

City of Columbia, Missouri

FY 2020 Coronavirus Emergency Supplemental Funding Program: 2020-H1207-MO-VD

Program Narrative:

This application is on behalf of the City of Columbia, Missouri. This application is submitted for the Bureau of Justice Assistance FY 2020 Coronavirus Emergency Supplemental Funding Program.

The Columbia Police Department and the Columbia Fire Department service the City of Columbia, Missouri, located in central Missouri between Kansas City and St. Louis. Columbia covers 63.5 square miles and a population of approximately 123,180 people. The City of Columbia is the home to the University of Missouri, Columbia College and Stephens College which when school is in session, population swells to close to 200,000.

Given the COVID-19 pandemic the City of Columbia, Missouri is seeking alternatives to fund supplies and equipment needed by the Columbia Police Department and the Columbia Fire Department in relation to its response to COVID-19. The pandemic has placed a strain on traditional funding sources which may result in a reduction in the number of services provided if funding is not available. All items requested were purchased or will be purchased and used specifically related to the City of Columbia, Missouri's response to the COVID-19 pandemic

The City of Columbia, Missouri, is applying for the grant. If awarded the City of Columbia will receive a total of \$131,888 which will be divided among two programs as outlined in this application.

PROGRAM DESCRIPTIONS:

City of Columbia Personal Protective Equipment (PPE) Program:

The Columbia Police Department and the Columbia Fire Department have a total of 373 members with varying amounts of public contact. In order to safely respond to calls for service and help reduce the spread of COVID-19 within the community, the City of Columbia is requesting funding for Personal Protective Equipment (PPE) for both the Police and Fire Departments. Existing funding does not allow for the acquisition of these supplies. The PPE supplies would consist of the following items

- N95 masks
- Surgical masks
- Tyvek suits
- Gloves
- Safety glasses/goggles
- Spit hoods
- Gowns
- Filters for gas masks

Since March 2020, the Police and Fire Departments have spent \$6,458 on PPE items listed above. These expenditures covered the initial needs and will not sustain a prolonged event or cover replacement cost for items used. Remaining PPE needs projected for the duration of the grant total \$77,680.

Columbia Police Department Uniform Cleaning and Replacement Program:

The Columbia Police Department has 151 uniformed officer who are required to report to work daily in their official police uniform. Each of these officers are currently issued 2 sets of uniforms and one outer vest carrier. During the COVID-19 pandemic, it was recommended by the Centers for Disease Control that uniforms and vest carriers be laundered and sanitized daily to prevent possible contamination and spread of COVID-19. In order to comply with this recommendation, during peak outbreaks of the pandemic, the Columbia Police Department will provide daily dry cleaning pickup service with an 8-hour turn around to ensure uniforms and vest carriers are available for the officers next shift. Providing this service helps reduce the spread of the virus, as officers are not carrying home the possible contaminated clothing. Due to the increased laundering and sanitizing of uniforms and vest carriers, the Police Department anticipates the uniforms and vest carriers to wear out faster than normal and replacements will need to be purchased. Existing funding does not allow for the daily dry cleaning during peak outbreaks or for needed replacements due to excessive laundering.

Since March 2020, the Police Department has spent \$7,731 for the daily dry cleaning service. This expenditure covered the initial need for daily dry cleaning service during the first peak of

the pandemic, which lasted 44 days. Given the potential for additional peaks, remaining dry cleaning and uniform/vest carrier replacement needs projected for the duration of the grant total \$40,019.

CLOSING:

The City of Columbia, Missouri will be responsible for the application, drawdown of funds and fulfilling all reporting requirements of this grant program. The Columbia Police Department was chosen for this due to their experience handling JAG funds.

The tracking and reporting of all monies received and disbursed relating to this grant will be accomplished through the use of separate funds and/or accounts established for such purposes. All monies received from this grant will be recorded, tracked and reported in such a manner as to identify and account for them separately from other City resources.

Since this funding will go toward equipment and supplies, the City plans to start work on these programs immediately. As soon as the grant program funds have been received a Budget Amendment proposal will be routed through a public hearing at a regular City Council meeting to approve the spending as outlined in this grant application.

The assistance of these grant funds will allow the City of Columbia to purchase much needed personal protective equipment and supplies directly related to the City's response to the COVID-

19 pandemic that would otherwise not be attainable within current budgets for the Columbia Police Department and the Columbia Fire Department.

City of Columbia, Missouri

FY 2020 Coronavirus Emergency Supplemental Funding Program: 2020-H1207-MO-VD

Budget Detail Worksheet and Budget Narrative:

This application is on behalf of the City of Columbia, Missouri. This application is submitted for the FY 2020 Coronavirus Emergency Supplemental Funding Program Grant.

The funding will support a variety of needs for the City of Columbia to continue operations during the coronavirus pandemic. This funding will be utilized by the Columbia Police Department and the Columbia Fire Department.

The funding formula allocation for this program is \$131,888. The City of Columbia, Missouri, specifically the Columbia Police Department, has agreed to apply for the grant on behalf of the City.

Budget Detail:

<u>Category</u>	<u>Amount</u>
A. Personnel	\$0.00
B. Personnel Benefits	\$0.00
C. Travel	\$0.00
D. Equipment	\$0.00
E. Supplies	

City of Columbia Personnel Protective Equipment (PPE) Program:

N95 Masks – 4,700 @ \$5.00 each	\$23,500.00
Surgical Masks – 4,500 @ \$0.10 each	\$450.00
TyVek Suits – 750 @ \$25.00 each	\$18,750.00

Disposable Gowns – 3,000 @ \$3.00 each	\$9,000.00
Gloves – 200 cases @ \$70.00 per case	\$14,000.00
Safety Glasses – 200 pair @ \$14.00 each	\$2,800.00
Safety Goggles – 300 pair @ \$2.50 each	\$750.00
Spit Hoods – 250 @ \$2.82 each	\$705.00
Bag Valve Masks – 96 @ \$6.00 each	\$576.00
Respirators for Gas Mask – 225 @ \$65.00 each	\$14,625.00

Columbia Police Department Uniform Cleaning and Replacement Program:

Uniform Replacement – 125 @ \$120 (avg for both shirt & pant)	\$15,000.00
Vest Carrier Replacement – 100 @ \$160 each	\$16,000.00

F. Construction \$0.00

G. Consultants/Contracts \$0.00

H. Other Costs

Columbia Police Department Uniform Cleaning and Replacement Program:

Dry Cleaning of Uniforms – 38 pieces per day @ \$4.60 per piece for 90 days \$15,732.00

I. Indirect Costs \$0.00

Budget Summary:

A. Personnel	\$0.00
B. Personnel Benefits	\$0.00
C. Travel	\$0.00
D. Equipment	\$0.00
E. Supplies	\$116,156.00
F. Construction	\$0.00
G. Consultants/Contracts	\$0.00
H. Other Costs	\$15,732.00
I. Indirect Costs	\$0.00

Local Match \$0.00

Federal Request \$131,888.00

Total budget for all programs including local match \$131,888.00

If awarded the grant funds, items already on bid or below the bid threshold will be ordered as soon as funds are received and local budgets are established. Items that are not currently on bid will be sent through the "Request for Proposal" or "Request for Bid" process in accordance with City of Columbia Purchasing Policies.

Budget Summary

Budget Summary											
<i>Note: Any errors detected on this page should be fixed on the corresponding Budget Detail tab.</i>											
Budget Category	Year 1		Year 2 (if needed)		Year 3 (if needed)		Year 4 (if needed)		Year 5 (if needed)		Total(s)
	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	
A. Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$116,156	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$116,156
F. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Subawards (Subgrants)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Procurement Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
I. Other	\$15,732	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,732
Total Direct Costs	\$131,888	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$131,888
J. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Project Costs	\$131,888	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$131,888
Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N										No	

Budget Detail - Year 1

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
 (DOJ Financial Guide, Section 3.10)

A. Personnel

Name <small>List each name, if known.</small>	Position <small>List each position, if known.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>						
		Salary	Rate	Time Worked <small>(# of hours, days, months, years)</small>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

B. Fringe Benefits

Name <small>List each grant-supported position receiving fringe benefits.</small>	Computation <small>Show the basis for computation.</small>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0

Narrative

C. Travel

Purpose of Travel <small>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</small>	Location <small>Indicate the travel destination.</small>	Type of Expense <small>Lodging, Meals, Etc.</small>	Basis <small>Per day, mile, trip, Etc.</small>	Computation <small>Compute the cost of each type of expense X the number of people traveling.</small>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
			N/A					\$0		\$0
Total(s)								\$0	\$0	\$0

Narrative

D. Equipment						
Item <i>List and describe each item of equipment that will be purchased</i>		Computation <i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0

Narrative

E. Supplies

Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
Vest Carrier Replacements		100	\$160.00	\$16,000		\$16,000
Uniform Replacements		125	\$120.00	\$15,000		\$15,000
PPE: Respirators for Gas Masks		225	\$65.00	\$14,625		\$14,625
PPE: Bag Valve Mask for COVID patients		96	\$6.00	\$576		\$576
PPE: Spit Hoods		250	\$2.82	\$705		\$705
PPE: Safety Glasses		200	\$14.00	\$2,800		\$2,800
PPE: Goggles		300	\$2.50	\$750		\$750
PPE: Disposable Gloves		200	\$70.00	\$14,000		\$14,000
PPE: Disposable Gowns		3000	\$3.00	\$9,000		\$9,000
PPE: Tyvek Suits		750	\$25.00	\$18,750		\$18,750
PPE: N95 Masks		4700	\$5.00	\$23,500		\$23,500
PPE: Surgical Masks		4500	\$0.10	\$450		\$450
Total(s)				\$116,156	\$0	\$116,156

Narrative

In order for the Columbia Police Department and the Columbia Fire Department to safely respond to call for service and help reduce the spread of COVID-19, the City of Columbia, Missouri is requesting funding to purchase needed Personal Protective Equipment (PPE) and uniform/vest carrier replacements. The unit cost for each item is based on current contracted rates or current market rates, all purchasing policies for the City of Columbia will be followed when making the purchases to ensure best value/pricing is received.

F. Construction

Purpose <i>Provide the purpose of the construction</i>		Description of Work <i>Describe the construction project(s)</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
				# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

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G. Subawards (Subgrants)					
Description	Purpose	Consultant?			
<i>Provide a description of the activities to be carried out by subrecipients.</i>	<i>Describe the purpose of the subaward (subgrant)</i>	<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>			
			Total Cost	Non-Federal Contribution	Federal Request
			\$0	\$0	\$0
Total(s)			\$0	\$0	\$0

Consultant Travel (if necessary)					
Purpose of Travel	Location	Type of Expense	Computation		
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>		
			Cost	Duration or Distance	# of Staff
			\$0	\$0	\$0
Total			\$0	\$0	\$0

Narrative

H. Procurement Contracts					
Description	Purpose	Consultant?			
<i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>	<i>Describe the purpose of the contract</i>	<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>			
			Total Cost	Non-Federal Contribution	Federal Request
			\$0	\$0	\$0
Total(s)			\$0	\$0	\$0

Consultant Travel (if necessary)					
Purpose of Travel	Location	Type of Expense	Computation		
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>		
			Cost	Duration or Distance	# of Staff
			\$0	\$0	\$0
Total			\$0	\$0	\$0

Narrative

I. Other Costs							
Description <i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds)</i>		Computation <i>Show the basis for computation</i>					
	Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request
Dry Cleaning Service	38	avg per day	\$4.60	90	\$15,732		\$15,732
Total(s)					\$15,732	\$0	\$15,732

Narrative

Dry Cleaning Service was calculated using the average of 38 pieces of laundry per day at \$4.60 each piece for 90 days total.

J. Indirect Costs					
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>			
	Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0

Narrative



Michael L. Parson
Governor

State of Missouri
OFFICE OF ADMINISTRATION
Post Office Box 809
Jefferson City, Missouri 65102
Phone: (573) 751-1851
Fax: (573) 751-1212

Sarah H. Steelman
Commissioner

June 9, 2020

Lisa Roland
701 E Broadway
Columbia, MO

Subject: 2011082
Legal Name: City of Columbia, MO
Justice, Department of
16.034 - Coronavirus Emergency Supplemental Funding Program
Project Description: City of Columbia, MO COVID-19 Pandemic
Response

The Missouri Federal Assistance Clearinghouse, in cooperation with state and local agencies interested or possibly affected, has completed the review on the above project application.

None of the agencies involved in the review had comments or recommendations to offer at this time. This concludes the Clearinghouse's review.

A copy of this letter is to be attached to the application as evidence of compliance with the State Clearinghouse requirements.

Sincerely,

A handwritten signature in cursive script that reads "Sara VanderFeltz".

Sara VanderFeltz
Administrative Assistant

cc: Mid-Missouri

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name City of Columbia, Missouri	Organizational Unit Police Department
Address 701 E Broadway Columbia, Missouri 65201-4465	Name and telephone number of the person to be contacted on matters involving this application Roland, Lisa (573) 874-7419

6. EMPLOYER IDENTIFICATION NUMBER (EIN) 43-6000810	7. TYPE OF APPLICANT Municipal
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8. TYPE OF APPLICATION New	9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.034 CFDA Coronavirus Emergency Supplemental TITLE: Funding Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT City of Columbia, Missouri COVID-19 Pandemic Response
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12. AREAS AFFECTED BY PROJECT City of Columbia, Missouri

13. PROPOSED PROJECT Start Date: January 01, 2020 End Date: December 31, 2022	14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project MO04
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15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
Federal \$131,888	This preapplication/application was made available to the state executive order 12372 process for review on 05/27/2020
Applicant \$0	
State \$0	
Local \$0	
Other \$0	
Program Income \$0	
TOTAL \$131,888	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier , if known: City of Columbia, Missouri 701 E Broadway Columbia, MO 65201 Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Justice Office of Justice Programs Bureau of Justice Assistance	7. Federal Program Name/Description: Coronavirus Emergency Supplemental Funding Program CFDA Number, if applicable: <u>16.034</u>	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ <u>131,888.00</u>	
10. a. Name and Address of Lobbying Registrant (if individual. last name. first name. MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name. first name. MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less that \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>John Glascock</u> Print Name: <u>John Glascock</u> Title: <u>City Manager</u> Telephone No.: <u>(573) 874-6338</u> Date: <u>5/29/2020</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.



Background

Recipients' financial management systems and internal controls must meet certain requirements, including those set out in the "Part 200 Uniform Requirements" (2.C.F.R. Part 2800).

Including at a minimum, the financial management system of each OJP award recipient must provide for the following:

- (1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, and the name of the Federal agency.
- (2) Accurate, current, and complete disclosure of the financial results of each Federal award or program.
- (3) Records that identify adequately the source and application of funds for Federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income, and interest, and be supported by source documentation.
- (4) Effective control over, and accountability for, all funds, property, and other assets. The recipient must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- (5) Comparison of expenditures with budget amounts for each Federal award.
- (6) Written procedures to document the receipt and disbursement of Federal funds including procedures to minimize the time elapsing between the transfer of funds from the United States Treasury and the disbursement by the OJP recipient.
- (7) Written procedures for determining the allowability of costs in accordance with both the terms and conditions of the Federal award and the cost principles to apply to the Federal award.
- (8) Other important requirements related to retention requirements for records, use of open and machine readable formats in records, and certain Federal rights of access to award-related records and recipient personnel.

1. Name of Organization and Address:

Organization Name: **City of Columbia, Missouri**
 Street1: **701 E Broadway**
 Street2: **[REDACTED]**
 City: **Columbia**
 State: **MISSOURI**
 Zip Code: **65201**

2. Authorized Representative's Name and Title:

Prefix: **Mr** First Name: **John** Middle Name: **[REDACTED]**
 Last Name: **Glascok** Suffix: **[REDACTED]**
 Title: **City Manager**

3. Phone: **(573) 874-6338** 4. Fax: **[REDACTED]**

5. Email: **john.glascock@como.gov**

6. Year Established: [REDACTED]	7. Employer Identification Number (EIN): 436000810	8. DUNS Number: 71989024
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9. a) Is the applicant entity a nonprofit organization (including a nonprofit institution of higher education) as described in 26 U.S.C. 501(c)(3) and exempt from taxation under 26 U.S.C. 501(a)? Yes No

If "No" skip to Question 10.
If "Yes", complete Questions 9. b) and 9. c).



AUDIT INFORMATION

<p>9. b) Does the applicant nonprofit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. c) With respect to the most recent year in which the applicant nonprofit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 (which relate to the reasonableness of compensation of certain individuals)?</p> <p>If "Yes", refer to "Additional Attachments" under "What An Application Should Include" in the OJP solicitation (or application guidance) under which the applicant is submitting its application. If the solicitation/guidance describes the "Disclosure of Process related to Executive Compensation," the applicant nonprofit organization must provide -- as an attachment to its application -- a disclosure that satisfies the minimum requirements as described by OJP.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>For purposes of this questionnaire, an "audit" is conducted by an independent, external auditor using generally accepted auditing standards (GAAS) or Generally Governmental Auditing Standards (GAGAS), and results in an audit report with an opinion.</p> <p>10. Has the applicant entity undergone any of the following types of audit(s)(Please check all that apply):</p> <p><input checked="" type="checkbox"/> "Single Audit" under OMB A-133 or Subpart F of 2 C.F.R. Part 200</p> <p><input type="checkbox"/> Financial Statement Audit</p> <p><input type="checkbox"/> Defense Contract Agency Audit (DCAA)</p> <p><input type="checkbox"/> Other Audit & Agency (list type of audit): [REDACTED]</p> <p><input type="checkbox"/> None (if none, skip to question 13)</p>	
<p>11. Most Recent Audit Report Issued: <input checked="" type="checkbox"/> Within the last 12 months <input type="checkbox"/> Within the last 2 years <input type="checkbox"/> Over 2 years ago <input type="checkbox"/> N/A</p> <p>Name of Audit Agency/Firm: RSM LLP</p>	
<p>AUDITOR'S OPINION</p>	
<p>12. On the most recent audit, what was the auditor's opinion?</p> <p><input checked="" type="checkbox"/> Unqualified Opinion <input type="checkbox"/> Qualified Opinion <input type="checkbox"/> Disclaimer, Going Concern or Adverse Opinions <input type="checkbox"/> N/A: No audits as described above</p>	
<p>Enter the number of findings (if none, enter "0"): 1</p> <p>Enter the dollar amount of questioned costs (if none, enter "\$0"): [REDACTED]</p>	
<p>Were material weaknesses noted in the report or opinion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>13. Which of the following best describes the applicant entity's accounting system:</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automated <input type="checkbox"/> Combination of manual and automated</p>	
<p>14. Does the applicant entity's accounting system have the capability to identify the receipt and expenditure of award funds separately for each Federal award?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>15. Does the applicant entity's accounting system have the capability to record expenditures for each Federal award by the budget cost categories shown in the approved budget?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
<p>16. Does the applicant entity's accounting system have the capability to record cost sharing ("match") separately for each Federal award, and maintain documentation to support recorded match or cost share?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>



17. Does the applicant entity's accounting system have the capability to accurately track employees actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award, and maintain records to support the actual time spent and specific allocation of charges associated with each applicant employee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
18. Does the applicant entity's accounting system include budgetary controls to preclude the applicant entity from incurring obligations or costs that exceed the amount of funds available under a federal award (the total amount of the award, as well as the amount available in each budget cost category)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure
19. Is applicant entity familiar with the "cost principles" that apply to recent and future federal awards, including the general and specific principles set out in 2 C.F.R Part 200?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

PROPERTY STANDARDS AND PROCUREMENT STANDARDS

20. Does the applicant entity's property management system(s) maintain the following information on property purchased with federal award funds (1) a description of the property; (2) an identification number; (3) the source of funding for the property, including the award number; (4) who holds title; (5) acquisition date; (6) acquisition cost; (7) federal share of the acquisition cost; (8) location and condition of the property; (9) ultimate disposition information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure
21. Does the applicant entity maintain written policies and procedures for procurement transactions that -- (1) are designed to avoid unnecessary or duplicative purchases; (2) provide for analysis of lease versus purchase alternatives; (3) set out a process for soliciting goods and services, and (4) include standards of conduct that address conflicts of interest?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
22. a) Are the applicant entity's procurement policies and procedures designed to ensure that procurements are conducted in a manner that provides full and open competition to the extent practicable, and to avoid practices that restrict competition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
22. b) Do the applicant entity's procurement policies and procedures require documentation of the history of a procurement, including the rationale for the method of procurement, selection of contract type, selection or rejection of contractors, and basis for the contract price?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
23. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from entering into a procurement contract under a federal award with any entity or individual that is suspended or debarred from such contracts, including provisions for checking the "Excluded Parties List" system (www.sam.gov) for suspended or debarred sub-grantees and contractors, prior to award?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

TRAVEL POLICY

24. Does the applicant entity:	
(a) maintain a standard travel policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) adhere to the Federal Travel Regulation (FTR)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SUBRECIPIENT MANAGEMENT AND MONITORING

25. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award -- (1) clearly document applicable federal requirements, (2) are appropriately monitored by the applicant, and (3) comply with the requirements in 2 CFR Part 200 (see 2 CFR 200.331)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards
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<p>26. Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles and responsibilities associated with each?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>
<p>27. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual is suspended or debarred from such subawards?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> N/A - Applicant does not make subawards under any OJP awards</p>

DESIGNATION AS 'HIGH-RISK' BY OTHER FEDERAL AGENCIES

<p>28. Is the applicant entity designated "high risk" by a federal grant-making agency outside of DOJ? (High risk includes any status under which a federal awarding agency provides additional oversight due to the applicant's past performance, or other programmatic or financial concerns with the applicant.)</p> <p>If "Yes", provide the following:</p> <p>(a) Name(s) of the federal awarding agency: [REDACTED]</p> <p>(b) Date(s) the agency notified the applicant entity of the "high risk" designation: [REDACTED]</p> <p>(c) Contact information for the "high risk" point of contact at the federal agency: Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]</p> <p>(d) Reason for "high risk" status, as set out by the federal agency: [REDACTED]</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
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CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY

(Must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR"), or other official with the requisite knowledge and authority)

On behalf of the applicant entity, I certify to the U.S. Department of Justice that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.

Name: Matthew Lue	Date: 2020-05-28
Title: <input type="checkbox"/> Executive Director <input checked="" type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chairman <input type="checkbox"/> Other: [REDACTED]	
Phone: (573) 874-7368	



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Submit Application

Your application for the BJA FY 20 Coronavirus Emergency Supplemental Funding Program has been successfully submitted. You will no longer be able to edit any information submitted. However, you can log in any time to view the application information.

You will be contacted by the Program Office when your application is processed or any other action is required by you.