**APPENDIX D: REQUEST FORM**

 **CMSP COVID-19 EMERGENCY RESPONSE GRANT (CERG) PROGRAM**

1. **COUNTY NAME: *ENTER COUNTY NAME***

**2) TARGET POPULATION:**

1. Please indicate below which one or more target population(s) the CMSP COVID-19 Emergency Response Grant Program will be focused on by **placing an X** next to the corresponding target population(s).:

[ ]  Uninsured and/or underinsured low-income adult county residents seeking health care services and supports in response to COVID-19 conditions;

[ ]  Specific low-income population groups in the county identified as most at risk of COVID-19 conditions based upon current data on risk and need;

[ ]  Publicly supported populations, including those on CMSP, Path to Health, Medi-Cal and/or Medicare, seeking health care services and supports in response to COVID-19 conditions;

[ ]  Low-income adult residents with existing health or behavioral health conditions that have housing and/or transportation challenges that impede their ability to obtain necessary health care services to address COVID-19 conditions.

1. Please briefly describe each of the target populations you have identified and the services or interventions that will be supported with CERG funding to address the needs of each of these target populations.
***ENTER COUNTY RESPONSE***

**3) PROPOSED PARTNER ORGANIZATIONS**

Please describe the anticipated organizations that will receive CERG funding including eligible county departments and non-profit organizations.
***ENTER COUNTY RESPONSE***

**4) BUDGET REQUEST**

1. Applicants are required to complete and submit APPENDIX E: CERG Budget Template.
2. Describe other anticipated COVID-19 funding sources, identified gaps, and how CERG funds will be coordinated with other efforts.

***ENTER COUNTY RESPONSE***

1. Describe the proposed use of CERG funds for services, staff and supplies and expected outcomes in the six (6) categories provided below. If no activities are proposed for a specific category, please write “CERG funds are not requested”. Proposed expenditures must be in alignment with the allowable uses of grant funds listed in APPENDIX B.

**Personal Protection Equipment (PPE), Healthcare Equipment and Supplies:**
*This includes items such as facemasks, gowns, hand sanitizer, and similar supplies and equipment needed to assist public employees, local health care providers, non-profit human services providers, and first-responders in responding to the COVID-19 pandemic.****ENTER COUNTY RESPONSE***

**Supportive Quarantine Services*:*** *This includes items such as hotel vouchers, rent coverage, food, and personal hygiene supplies for uninsured or underserved populations.*
***ENTER COUNTY RESPONSE***

**Public Employees Needed for Emergency Response:**
*This includes salary and fringe benefits for existing employees or new limited-term employees of CMSP county public health, health care, and behavioral health departments required to support and provide assistance to low-income individuals affected by the COVID-19 pandemic*.
***ENTER COUNTY RESPONSE***

**Non-Profit Human Services Providers Needed for Emergency Response:***This includes community-based non-profit organizations providing emergency support to low-income individuals affected by the COVID-19 pandemic, including salaries and fringe benefits for existing or new limited-term employees.*
***ENTER COUNTY RESPONSE***

**Public Information and Outreach:**
*This includes development of public messaging regarding COVID-19 services and emergency response, including radio, print, digital and other means of communication.*
***ENTER COUNTY RESPONSE***

**Administration/Overhead Expenses:**
*Administrative and/or overhead expenses cannot equal no more than 15% of the total project expenditures.*
***ENTER COUNTY RESPONSE***

**5) DATA COLLECTION AND REPORTING**

Describe the expected data to be collected to document the services provided with CERG funding and to demonstrate the impact of services provided. Also, please identify the lead staff person(s) responsible for preparation of the required progress and expenditure reporting.

***ENTER COUNTY RESPONSE***

1. **APPLICATION CHECK LIST**

[ ]  Only **one** application will be considered from each CMSP County.

[ ]  Please read the CMSP COVID-19 Emergency Response Grant (CERG) Program Request for Applications available at <https://www.cmspcounties.org/covid-19-county-grants/>.

[ ]  Applications may be submitted starting April 10, 2020 through August 31, 2020 at 5:00 PM PST.

[ ]  Submit application via email to grants@cmspcounties.org. Please include the “County Name” and “CERG Application” in the subject line of the email.

[ ]  Application must be complete at the time of submission and must use the required forms provided.

[ ]  The required forms are available for [download](https://www.cmspcounties.org/covid-19-county-grants/):

* + Completed CERG Cover Sheet (APPENDIX C). The cover sheet must be signed by the Applicant Agency and by the County Administrative Officer, or their designee, of the County requesting the CERG.
		- Please include a PDF of the signed version of the CERG Cover Sheet (APPENDIX C).
		- Please also include an Excel file of the unsigned version of the CERG Cover Sheet (APPENDIX C).
	+ Completed CERG Request Form (APPENDIX D).
	+ Completed CERG Budget Template (APPENDIX E).

[ ]  Do not provide any materials that are not requested, as reviewers will not consider the materials.