

Senior Center Sustainment Program (SCSP)

Organization Name	Reimbursement Amount	Planned Expenditure Amount	Total Amount	Expense Description	Meets Grant Criteria	Comments
Hesston Area Seniors, Inc.	18,641.69	570.00	19,211.69	Revenue replacement, PPE, Hygiene Supplies	Yes	Requested \$26,243 - took out insurance, copier expense
Grand Central, Inc.	22,326.85	7,673.15	30,000.00	Utilities, revenue replacement, PPE, Cleaning/Hygiene Supplies, Wall Divider, Oven, Freezer	Yes	Requested \$30,000 and has qualifying receipts for \$31,554.14. This is after decreasing COVID Expenses by \$47.66. Loss of revenue for building rental was reduced by \$150. Moved room divider to planned expenditures. Reduced planned expenditures by \$1,554.14 to meet grant max of \$30,000.
Halstead Sixty Plus Club	9,183.24	874.82	10,058.06	Utilities, Revenue Replacement, Cleaning/Hygiene Supplies, Oven	Yes	Requested \$10,058.06. Providing revenue replacement in reimbursement amount.
Sedgwick Senior Center	12,161.01	1,907.56	14,068.57	Utilities, Revenue Replacement, Cleaning/Hygiene Supplies, PPE	Yes	Requested \$15,391.39. Adjusted utilities and COVID expenses to match receipts. Adjusted revenue replacement requests. Providing revenue replacement in reimbursement amount.
Total	62,312.79	11,025.53	73,338.32			

Amount Available 90,000.00

Balance Remaining 16,661.68

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:	Hesston Area Seniors, Inc.
*Does the organization have a fiscal sponsor for this application?	No
*Contact Name:	Yawna M. Smith
*Contact Title:	Director
*Contact Email Address:	hesstonseniors@gmail.com
Executive Director/Owner Name (if different from above):	Robert W. Esau, Board of Directors President
Executive Director/Owner Email Address (if different from above):	
*Organization Telephone Number:	(620) 327 3192
*Mailing Address (please enter the full address at which the organization receives checks):	108 E. Randall, P.O. Box 722
*City:	Hesston
*State:	KS
*Zip:	67062

Organization Details

*Type of Organization:	Senior center
*Federal Employer Identification Number (EIN):	48-1171037
*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?	Yes

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

Community Foundation COVID Grant (Mid Kansas Senior Center Assn) \$675.00 --Reserved for Remaining COVID Supplies to Reopen

Central Kansas Community Relief Fund \$1,100.00 -- Utilities & Sanitation /Cleaning Supplies

Hesston Community Foundation Grant \$2,500.00 -- Room Divider, Range Hood Cleaning, Fire Suppresant Checks, Small Appliances for Meal Program

BCBS Pathways to a Healthy Kansas Grant \$4,275.00 -- Commercial Freezer, 2 Commercial Shelving Units, Sneezeguard for Kitchen Window

SPARK Small Business Working Capital Grant \$12,000.00 -- Payroll Expenses from September-December 2020, Remaining Utilities for 2020

PPP Loan \$5,200.00 --Payroll Expenses from May 2020-August 2020

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 Hesston Area Senior Center has remained closed since March to the public due to the COVID-19 Pandemic. Our center has had a significant drop in revenue and donations due to the lack of fundraisers we were able to hold with community involvement. Since temporarily closing the center to the public in March due to stay-at-home orders, we have worked to maintain essential services such as Aging Project, Inc. meal preparation and disbursement for carry-out which average 120 Meals on Wheels/Friendship Meals to Hesston seniors and surrounding communities including Newton, Sedgwick and Halstead. We also will be starting to offer SHICK Medicare D enrollment by appointment Thursday, October 15th to anyone in our community and in surrounding areas with the need review and make changes to their health insurance for 2021. We currently provide Hermes Foot Care Clinics and Notary Services on an appointment basis. Our Board of Directors have tentatively scheduled a reopening date of January 4, 2021 to the public. In the coming months, we will work with API to follow guidelines and prepare to reopen which will include purchasing items with limited funds to make Hesston Area Senior Center a safe environment to gather and serve daily essential meals.

*Total amount requested with this application (Only one application with an amount between \$100 and \$30,000 will be considered for each organization).	\$26,243
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Description of reimbursement(s) and/or planned expenditure(s) in this application.

*Expense Category:	Personal Protective Equipment (PPE) Cleaning and Hygiene Supplies Lost Revenue
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*How will this reimbursement(s) and/or revenue replacement support your organization and the Harvey County community during the COVID-19 crisis? (Limit-300 words)

Due to the COVID-19 Pandemic, the Hesston Area Senior Center has been unable to hold any community fundraisers, which is a large source of yearly revenue for the center. We have considered creative fundraising ideas and ways to continue our normal fundraisers with adjustments for the safety precautions necessary, however, due to the lack of volunteers willing to take risks to plan and work, such events have been forced to cancel these efforts. A reimbursement of lost revenue would help sustain and protect our center into 2021. The sustainability of our center is a crucial health need for individuals that rely upon the 120 meals daily served out of the Hesston commercial kitchen and the other financial and health services we provide on an appointment basis. The revenue replacement and/or reimbursement will help Hesston Area Senior Center to reopen safely to activities and build confidence in members, visitors, and the community. It will take significant time to return to previous attendance numbers and to rebuild the resources and revenues necessary to provide the activities, services and events that were enjoyed by our membership prior to the COVID-19 Pandemic.

Detail and documentation of all incurred expenses (invoice, proof of payment, etc.) must be submitted with this application.

*Please provide detail of already incurred 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.

Commercial Liability/Building Insurance - Mar1- Sept 30 3 yr average - \$3,428.44

Commercial Liability/Building Insurance - Oct 1 - Dec 31 3 yr average - \$1,321.00

Workers' Compensation - Mar 1 - Sept 30 3 yr average - \$227.67

COVID copier expense - Mar1 - Sept 30 average - 340.53

COVID expense to be spent Oct 1 - Dec 31 copier - \$58.64, 4 Hand Sanitizer Dispensers - \$240.00, 4 Hand Sanitizer Bottles - \$120.00, 100 Disposable Face Masks - \$80.00, Social Distancing Signs - \$70.00, No Touch Thermometer - \$30.00, Individual Hand Sanitizers pk 24 - \$30.00 == Total to be spent by Dec 31, 2020 - \$728.00

*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).	Insrnc COVID Cost Summary Sheets.pdf
If there are multiple expense documents to upload for reimbursement, please attach here.	CARES Act Docs.docx
If there are multiple expense documents to upload for reimbursement, please attach here.	

Documentation representing lost revenue incurred and/or anticipated during the period that begins on March 1, 2020 and ends on December 30, 2020 must be submitted with this application.

*Please upload ALL documentation for incurred and/or anticipated lost revenue. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).	Revenue Loss Summary Sheets.pdf
If there are multiple revenue replacement documents to upload for reimbursement, please attach here.	
If there are multiple revenue replacement documents to upload for reimbursement, please attach here.	

Documentation supporting a loss of revenue between the period of March 1, 2020 and December 30, 2020, as compared to three prior years of revenue history must be submitted with this application.

*Please upload ALL documentation supporting a loss of revenue between the period of March 1, 2020 and December 30, 2020, as compared to three prior years of revenue history. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).	CARES Act Docs.docx
If there are multiple supporting documents showing loss of revenue, please attach here.	
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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:	Yawna Smith 10/14/2020 4:42 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:	Grand Central, Inc.
*Does the organization have a fiscal sponsor for this application?	No
*Contact Name:	Tara L Goering
*Contact Title:	Executive Director
*Contact Email Address:	grandcentralseniorcenter@outlook.com
Executive Director/Owner Name (if different from above):	Tara L. Goering
Executive Director/Owner Email Address (if different from above):	taragoering@gmail.com
*Organization Telephone Number:	(316) 283 2222
*Mailing Address (please enter the full address at which the organization receives checks):	122 East 6th
*City:	Newton
*State:	KS
*Zip:	67114

Organization Details

*Type of Organization:	Senior center
*Federal Employer Identification Number (EIN):	48-1026788
*Please Upload the Organization's W-9:(Allowable file formats include Excel, Image, PDF, and Word)	W-9 Grand Central.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.

Payroll Protection Program \$6500

Central Kansas COmmunity Foundation COVID Relief Funds \$2500 for all Harvey COunty Senior Centers (Grand Central's portion is \$675.00)

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)

Our center lost it's clients, volunteers and revenue streams when COVID shut us down. Our meal program went curbside delivery. As of now we have only been able to open for select activities and health screenings, legal services and SHICK counseling.

We request

Utility Reimbursements for (Electric, Gas, Water, Telephone/Internet) \$8714.93

COVID expenses (supplies, PPE, disinfectant, Social distancing aids, social distancing divider wall, laptop and equip for remote teleconferencing for legal help and SHICK counseling) \$8005.59

Loss of Revenue for Building Rentals, Gala Fundraiser, and canceled Bus Trips \$16,580.22

Insurance \$6523.25

Total Ask \$30,000

We have included all losses which total exceeds \$30,000

*Total amount requested with this application (Only one application with an amount between \$100 and \$30,000 will be considered for each organization).	\$30,000
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Description of reimbursement(s) and/or planned expenditure(s) in this application.

*Expense Category:	Personal Protective Equipment (PPE) Cleaning and Hygiene Supplies IT Improvements Utilities and Rent Small Capital Improvements that Promote Social Distancing Mental Health Accessibility Lost Revenue
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*How will this reimbursement(s) and/or revenue replacement support your organization and the Harvey County community during the COVID-19 crisis? (Limit-300 words)

We hope to weather this year and rebuild next year.

Detail and documentation of all incurred expenses (invoice, proof of payment, etc.) must be submitted with this application.

*Please provide detail of already incurred 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.

I have experienced trouble with this system and am utilizing the drop box with Angie Tatro so that I can upload all the required documents. I apologize for the brevity and know that this is only complete with the documents in the drop box. I am trying one last quick attempt to enter something so we can have it on record and maintain our ability to be considered.

Seeking reimbursement of

Utilities \$8714.93

COVID Expenses, IT upgrades to serve remotely, a divider wall to help social distancing so that we can bring meals back into the building and various misc items \$8005.59

Revenue Reimbursement \$16580.22

Consideration for Insurance reimbursement \$6523.25

See uploaded packet for more detail

*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).	Grand Central total ask.pdf
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If there are multiple expense documents to upload for reimbursement, please attach here.	
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Documentation representing lost revenue incurred and/or anticipated during the period that begins on March 1, 2020 and ends on December 30, 2020 must be submitted with this application.

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If there are multiple revenue replacement documents to upload for reimbursement, please attach here.	
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If there are multiple supporting documents showing loss of revenue, please attach here.	
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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:	Tara Goering 10/14/2020 4:13 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:	Halstead Sixty Plus Club
*Does the organization have a fiscal sponsor for this application?	No
*Contact Name:	Tara L Goering
*Contact Title:	President Mid-Kansas Senior Center Association
*Contact Email Address:	grandcentralseniorcenter@outlook.com
Executive Director/Owner Name (if different from above):	Mary Jo Hall
Executive Director/Owner Email Address (if different from above):	halsteadsrctr@att.net
*Organization Telephone Number:	(316) 835 2286
*Mailing Address (please enter the full address at which the organization receives checks):	523 Poplar, Halstead
*City:	Halstead
*State:	KS
*Zip:	67056

Organization Details

*Type of Organization:	Senior center
*Federal Employer Identification Number (EIN):	48-0885679
*Please Upload the Organization's W-9:(Allowable file formats include Excel, Image, PDF, and Word)	Halstead 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?	Yes

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

Central Kansas Community Foundation COVID grant \$500

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 have lost our ability to serve seniors in our center. The Govenor shut down Senior Centers and we were one of the last groups allowed to reopen. We are the hub of our community and it has hurt us all. Seniors are the folks that run the center, that volunteer here and that participate in events.

*Total amount requested with this application (Only one application with an amount between \$100 and \$30,000 will be considered for each organization).	\$16,123
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Description of reimbursement(s) and/or planned expenditure(s) in this application.

*Expense Category:	Personal Protective Equipment (PPE) Cleaning and Hygiene Supplies Utilities and Rent Small Capital Improvements that Promote Social Distancing Lost Revenue
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*How will this reimbursement(s) and/or revenue replacement support your organization and the Harvey County community during the COVID-19 crisis? (Limit-300 words)

We hope to use the funds to get back to serving Seniors. With the meals going curbside and delivery and the Center being closed our deliveries almost doubled and our oven quit working so we hope to also use these funds to reimburse an ill afforded expense of it's replacement and upgrade. We also would like consideration to replace lost revenues and expenses.

Detail and documentation of all incurred expenses (invoice, proof of payment, etc.) must be submitted with this application.

*Please provide detail of already incurred 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.

We are asking to be reimbursed in the following categories

Utilities (Electric, Telephone/Internet and Trash) \$2608.33

COVID Expenses (Disinfectants and Oven Replacement and upgrades) \$2129.05

Loss of Revenue \$9960.00

Insurance \$1426.00

Total Ask of \$16,123.38

Because the community was so devastated that we were going to cancel our tradition of Peppernuts sales we have decided to try to put on a modified version. We don't know what we will make and reserve the option to request the difference. Thank you

*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).	Halstead Total Request (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.	

Documentation representing lost revenue incurred and/or anticipated during the period that begins on March 1, 2020 and ends on December 30, 2020 must be submitted with this application.

*Please upload ALL documentation for incurred and/or anticipated lost revenue. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).	Halstead 2020 Ledger.pdf
If there are multiple revenue replacement documents to upload for reimbursement, please attach here.	
If there are multiple revenue replacement documents to upload for reimbursement, please attach here.	

Documentation supporting a loss of revenue between the period of March 1, 2020 and December 30, 2020, as compared to three prior years of revenue history must be submitted with this application.

**2020 Harvey County CARES: Senior Center Sustainment Program (SCSP)
Grand Central | Goering, Tara**

*Please upload ALL documentation supporting a loss of revenue between the period of March 1, 2020 and December 30, 2020, as compared to three prior years of revenue history. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).	Halstead Bank Statements.pdf
If there are multiple supporting documents showing loss of revenue, please attach here.	
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Declaration and Compliance

<p><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></p>	
*Signature of Representative Requesting Grant:	Tara Goering 10/14/2020 5:20 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:	Sedgwick Senior Center
*Does the organization have a fiscal sponsor for this application?	No
*Contact Name:	Tara L Goering
*Contact Title:	President Mid-Kansas Senior Center Association
*Contact Email Address:	grandcentralseniorcenter@outlook.com
Executive Director/Owner Name (if different from above):	Daylene Becker
Executive Director/Owner Email Address (if different from above):	
*Organization Telephone Number:	(316) 772 0393
*Mailing Address (please enter the full address at which the organization receives checks):	107 W 5th St
*City:	Sedgwick
*State:	KS
*Zip:	67135

Organization Details

*Type of Organization:	Senior center
*Federal Employer Identification Number (EIN):	04-81026946
*Please Upload the Organization's W-9:(Allowable file formats include Excel, Image, PDF, and Word)	Sedgwick 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?	Yes

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

Community Foundation Grant of \$500 to be used towards COVID safety measures to bring food safely back into the Center.

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 have experienced difficulty in the website today and apologize for the abbreviated answers as we try to get enough things to enter so we can save ability to be considered. We have been told that we can utilize a drop box for a larger and more someplete application and proof of ask.

Our Senior Center was forced to close due to COVID and it's sever effect upon Seniors. We are still closed to most things that make the Center so special. It not only affect our Seniors but our entire community as many enjoyed the Center.

Utilities including electricity, gas, and telephone/Internet \$5122.00

COVID Expenses \$336.00

Loss of Revenue \$10142.00

Insurance \$470.00

Total Ask: \$16,070.00

*Total amount requested with this application (Only one application with an amount between \$100 and \$30,000 will be considered for each organization).	\$16,070
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Description of reimbursement(s) and/or planned expenditure(s) in this application.

*Expense Category:	Personal Protective Equipment (PPE) Cleaning and Hygiene Supplies Utilities and Rent Lost Revenue
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*How will this reimbursement(s) and/or revenue replacement support your organization and the Harvey County community during the COVID-19 crisis? (Limit-300 words)

The money provided will see us through this year and ensure our ability to serve seniors in the future. Werecognize that we have no idea how long this will last and how hard it will be to bring senior back. These funds help us at least address the financial stresses that come with all this insecurity and instability.

Detail and documentation of all incurred expenses (invoice, proof of payment, etc.) must be submitted with this application.

*Please provide detail of already incurred 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.

We are asking for reimbursement or funding for these categories. A more detailed request and all the supporting documentation will be uploaded in the drop box provided to us.

Utilities \$5122.00

COVID Expenses \$336.00

Loss of Revenue \$10,142.00

Additional request for Insurance reimbursement of \$470

*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).	Sedgwick Senior Center CARES Total Page.docx
If there are multiple expense documents to upload for reimbursement, please attach here.	
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Documentation representing lost revenue incurred and/or anticipated during the period that begins on March 1, 2020 and ends on December 30, 2020 must be submitted with this application.

*Please upload ALL documentation for incurred and/or anticipated lost revenue. Documentation can be uploaded as one attachment or up to three separate attachments (allowable file formats include Excel, Image, PDF, and Word).	Sedgwick Final Request.pdf
If there are multiple revenue replacement documents to upload for reimbursement, please attach here.	
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Documentation supporting a loss of revenue between the period of March 1, 2020 and December 30, 2020, as compared to three prior years of revenue history must be submitted with this application.

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*Signature of Representative Requesting Grant:	Tara Goering 10/14/2020 5:01 PM
*Date:	10/14/2020