



Roll Call Number

20-1480

Agenda Item Number

67

Date September 14, 2020

RESOLUTION REQUESTING REIMBURSEMENT FOR ELIGIBLE COSTS AND EXPENDITURES RELATED TO THE COVID-19 PUBLIC HEALTH EMERGENCY FROM THE IOWA COVID-19 GOVERNMENT RELIEF FUND

WHEREAS, the United States Congress approved the Coronavirus Aid, Relief, and Economic Security (CARES) Act to provide economic relief related to the COVID-19 pandemic; and

WHEREAS, Governor Kim Reynolds allocated \$125 million of the State of Iowa's CARES Act funding to local governments for direct expenses incurred in response to the COVID-19 emergency; and

WHEREAS, local government funding reimbursements may only be used for necessary expenditures incurred due to the COVID-19 pandemic, were not accounted for in the current fiscal year City budget, were incurred during the time period of March 1, 2020 through December 30, 2020 and have not been reimbursed from other sources.

NOW, THEREFORE BE IT RESOLVED by the City Council of the City of Des Moines, Iowa that the City of Des Moines requests reimbursement of \$5,091,677.54 in eligible City expenditures in response to the COVID-19 public health emergency.

BE IT FURTHER RESOLVED, that the City of Des Moines affirms that the above requests for reimbursement follow all formal published Federal and State of Iowa guidance on how the funds should be spent, and understands if the reimbursements are misrepresented, the local government will be liable for any applicable penalty and interest.

BE IT FURTHER RESOLVED, that the Acting Finance Director is hereby authorized and directed to submit the requests for reimbursement with all supporting documentation to the State of Iowa prior to the applicable submittal deadline.

(Council Communication No. 20-387) Moved by Gatto to adopt.

APPROVED AS TO FORM:

/s/ Lawrence R. McDowell
Lawrence R. McDowell
Deputy City Attorney

Table with 5 columns: COUNCIL ACTION, YEAS, NAYS, PASS, ABSENT. Rows include COWNIE, BOESEN, GATTO, GRAY, MANDELBAUM, VOSS, WESTERGAARD, and a TOTAL row with 7 yeas.

CERTIFICATE

I, P. Kay Cmelik, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

MOTION CARRIED

APPROVED

J. M. Franklin Cownie Mayor

P. Kay Cmelik

City Clerk

STATE OF IOWA
LOCAL GOVERNMENT RELIEF FUND
INSTRUCTIONS



STOP AND READ ALL INSTRUCTIONS

Contact Information	Email Information Website Application Website Amended Application Website FAQ Website	localgovtreliEFFund@iowa.gov https://coronavirus.iowa.gov/pages/local-reimbursement https://stateofiowa.seamlessdocs.com/f/CARESActApplicationLocalGov https://stateofiowa.seamlessdocs.com/f/iowaAmendedCARESActApplication https://coronavirus.iowa.gov/pages/local-reimbursement
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Eligible Applicants
 State of Iowa cities and counties per the list located at the information website noted above.

Eligible Costs
 The CARES Act provides that Local Government Relief Fund (LGRF) payments may only be used to cover costs that:

1. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. Were not accounted for in the government entity's budget most recently approved as of March 27, 2020;
3. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020; and
4. Have not been reimbursed or where reimbursement has not been requested from another source of funds including, but not limited to, other federal programs.

Instructions:

1. Read the guidance as issued by the State of Iowa as well as recent updates and FAQs at the website listed above.
2. Read all of the worksheets in this workbook to familiarize yourself with the eligible expense types and the requested information.
3. **Complete all yellow fields in the following worksheets of the RFR Cost Summary Workbook.**
 - a. Instructions
 - b. Summary
 - c. Other Cost Worksheet
 - d. Labor Input
 - e. Fringe Benefits
 - f. Labor Worksheet
4. Submit the CARES Act Application for Local Government Relief Fund (LGRF) along with the attachments to the State of Iowa application website noted above. **Do not use the back button in the browser to make changes. Use the website navigation buttons or you will lose data.**
5. If you are responding to a request for additional documentation, please upload the documentation at the website noted above labeled "Amended Application Website". You must have your project number from your initial application as provided in your email upon submission.
6. Submit any questions to the email address listed in the contact information box above until you have received your assigned analysts contact information.

Note: For ease of use, it is recommended to use Chrome for LGRF intake application rather than Internet Explorer.

Important Note Regarding Labor Entry:
 The Labor Input, Fringe Benefits, and Labor Worksheet have been provided as a preferred format. If you have similar Excel reporting documentation, please feel free to upload it and we will review to determine its appropriateness. Please reach out prior to performing data entry if you have questions or would like further clarification. Enter employee identifying information and pay rates with corresponding labor fringe benefit percentages. If you are unsure of labor fringe benefit percentages, please use the "Fringe Benefits" tab to calculate prior to filling out the Labor Input and Labor Cost Worksheets. Columns I through L are only used in the event of a pay rate change.

Request for Documentation

Please review the items below for requested support as it correlates to the worksheets in this workbook for supporting documentation.

General

1. Local government FY20 budget most recently approved as of March 27, 2020. Please include the detail as related to the level of detail you are requesting reimbursement for, i.e. the budget you submit should agree to the amount of the budget you list in the yellow box below.
2. Resolution for eligibility referring to LGRF Guidance: The local government will need to pass a resolution from the governing body stating that all reimbursements submitted follow the Federal and State of Iowa guidance on how the funds should be spent, and that if the funds are misrepresented, the local government will be liable for repayment to the State of Iowa and any applicable penalty and interest. (To be uploaded within the initial CARES Act Application for Local Government Relief Fund.)

Other Cost Worksheet

1. Invoice

2. Justification of costs

Examples of justification costs include:

- a. Provide a brief description of the specific activity performed,
- b. Identify specific population/group served,
- c. Identify specific programs created or utilized, or
- d. Include any known or intended outcomes, results, or community impact.

3. Receiving report / Shipping Ticket / Date items received

4. Proof of payment, if available, or proof of encumbrance*

Examples of proper proof of payment include:

- a. Copy of check with batch detail and corresponding bank statement, or
 - b. Cleared check with endorsement and batch detail, or
 - c. Proof of ACH or other electronic payment with batch detail and corresponding bank statement.
- To clarify "batch detail": if ACH or check covers multiple expense line items, please include the batch detail and highlight the expense requested for reimbursement.*

5. Include a copy of your procurement policy and any supporting documentation as required per your policy.

- a. For each line item, include procurement method, i.e. exigency memo, state request, competitive bidding, etc.

Labor Cost Worksheet

If submitting a request for reimbursement for 25% or less of the FY20 budgeted public health/safety payroll costs, then please provide:

1. Payroll register(s)
2. Pay rate support
3. Please be prepared to provide the employee name, position, department, and perm / temp status.

If submitting a request for reimbursement for more than 25% of the FY20 budgeted public health/safety payroll costs, then please provide:

1. Payroll policy for the employees being claimed
2. Timesheets
3. Payroll register(s)
4. Pay rate support
5. Activity logs (if claiming more than 25% of public health and public safety employee or any amount of other department payroll wages)
6. Please be prepared to provide the employee name, position, department, and perm / temp status.

Note: If a county is providing public health/public safety services to a city please provide a copy of the MOU and the 28-E agreement and payment / encumbrance support.

**To be determined pending federal guidelines*

Per State guidance, please enter the FY20 budgeted payroll figures below for public health and public safety employees in order to calculate the qualifying payroll amount for this RFR. PLEASE NOTE: Payroll costs for the public health and public safety employees in excess of 25% of the FY20 budgeted amount may be eligible for reimbursement, however, will require additional supporting documentation as per the State's guidance.

Date of FY20 Budget (most recently approved/amended as of March 27,2020)		3/11/2019
Public Health Employees budgeted payroll amount	\$	-
Multiplier		25%
Amount of periods claimed in this Request for Reimbursement (RFR)		5.00
Projected payroll	\$	-
RFR amount related to the public health employees payroll	\$	-

Date of FY20 Budget (most recently approved/amended as of March 27,2020)		3/11/2019
Public Safety Employees budgeted payroll amount	\$	98,200,684.00
Multiplier		25%
Amount of periods claimed in this Request for Reimbursement (RFR)		5
Projected payroll	\$	10,229,237.92
RFR amount related to the public safety employees payroll	\$	5,091,677.54

STATE OF IOWA

LOCAL GOVERNMENT RELIEF FUND



Please only enter information on this sheet in the yellow highlight areas
Revised: 8/18/2020

Name of Local Government:	Des Moines
Service Period of Application	Begin Date 3/1/2020
	End Date 7/31/2020
Project Number:	To Be Determined Upon Submission
Payment Number:	To Be Determined Upon Submission

Note: The remainder of this tab has been locked and is used for summary and reporting purposes only.

SUMMARY

Summary for State Reporting Purposes:

Type	Amount	Tab Reference
Personal Protective Equipment	\$ -	Other Cost Worksheet
Sanitizing Products	\$ -	Other Cost Worksheet
Testing Equipment and Supplies (test kits)	\$ -	Other Cost Worksheet
Ventilators	\$ -	Other Cost Worksheet
Other necessary COVID-19 Medical Supplies and Equipment	\$ -	Other Cost Worksheet
Temporary Isolation or Quarantine Sites	\$ -	Other Cost Worksheet
Medical Transportation	\$ -	Other Cost Worksheet
Expenses for Sanitizing Public Areas and other Public Facilities	\$ -	Other Cost Worksheet
Temporary Emergency Staffing and overtime costs for staff	\$ -	Labor Cost Worksheet
Payroll costs for public health and public safety employees for services dedicated to mitigating or responding to the COVID-19 public health emergency	\$ -	Labor Cost Worksheet
Equipment used for the conduct of meetings by telephonic or electronic means	\$ -	Other Cost Worksheet
Software or technology infrastructure to allow for local services to be provided while social distancing	\$ -	Other Cost Worksheet
Additional costs associated with enhanced 211 capabilities	\$ -	Other Cost Worksheet

Total \$ -

Summary for Federal Reporting Purposes:

Type	Amount
Budgeted Personnel and Services Diverted to a Substantially Different Use	\$ -
COVID-19 Testing and Contact Tracing	\$ -
Improve Telework Capabilities of Public Employees	\$ -
Medical Expenses	\$ -
Payroll for Public Health and Safety Employees	\$ -
Personal Protective Equipment	\$ -
Public Health Expenses	\$ -

Total \$ -

STATE OF IOWA

OTHER COST WORKSHEET



STOP AND READ ALL INSTRUCTIONS

Name of Local Government:

Service Period of Application:

Project Number:

Instructions:

Please fill out the chart below for all costs unrelated to labor, in its entirety, for each individual invoice you are claiming with this request for reimbursement.

1. Please select the "Type" from the drop down list provided in column B below.
2. The vendor the cost is associated to.
3. The date of the invoice.
4. The invoice number.
5. The total invoice amount.
6. The date the goods were received.
7. The description of the goods purchased.
8. The COVID justification; how these goods were related to the COVID-19 pandemic, i.e.:
 - a. Provide a brief description of the specific activity performed,
 - b. Identify specific population/group served,
 - c. Identify specific programs created or utilized, or
 - d. Include any known or intended outcomes, results, or community impact.
9. Select Yes / No to mark if this item was accounted for in the governmental entity's budget in the most recently approved as of March 27, 2020.
10. Enter the procurement method as described on the Instructions worksheet and below, i.e.
 - a. Exigency memo,
 - b. State memo,
 - c. Competitive bidding
11. Enter the attached supporting document file name uploaded to the Coronavirus Relief Fund Reimbursement Request Form Application.

If you have more than 300 reimbursement lines please contact localgovtrelieffund@iowa.gov for a custom form.

		Total		\$ -							
	Type	Vendor	Invoice Date	Invoice #	Amount	Date Received	Description of Goods Purchased	COVID Justification	Budgeted Item	Procurement Method	Supporting Documentation File Name
1											
2											
3											
4											
5											
6											
7											
8											
9											
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Row Labels	Sum of SALARY_AMOUNT	Sum of EMPLOYER_SHARE	Sum of TOTAL
FEMA Eligible	\$ 13,454.02	\$ 3,111.74	\$ 16,565.76
No Claim	\$ 193,661.89	\$ -	\$ 193,661.89
State Claim	\$ 26,653,555.12	\$ 11,263,838.33	\$ 37,917,393.45
Grand Total	\$ 26,860,671.03	\$ 11,266,950.07	\$ 38,127,621.10

Public Safety Personnel Expense for March through July
25% Claim

\$ 37,917,393.45
\$ 9,479,348.36

Maximum Allocation

\$ 5,091,677.54

STATE OF IOWA



FRINGE BENEFITS CALCULATION WORKSHEET

STOP AND READ ALL INSTRUCTIONS

APPLICANT	PROJECT #	PAYMENT #
Des Moines	To Be Determined Upon Submission	To Be Determined Upon Submission

Instructions: Only use this page if you are unsure of your current labor fringe benefit percentages. Specific instructions for each yellow cell are included when you hover the mouse over the cell. Enter the "Regular Time %" rate(s). If the "Regular Time %" rate(s) is/are applied to the overtime fringe rate(s), select the appropriate box.

Normally, retirement, health, and life insurance benefits do NOT pass into the overtime fringe.

ENTER TOTAL ANNUAL PAYROLL

		REGULAR TIME % RATE	OVERTIME % RATE
Holidays	<input type="text"/>		
Vacation Leave	<input type="text"/>		
Sick Leave	<input type="text"/>		
Social Security		6.20%	<input type="checkbox"/>
Medicare		1.45%	<input type="checkbox"/>
Unemployment	<input type="text"/>		<input type="checkbox"/>
Worker's Comp	<input type="text"/>		<input type="checkbox"/>
Retirement	<input type="text"/>		<input type="checkbox"/>
Health Benefits	<input type="text"/>		
Life Insurance Benefits	<input type="text"/>		
Other (Describe here) <input type="text"/>	<input type="text"/>		<input type="checkbox"/>
Total (in % of annual salary)		7.65%	

If the benefit is applied to the overtime fringe rate, select the proper box

COMMENTS:

STATE OF IOWA

LABOR WORKSHEET



STOP AND READ ALL INSTRUCTIONS

Instructions
 Prior to entering information on this sheet, you must fill out the "Labor Input" worksheet.
 1. Enter the first date of the pay period in Column G, Row 9, where hours were worked for the COVID-19 pandemic. In columns H – AB, enter the first date of the next applicable pay periods.
 2. Select employee "Name", "Department", and "PAY / PBR" classification from the drop down boxes starting on Row 12. Note that column F will be automatically populated based on your employee selection.
 3. Enter hours worked by employee and pay period; paying close attention to the PAY / PBR classification drop down. Note that each employee has two lines by default; this is for ease of entry to track regular rate and overtime rate without the need to re-enter the employee information.

Notes
 1. The hourly rate and benefit percentage rate calculations are automatically calculated from the "Labor Input" worksheet. If changes or adjustments need to be made, please make them on the "Labor Input" worksheet.
 2. Column AC, "Total Hours", and AG, "Total Cost", will be automatically calculated; if the total cost calculation is \$0 in AG, please make sure you have an hourly rate entered in the labor input tab.
 3. If additional lines are needed than the 750 available on Labor Input or Labor Cost Worksheet forms, please contact localgovtrelietfund@iowa.gov for a customized form.

APPLICANT Des Moines			PROJECT NUMBER To Be Determined Upon Submission											PAYMENT NUMBER To Be Determined Upon Submission									
EMPLOYEE NAME / TITLE	DEPARTMENT	PAY / PBR	PERM / TEMP	DATES & HOURS WORKED PAY PERIOD											RATES / COSTS								
				3/1 2020															TOTAL HOURS	HOURLY RATE	BENEFIT RATE	TOTAL COMBINED HOURLY RATE	TOTAL COST
Name																		0	0	\$	-	\$	-
Title																		0	0	\$	-	\$	-
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