/18/20	dillon's	misc grocery	\$46.93	Y	\$46.93
6/23/20	dillon's	misc grocery	\$126.78	Y	\$126.78
6/22/20	dillon's	misc grocery	\$68.68	Y	\$68.68
6/24/20	dillon's	misc grocery	\$188.33	Y	\$188.33
6/13/20	pantry of blessings	misc grocery,	\$100.00	Y	\$0.00
6/29/20	dillon's	misc grocery	\$35.52	Y	\$35.52
			\$1,366.80		\$1,150.00
<b>Date</b>	<b>Vendor</b>	<b>Desc.</b>	<b>Total</b>	<b>Receipt?</b>	<b>Amount Eligible</b>
7/1/20	Sams Club	Misc Grocery	417.74	Y	\$407.76
7/10/20	dillon's	misc grocery	\$46.55	Y	\$46.55
7/3/20	dillon's	misc grocery	\$34.65	Y	\$34.65
7/13/20	dillon's	misc grocery	\$117.22	Y	\$117.22
7/14/20	dillon's	misc grocery	\$11.79	Y	\$11.79
7/15/20	dillon's	misc grocery	\$6.94	Y	\$6.94
7/13/20	walgreens	gloves for serving food	\$24.16	Y	\$0.00
7/15/20	dillon's	misc grocery	\$26.81	Y	\$16.82
7/21/20	dillon's	misc grocery	\$153.58	Y	\$153.58
7/23/20	dillon's	misc grocery	\$8.75	Y	\$3.36
7/31/20	dillon's	misc grocery	\$12.97	Y	\$12.97
7/31/20	sam's club	misc grocery/cleaning supplies	\$369.28	Y	\$369.28
			\$1,230.44		\$1,180.92
<b>Date</b>	<b>Vendor</b>	<b>Desc.</b>	<b>Total</b>	<b>Receipt?</b>	<b>Amount Eligible</b>
8/4/20	dillons	misc grocery	\$148.17	Y	\$148.17
8/6/20	Dollar Tree	misc grocery	\$11.01	Y	\$6.51
8/11/20	dillons	misc grocery	\$15.54	Y	\$15.54
8/14/20	dillons	misc grocery (recipet shows allegery meds	\$14.94	Y	\$14.95
8/14/20	aldi	misc grocery	\$84.95	Y	\$84.95
8/14/20	aldi	misc grocery	\$96.98	Y	\$96.98
8/24/20	dillons	misc grocery	\$19.74	Y	\$19.74
8/18/20	walmart	misc grocery	\$94.63	Y	\$94.63
8/28/20	walmart	misc grocery	\$46.23	Y	\$46.32
8/31/20	walmart	misc grocery	\$129.77	Y	\$129.77
8/25/20	walmart	misc grocery	\$113.61	Y	\$113.61
8/25/20	food bank	misc grocery	\$70.04	Y	\$70.04
8/28/20	Walmart	misc grocery	\$46.32	N	\$0.00
8/26/20	Sam's Club	misc grocery and cleaning supplies	\$449.07	N	\$0.00
			\$1,341.00		\$841.21
<b>Date</b>	<b>Vendor</b>	<b>Desc.</b>	<b>Total</b>	<b>Receipt?</b>	<b>Amount Eligible</b>
9/4/20	dillons	misc grocery	\$9.31	Y	\$9.31
9/9/20	walmart	misc grocery	\$77.98	Y	\$77.98
9/14/20	walmart	misc grocery	\$119.23	Y	\$119.23
9/15/20	walmart	misc grocery	\$102.56	Y	\$102.56
9/11/20	dillons	misc grocery	\$39.62	Y	\$39.62
9/18/20	dillons	misc grocery	\$6.05	Y	\$6.05
9/18/20	walmart	misc grocery	\$115.85	Y	\$115.85
9/21/20	walmart	misc grocery	\$197.39	Y	\$197.39

9/25/20	walmart	misc grocery	\$69.75		Y	\$69.76
9/21/20	sam's club	misc grocery	\$452.81		Y	\$341.29
9/1/20	Burdick Meat	butcher fees on donated cow	\$398.40		Y	\$398.40
			\$3,066.39			\$1,477.44
			<b>Total Reimbursement</b>			<b>\$7,082.13</b>

**Admin View**

**General Screening**

***Failure to submit a complete application with all questions answered and proper documentation attached will result in the application being rejected from consideration.***

**Organization Information**

*Legal Applicant Organization Name:	Newton Ministerial Alliance Harvest of Love
*Does the organization have a fiscal sponsor for this application?	No
*Contact Name:	Latisha Butler
*Contact Title:	payee
*Contact Email Address:	Latisha.butler@usc.salvationarmy.org
Executive Director/Owner Name (if different from above):	Larry Lee
Executive Director/Owner Email Address (if different from above):	llee1225@yahoo.com
*Organization Telephone Number:	(316) 283 3190
*Mailing Address (please enter the full address at which the organization receives checks):	1219 Grandview Ct
*City:	Newton
*State:	KS
*Zip:	67114

**Organization Details**

*Type of Organization:	Nonprofit
*Federal Employer Identification Number (EIN):	48-1082036
*Please Upload the Organization's W-9:(Allowable file formats include Excel, Image, PDF, and Word)	DOC (1).pdf
*Is the organization delinquent or in arrears on any federal, state, or county taxes, including income taxes, payroll taxes, sales taxes, property taxes, motor vehicle taxes, etc.?	No
*Did this organization receive any federal or state funding for assistance related to the COVID-19 crisis?	No

**Request Screening**

**Impact and Funding Request**

\*Please describe how the COVID-19 crisis has impacted your organization's operations, service delivery, and sustainability? (Limit-300 words)

We are now joined with the Health department. If a family has been impacted and in quarantine we deliver food to the home for the duration of the stay. We also make sure to include basic hygiene items to be sure they are taken care of. We call and make contact with the person of the home and let them to know to call us if we can be of any more help. We help with funding for families needing help with bills from lack of work, layoff, or from being in quarantine. We now assist clients more often with food. If a family is needing food they are not turned away ever but we are giving more portions per client. We have made sure that there is always some type of breads outside our door during open hours. With our doors being shut and everything on a case by case basis at the door we have had a lot less contact in the office.

*Total amount requested with this application (Only one application with an amount between \$100 and \$50,000 will be considered for each organization).	\$20,222
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**Description of reimbursement(s) and/or planned expenditure(s) in this application.**

*Expense Category:	Food Basic Household Consumables Rent and Utility Assistance
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**2020 Harvey County CARES: Community Support Grant Program (CSGP)  
Newton Ministerial Alliance | Butler, latisha**

\*How will this reimbursement(s) and/or planned expenditure(s) support your organization and the Harvey County community during the COVID-19 crisis? (Limit-300 words)

We will be able to replace the funding that has already been spent to keep families with utilities on as well as food in their homes. We pass no judgment and make sure everyone is provided for.

\*Documentation of all incurred expenses (invoice, proof of payment, etc.) must be submitted with this application or by November 30, 2020. Is the organization requesting reimbursement for previously incurred expenses or planned expenditures?

Already Incurred Expenses

\*If reimbursement for already incurred expenses is requested, please provide detail of those expenditures as they relate to how the organization arrived at the total amount requested in this application. Detail should include items/services eligible for reimbursement and amounts (Limit-300 words). Documentation supporting these expenditures should be uploaded below.

Food:

121.50, 806.02, 1461.22, 945.89, 1661.18, 3041.80, 15.00

Utilities:

12.72, 150.00, 96.28, 100.00, 53.91, 149.09, 158.55, 968.03, 129.36. 105.82, 329.03, 171.59, 153.34, 40.40, 100.00, 138.64

Rent:

450.00, 127.00, 100.00, 100.00, 450.00, 9.75, 1,200.00 900.00, 750.00, 162.00, 700.00, 850.00, 700.00, 225.00, 1250.00

Baby items:

320.14

Each total is a separate invoice that has been paid.

\*If applying for reimbursement for already incurred expenses, please upload ALL documentation (invoice, proof of payment, etc.) for ALL expenses. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).

copies and more.docx

If there are multiple expense documents to upload for reimbursement, please attach here.

If there are multiple expense documents to upload for reimbursement, please attach here.

**Declaration and Compliance**



***The information within the grant applications explains how Harvey County's allocation of Federal funds through the Federal CARES Act may be used in accordance with the law. The funds provided to potential recipients are available under section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act. By submitting this form, the applicant agrees to adhere to those requirements listed in the CARES Act.***

***Additionally, the organization agrees to comply with all reconciliation requests by Harvey County and/or Harvey County's fiscal agent overseeing CARES Funding, Swindoll Janzen Hawk Loyd, LLC., and understands this application will be an open record in accordance with the Kansas Open Records Act (KORA).***

*Signature of Representative Requesting Grant:	latisha Butler 10/13/2020 5:57 PM
*Date:	10/13/2020

**Newton Ministerial Alliance**

<b>Date</b>	<b>Check #</b>	<b>Vendor</b>	<b>Amount</b>	<b>Description</b>	<b>Receipt</b>	<b>Bank Statement</b>
4/24/2020	3754	Golden Acre Farm	121.50	Food - Eggs	Yes	Yes
5/20/2020	3764	Heartland Pregnancy Center	320.14	Baby Items - Formula	No	Yes
6/11/2020	3773	Kansas Food Bank	806.02	Food	Yes	Yes
7/20/2020	3793	City of Halstead	12.72	Utilities	No	Yes
9/9/2020	3836	City of Newton	146.09	Utilities	Yes	Yes
9/10/2020	3838	Driven Investments	975.00	Rent	No	Yes
9/9/2020	3837	Fox Meadows	450.00	Rent	No	Yes
9/11/2020	3841	Evergy	50.00	Utilities	No	Yes
9/11/2020	3843	Evergy	51.41	Utilities	No	Yes
9/2/2020	3845	Driven Investments	100.00	Rent	No	Yes
9/25/2020	3849	Acu Lease	1,200.00	Rent	No	Yes
9/25/2020	3850	Kansas Food Bank	3,041.80	Food	Yes	-
9/14/2020	3851	Lisha Garver	900.00	Rent	No	Yes
9/14/2020	3852	City of Newton	158.55	Utilities	No	Yes
9/15/2020	3853	Evergy	968.03	Utilities	No	Yes
9/21/2020	3859	City of Newton	105.82	Utilities	Yes	Yes
9/21/2020	3860	City of Newton	329.03	Utilities	No	Yes
9/21/2020	3861	Lawrence Weibe	700.00	Utilities	No	
9/23/2020	3864	Premier Real Estate Management	750.00	Rent	No	
9/25/2020	3866	Linda Doom	850.00	Rent	No	
10/1/2020	3869	Glenn Davis	700.00	Rent	No	
10/1/2020	3870	Evergy	100.00	Utilities	No	
8/18/2020	3814	City of Newton	150.00	Utilities	No	Yes
8/21/2020	3817	City of Newton	96.28	Utilities	No	Yes
8/31/2020	3827	Kansas Food Bank	1,661.18	Food	Yes	Yes
8/31/2020	3828	Evergy	53.91	Utilities	Yes	Yes
8/31/2020	3829	Kansas Gas Service	100.00	Utilities	Yes	Yes
8/27/2020	3825	City of Newton	100.00	Utilities	No	Yes
8/26/2020	3823	Shannon Honse	100.00	Rent	No	Yes
8/6/2020	3806	Maple Ridge Apartments	127.00	Rent	No	Yes
8/17/2020	3813	Fox Meadows	100.00	Rent	No	Yes
10/6/2020	3874	City of Newton	243.64	Utilities	No	
10/7/2020	3878	Dennis Highsmith	1,250.00	Rent	No	
10/7/2020	3876	Raeanne Wiebe	15.00	Food - Eggs	Yes	-
9/23/2020	3863	Evergy	40.40	Utilities	Yes	Yes
9/21/2020	3862	Evergy	153.34	Utilities	Yes	Yes
8/21/2020	3858	Tina Gilees	162.00	Rent	No	
9/16/2020	3854	Evergy	129.36	Utilities	Yes	Yes
9/11/2020	3842	Evergy	47.57	Utilities	No	
7/22/2020	3794	Kansas Food Bank	945.89	Food	Yes	Yes
6/25/2020	3781	Kansas Food Bank	1,461.22	Food	Yes	Yes
6/26/2020	3785	Hutch Escro	450.00	Rent	No	Yes
			20,222.90			
		Still need detail			4,803.21	
10/17/2020	3889	Evergy	330.78	Utilities	Yes	
10/14/2020	3888	City of Halstead	183.74	Utilities	Yes	
10/14/2020	3886	City of Newton	171.59	Utilities	No	
10/16/2020	3898	City of Halstead	54.64	Utilities	No	
10/16/2020	3899	Evergy	76.72	Utilities	No	
10/15/2020	3893	Dillons	53.81	Food???	Not Complete Detail	
10/16/2020	3900	Aculease	698.47	Rent	No	
			1,569.75			

**Admin View**

**General Screening**

***Failure to submit a complete application with all questions answered and proper documentation attached will result in the application being rejected from consideration.***

**Organization Information**

*Legal Applicant Organization Name:	Peace Connections
*Does the organization have a fiscal sponsor for this application?	No
*Contact Name:	Jennifer Rose
*Contact Title:	Executive Director
*Contact Email Address:	jennifer@peaceconnections.org
Executive Director/Owner Name (if different from above):	
Executive Director/Owner Email Address (if different from above):	
*Organization Telephone Number:	(316) 284 0000
*Mailing Address (please enter the full address at which the organization receives checks):	P.O. Box 1147
*City:	Newton
*State:	KS
*Zip:	67114

**Organization Details**

*Type of Organization:	Nonprofit
*Federal Employer Identification Number (EIN):	480985867
*Please Upload the Organization's W-9:(Allowable file formats include Excel, Image, PDF, and Word)	Peace Connections W9 2020.pdf
*Is the organization delinquent or in arrears on any federal, state, or county taxes, including income taxes, payroll taxes, sales taxes, property taxes, motor vehicle taxes, etc.?	No
*Did this organization receive any federal or state funding for assistance related to the COVID-19 crisis?	Yes

\*If so, please list the grant(s) and amount(s) received.

Peace Connections received \$21,000through the Paycheck Protection Program (PPP).

**Request Screening**

**Impact and Funding Request**

\*Please describe how the COVID-19 crisis has impacted your organization's operations, service delivery, and sustainability? (Limit-300 words)

For the last 15 years, Peace Connections has provided relationship-based programs to bridge families with community resources. Our goal is to improve the quality of life for residents throughout Harvey County. Our primary, year-around program, Circle of Hope, connects families living in economic poverty with community volunteers to improve financial health, build stability, and create positive and lasting change. In the wake of COVID-19, the essential relationship-building component of Circle of Hope was forced to a standstill. The shared meal, salad bar, and leftovers that low-income families typically received every week at Circle of Hope meetings were no longer possible. The educational speakers, budgeting tools, and community resources typically shared with low-income families each month at the Circle of Hope presentations were no longer available. Most importantly, the social connection, friendly conversation, and positive reinforcement available through the Circle of Hope staff, volunteers, and community became arduous. Since we have been unable to meet in person for weekly meals, meetings, and presentations, Circle of Hope has utilized a variety of creative resources to provide additional food assistance, reduce isolation, and minimize the effects COVID-19 has on our mental and emotional health. The impact of COVID-19 resulted in Circle of Hope providing weekly Zoom meetings instead of gathering in-person. Due to the closure of the Newton Public Library and many other resources throughout the community, access to these Zoom meetings required low-income families and community volunteers to utilize their internet and/or cell phone service at additional rates. As COVID-19 cases reduced and the low-income families and volunteers reported additional needs for social support, connection, and food access; Circle of Hope is providing a monthly meal that is completely pre-packaged and served in a sanitized manner. Circle of Hope intends to provide additional meals utilizing individual containers and disposable utensils when necessary.

*Total amount requested with this application (Only one application with an amount between \$100 and \$50,000 will be considered for each organization).	\$551
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**Description of reimbursement(s) and/or planned expenditure(s) in this application.**

*Expense Category:	Food Rent and Utility Assistance
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\*How will this reimbursement(s) and/or planned expenditure(s) support your organization and the Harvey County community during the COVID-19 crisis? (Limit-300 words)

In order to meet the need for food resources, provide social support, , Circle of Hope is providing a monthly meals to nearly 70 low-income families and community volunteers. This meal is catered by locally-owned restaurants and provided in individual, sanitized packaging.

In order reduce isolation and minimize the effects of COVID-19 on mental and emotional health, Circle of Hope will provide utility assistance for phone/internet usage to low-income families and community volunteers who are remaining engaged and connected through Zoom meetings.

*Documentation of all incurred expenses (invoice, proof of payment, etc.) must be submitted with this application or by November 30, 2020. Is the organization requesting reimbursement for previously incurred expenses or planned expenditures?	Already Incurred Expenses Planned Expenditures
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\*If expenses fall into both categories, please provide detail regarding expenses as they relate to how the organization arrived at the total amount requested in this application. Detail should include the items/services eligible for reimbursement and amounts (already incurred expenses) AND items/services eligible for future reimbursement, anticipated amounts, and how the organization determined those costs (planned expenditures) (Limit-300 words).Documentation supporting already incurred expenditures should be uploaded below.Full documentation (invoice, proof of purchase, etc.) will also be required prior to reimbursement for planned expenditures.

Food = \$1,791.01 (Community meals for August (\$354.33), September (\$503.75), October (\$335), and November (\$598 planned expense)

Individual, pre-packaged meals served to 70 low-income families and Circle of Hope volunteers in August, September, October, November.

Utility Assistance = \$3,750 (50 participants x \$75 phone/internet stipend)

50 low-income families and Circle of Hope volunteers utilized personal internet and cell phones throughout March, April, and May of 2020 to participate in weekly Zoom meetings as part of the program. Stipends will be distributed by November 13, 2020.

*If applying for reimbursement for already incurred expenses, please upload ALL documentation (invoice, proof of payment, etc.) for ALL expenses. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).	Circle of Hope COVID Meals.pdf
If there are multiple expense documents to upload for reimbursement, please attach here.	
If there are multiple expense documents to upload for reimbursement, please attach here.	

**Declaration and Compliance**

***The information within the grant applications explains how Harvey County’s allocation of Federal funds through the Federal CARES Act may be used in accordance with the law. The funds provided to potential recipients are available under section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act. By submitting this form, the applicant agrees to adhere to those requirements listed in the CARES Act. Additionally, the organization agrees to comply with all reconciliation requests by Harvey County and/or Harvey County’s fiscal agent overseeing CARES Funding, Swindoll Janzen Hawk Loyd, LLC., and understands this application will be an open record in accordance with the Kansas Open Records Act (KORA).***

*Signature of Representative Requesting Grant:	Jennifer Rose 10/08/2020 5:57 PM
*Date:	10/14/2020

**Admin View**

**General Screening**

***Failure to submit a complete application with all questions answered and proper documentation attached will result in the application being rejected from consideration.***

**Organization Information**

*Legal Applicant Organization Name:	Newton Meals on Wheels, Inc.
*Does the organization have a fiscal sponsor for this application?	No
*Contact Name:	Tamie Larez
*Contact Title:	Executive Director
*Contact Email Address:	newtonmealsonwheels@gmail.com
Executive Director/Owner Name (if different from above):	
Executive Director/Owner Email Address (if different from above):	
*Organization Telephone Number:	(316) 283 3500
*Mailing Address (please enter the full address at which the organization receives checks):	122 East 6th Street
*City:	Newton
*State:	KS
*Zip:	67114

**Organization Details**

*Type of Organization:	Nonprofit
*Federal Employer Identification Number (EIN):	481057233
*Please Upload the Organization's W-9:(Allowable file formats include Excel, Image, PDF, and Word)	w-9.pdf
*Is the organization delinquent or in arrears on any federal, state, or county taxes, including income taxes, payroll taxes, sales taxes, property taxes, motor vehicle taxes, etc.?	No
*Did this organization receive any federal or state funding for assistance related to the COVID-19 crisis?	No

**Request Screening**

**Impact and Funding Request**

\*Please describe how the COVID-19 crisis has impacted your organization's operations, service delivery, and sustainability? (Limit-300 words)

The COVID-19 crisis has directly and significantly impacted Newton Meals on Wheels and the community clients that depend on our services. Expenses continue to be paid in full for office rental and utilities, in hopes that we may return from working remotely. The lack of proper office equipment, technology training and operational setup has been the biggest challenge for executing remote work.

Policies and procedures were implemented to keep our volunteers and clients safe while our organization's services were delivered. Meals on Wheels has succeeded in large part because of the direct contact with our home-bound clients. A "no contact" policy, while necessary, has eliminated this important client interaction. Our clients are still receiving their meals and volunteers can still use this to check on their well-being. Most importantly, our clients are still assured that they are not alone.

Since March, ore than 20 volunteers stopped delivering meals because of their own pre-existing conditions and/or a general precaution to Corona virus. While we have had new volunteers fill these gaps, it is uncertain if we will regain past volunteers which would drastically impact our sustainability.

Newton Meals on Wheels is an essential service to our clients, ensuring that they receive at least one warm meal a day while being home-bound. For some, the personal contact with our volunteers are the only interactions they will enjoy on a daily basis. This has definitely been the most difficult aspect of the pandemic and procedures that were needed to be updated.

*Total amount requested with this application (Only one application with an amount between \$100 and \$50,000 will be considered for each organization).	\$50,000
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**Description of reimbursement(s) and/or planned expenditure(s) in this application.**

*Expense Category:	Food
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\*How will this reimbursement(s) and/or planned expenditure(s) support your organization and the Harvey County community during the COVID-19 crisis? (Limit-300 words)

By far the largest expense for Newton Meals on Wheels, in serving home-bound residents in our community, is the food cost. Newton Medical Center has been an outstanding partner for many years. As our food supplier/preparer, our clients are confident and pleased with having a warm meal that is not only nutritious, but appealing.

In the first 8 months of 2020, Meals on Wheels has as many clients as we did for all 12 months of 2019. Serving more clients is always welcomed, however with this increase comes added expense.

Signing on new clients generates many benefits to not only Meals on Wheels, but our community as a whole. First, we are ensuring that a home-bound citizen receives a hot meal every day, but this can also lead to organization donations from the client or their loved ones. While the majority of our clients do not leave their home for anything social, we have many clients who were referred to us by a current client.

*Documentation of all incurred expenses (invoice, proof of payment, etc.) must be submitted with this application or by November 30, 2020. Is the organization requesting reimbursement for previously incurred expenses or planned expenditures?	Already Incurred Expenses Planned Expenditures
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\*If expenses fall into both categories, please provide detail regarding expenses as they relate to how the organization arrived at the total amount requested in this application. Detail should include the items/services eligible for reimbursement and amounts (already incurred expenses) AND items/services eligible for future reimbursement, anticipated amounts, and how the organization determined those costs (planned expenditures) (Limit-300 words). Documentation supporting already incurred expenditures should be uploaded below. Full documentation (invoice, proof of purchase, etc.) will also be required prior to reimbursement for planned expenditures.

**Already Incurred Expenses:**

One meal per client, per day, from March 1 - September 30: \$4.96

Client numbers fluctuate, however by dividing the total Food Cost (\$92,533.73) for these 7 months by the cost per meal (\$4.96), equates to 18,656 warm meals served to home-bound clients who depend on Newton Meals on Wheels as an essential service in their lives.

**Planned Expenditures:**

Due to client numbers fluctuating, we averaged our total food cost from March 1 - September 30, to establish planned food cost expenditures for October 1 - December 31.

Average monthly food cost: \$92,533.73 / 7 months = \$13,219.10/month

Remaining food cost, October 1 - December 31:

\$13,219.10 x 3 months = \$39,657.30 food cost for remainder of 2020.

\*If applying for reimbursement for already incurred expenses, please upload ALL documentation (invoice, proof of payment, etc.) for ALL expenses. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).

Meals-Supplies.pdf

If there are multiple expense documents to upload for reimbursement, please attach here.

If there are multiple expense documents to upload for reimbursement, please attach here.

**Declaration and Compliance**

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***Additionally, the organization agrees to comply with all reconciliation requests by Harvey County and/or Harvey County's fiscal agent overseeing CARES Funding, Swindoll Janzen Hawk Loyd, LLC., and understands this application will be an open record in accordance with the Kansas Open Records Act (KORA).***

\*Signature of Representative Requesting Grant:

Tamie Larez 10/06/2020 11:46 PM

\*Date:

10/06/2020



**Admin View**

**General Screening**

***Failure to submit a complete application with all questions answered and proper documentation attached will result in the application being rejected from consideration.***

**Organization Information**

*Legal Applicant Organization Name:	District Council of Wichita Society of St. Vincent de Paul, Inc.
*Does the organization have a fiscal sponsor for this application?	No
*Contact Name:	Joanne Ruggiero
*Contact Title:	Treasurer
*Contact Email Address:	juggiero@cgcp.com
Executive Director/Owner Name (if different from above):	
Executive Director/Owner Email Address (if different from above):	juggiero@cgcp.com
*Organization Telephone Number:	(316) 772 0406
*Mailing Address (please enter the full address at which the organization receives checks):	405 Witmarsum West
*City:	North Newton
*State:	KS
*Zip:	67117

**Organization Details**

*Type of Organization:	Nonprofit
*Federal Employer Identification Number (EIN):	48-0944260
*Please Upload the Organization's W-9:(Allowable file formats include Excel, Image, PDF, and Word)	SVDP W-9.pdf
*Is the organization delinquent or in arrears on any federal, state, or county taxes, including income taxes, payroll taxes, sales taxes, property taxes, motor vehicle taxes, etc.?	No
*Did this organization receive any federal or state funding for assistance related to the COVID-19 crisis?	No

**Request Screening**

**Impact and Funding Request**

\*Please describe how the COVID-19 crisis has impacted your organization's operations, service delivery, and sustainability? (Limit-300 words)

Society of St. Vincent de Paul is an organization that serves the poor and marginalized of Harvey County. We are associated with an international organization and a district council in Wichita but our conference operates separately only in Harvey County. We visit with all of our clients (telephonically since the pandemic) and determine the best way to help them out of their difficulties offering guidance and financial support. We have been operating in Harvey County since 2014 and the need for services has increased every year. During this particular year, we have been able to identify 14 clients who have specifically mentioned that their current difficulties were due to the Covid-19 pandemic. You will see this in the case notes that I will have attached as documentation of payments made. Undoubtedly there were more cases where the pandemic has had an impact but I've only asked for reimbursement for the ones where Covid was specifically mentioned as being a factor. Certainly, Covid-19 has impacted all organizations that helpwith community support.

*Total amount requested with this application (Only one application with an amount between \$100 and \$50,000 will be considered for each organization).	\$2,814
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**Description of reimbursement(s) and/or planned expenditure(s) in this application.**

**2020 Harvey County CARES: Community Support Grant Program (CSGP)  
Society of St. Vincent de Paul | Ruggiero, Joanne**

*Expense Category:	Rent and Utility Assistance
*How will this reimbursement(s) and/or planned expenditure(s) support your organization and the Harvey County community during the COVID-19 crisis? (Limit-300 words)	
<p>This reimbursement will allow us to continue to help even more of the poor and marginalized in Harvey County during the COVID-19 crisis. I'm certain that the need will grow larger as the pandemic wears on. It is also helpful as we're finding it hard to fundraise during the pandemic. We cannot have all of the normal events that usually help with replenishing our funds. As quickly as funds come in to us, they go out to the community so the community is the actual beneficiary of the reimbursement.</p>	
*Documentation of all incurred expenses (invoice, proof of payment, etc.) must be submitted with this application or by November 30, 2020. Is the organization requesting reimbursement for previously incurred expenses or planned expenditures?	Already Incurred Expenses
*If reimbursement for already incurred expenses is requested, please provide detail of those expenditures as they relate to how the organization arrived at the total amount requested in this application. Detail should include items/services eligible for reimbursement and amounts (Limit-300 words). Documentation supporting these expenditures should be uploaded below.	
<p>I have attached a summary workpaper showing the case numbers, dates, check numbers, payees, payment confirmation numbers, purpose and amount of the payments. I have also attached our case write-ups showing the connection to COVID-19 for these particular payments. Also attached are copies of our bank statements for those months with the particular expenses highlighted that relate to this reimbursement. The last expense from October 9 has not cleared the bank yet so that documentation will need to be sent later.</p>	
*If applying for reimbursement for already incurred expenses, please upload ALL documentation (invoice, proof of payment, etc.) for ALL expenses. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).	SVDP Grant Info 2.pdf
If there are multiple expense documents to upload for reimbursement, please attach here.	
If there are multiple expense documents to upload for reimbursement, please attach here.	

**Declaration and Compliance**

<p><b><i>The information within the grant applications explains how Harvey County's allocation of Federal funds through the Federal CARES Act may be used in accordance with the law. The funds provided to potential recipients are available under section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act. By submitting this form, the applicant agrees to adhere to those requirements listed in the CARES Act.</i></b></p> <p><b><i>Additionally, the organization agrees to comply with all reconciliation requests by Harvey County and/or Harvey County's fiscal agent overseeing CARES Funding, Swindoll Janzen Hawk Loyd, LLC., and understands this application will be an open record in accordance with the Kansas Open Records Act (KORA).</i></b></p>	
*Signature of Representative Requesting Grant:	Joanne Ruggiero 10/14/2020 12:05 PM
*Date:	10/14/2020

**St. Vincent de Paul  
Grant Information**

Date	Case #	Check #	Payee	Payment Confirmation #	Purpose	Amount
6/23/2020	3099		City of Newton	1567560	Water Bill	200.00
7/20/2020	4157	2210	Acculease LLC		Rent	200.00
7/28/2020	6155		Evergy	818455608	Electric Bill	200.00
7/29/2020	3175		City of Newton	1573978	Water Bill	200.00
7/29/2020	3053		Kansas Gas Service	20141070	Gas Bill	200.00
8/4/2020	6162		City of Newton	1575614	Water Bill	200.00
8/5/2020	4106		City of Newton	1575915	Water Bill	209.23
8/22/2020	4002	2232	Guy Wong		Rent	200.00
8/25/2020	6181		Evergy	9594654183	Electric Bill	200.00
9/5/2020	6194	2241	Fox Meadows		Rent	200.00
9/8/2020	6195		Evergy	9225202580205	Electric Bill	205.27
9/11/2020	6197	2246	H & M Solutions LLC		Rent	200.00
9/18/2020	5007	2277	Newell Truck Center		Rent	200.00
10/9/2020	6018	2297	Larry Harms		Rent	200.00

↑  
Has not cleared bank yet -  
will be sent when cleared

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2,814.50