



Mental Health/ Disability Services of the East Central Region

Application for COVID-19 Relief Mini-Grant

- I. Provider or District name and address:

- II. Eligibility Criteria:
 - 1) School District located within the East Central Region or
 - 2) MH/DS provider that meets the following:
 - Has a contract with ECR
 - Employees >5 people
 - Provides MH/DS Services (check all that apply)
 - Outpatient mental health services
 - Crisis response and management
 - Support for Community Living
 - Support for Employment
 - Recovery Services
 - Sub-acute Services
 - Evidence-Based Services
 - Justice Involved Services
 - RCF services

- III. Statement of Need: (Describe WHAT funds are needed for that is related to COVID-19, either as a direct result of the pandemic or to address a second-order effect. (Funds must be used for expenses that are related to COVID-19, and development or expansion costs necessary for the purpose of continuing to provide services that would not otherwise be reimbursable by other funders. Please refer to the provided list of eligible expenses. Proposals that address creative measures and actions will also be considered)

- IV. Justification of COVID-19 related expense of the Statement of Need as described above: (Describe WHY the services, equipment or other expenditures identified above are needed, for whom they will be used, and how they are COVID-19 related)



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- V. COVID-19 Relief Fund Amount Requested: _____
(Applicants must attach an Excel spreadsheet with budget detail including line item costs for each allowable item/activity, date item/activity is expected to be filled or completed, and an explanation of the item/activity)
- VI. Monitoring, Review and Payment: **BY SIGNING THIS REQUEST:**
- 1) The recipient agrees to send an invoice requesting 90% of funds awarded in a timely manner after notice of award to:
MH/DS of ECR Claims
By fax to:
By email to: claims@ecriowa.us
 - 2) The Recipient agrees to submit a final invoice for the remaining 10% and documentation as identified in the RFP by December 11, 2020.
 - 3) The Recipient shall keep detailed records and receipts for five years that demonstrate use of the funds.
 - 4) The Recipient shall provide detailed records and receipts, if requested, to MH/DS of the ECR by the end of the next business day or sooner, if necessary, due to a state or federal audit.
 - 5) The Recipient agrees to participate in on-site regional reviews, if any, as well as participate in a federal audit of the Office of Inspector General should one be conducted.
 - 6) The Recipient agrees to return any authorized COVID-19 Relief funds should it be determined through the course of an audit that it was found to be an unauthorized use of such funds.
 - 7) The Recipient agrees that any items purchased under this mini-grant shall be done as efficiently and effectively as possible and every reasonable effort shall be made to ensure the commitment of public funds obtains the most value for the money spent.
 - 8) The Recipient certifies that this funding is not duplicating other funding received for COVID-19 relief or CARES Act funds, or used for items/activities budgeted or executed prior to March 1, 2020.
 - 9) The Recipient agrees to make every effort to expend funds received under this mini-grant.
 - 10) The Recipient agrees to return any funds authorized under this agreement but not spent by December 11, 2020 to MH/DS of the ECR no later than December 28, 2020.



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Printed name Requesting/Responsible Party: _____

Signature of Requesting/Responsible Party: _____

Date of this application: _____



IF APPROVED: _____ Date: _____

By: Mae Hingtgen, CEO, Mental Health/Disability Services of the East Central Region