



CITY OF LAGUNA WOODS

COVID-19 FACE COVERINGS REIMBURSEMENT PROGRAM

NOTICE OF FUNDING AVAILABILITY

RELEASED: October 9, 2020

APPLICATIONS DUE: November 9, 2020 at 5 p.m.

Businesses and nonprofit organizations are invited to apply to receive reimbursement for direct costs incurred between March 1, 2020 and August 31, 2020 as a result of purchasing and/or manufacturing face coverings for Laguna Woods residents and/or employees of Laguna Woods businesses. This COVID-19 Face Coverings Reimbursement Program is made possible with the assistance of federal Community Development Block Grant Coronavirus Aid, Relief, and Economic Security Act (CDBG-CV) funding.

A total of \$33,713 in reimbursements is available through this program. Reimbursement amounts will vary based on the number and nature of applications received. There is no minimum or maximum reimbursement amount. It is anticipated that factors including need and the number of persons benefitted will be used to determine reimbursement amounts. Priority will be given to:

- Direct costs incurred between March 1, 2020 and May 8, 2020 (the date that California began moving into Stage 2 of modifying Governor Newsom's stay-at-home order); and
- Face coverings purchased and/or manufactured for Laguna Woods residents.

Costs for N95/KN95 masks and face shields are not eligible for reimbursement. This program is intended to provide reimbursement for cloth and single-use face coverings.

Applications will be accepted beginning on October 9, 2020 through 5 p.m. on November 9, 2020. The application is a screening tool and does not imply, suggest, or guarantee eligibility in, or payment from, the COVID-19 Face Coverings Reimbursement Program.

TO OBTAIN AN APPLICATION, please visit
www.cityoflagunawoods.org/COVID19funding or contact the staff person listed below.

City staff will follow-up with applicants after completing an initial review of applications. Applicants should assume that additional information will be requested with timely responses required in order to allow for consideration of applications. Due to federal funding requirements, applicants that are selected to receive reimbursement will be required to enter into an agreement with the City prior to receiving payment.

For more information, please contact
Rebecca M. Pennington, Development Programs Analyst
(949) 639-0561, rpennington@cityoflagunawoods.org



City of Laguna Woods

APPLICATION
COVID-19 FACE COVERINGS REIMBURSEMENT PROGRAM

ALL FIELDS ARE REQUIRED.

Applicant's Full Name (Legal Name of Business or Nonprofit Organization): _____

Applicant's Federal Employer Identification Number (FEIN) or State

Corporate/Organization Number: _____

Applicant's Mailing Address: _____

City, State, and Zip Code: _____

Applicant's Authorized Agent's Full Name: _____

Applicant's Authorized Agent's Title: _____

Applicant's Authorized Agent's Telephone Number: _____

Applicant's Authorized Agent's Email Address: _____

**Preliminary Screening – CHECK "YES" OR "NO" AS MAY APPLY.
ANY "NO" ANSWER IS DISQUALIFYING.**

<p>(check one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>The Applicant incurred direct costs as a result of purchasing and/or manufacturing face coverings for Laguna Woods residents and/or employees of Laguna Woods businesses between March 1, 2020 and August 31, 2020.</p> <p><i>** Do not include N95/KN95 masks or face shields. **</i></p> <p>PLEASE ATTACH PROOF OF PAYMENT (typical proof of payment consists of invoices or order confirmations describing the direct costs, <u>as well as</u> cancelled checks or credit card statements demonstrating that such invoices or order confirmations were paid by the Applicant).</p>
<p>(check one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>The Applicant did not charge or accept any monetary compensation in exchange for providing the face coverings for which reimbursement is sought.</p>
<p>(check one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>The Applicant provided face coverings to Laguna Woods residents and/or employees of Laguna Woods businesses, irrespective of race, religion, creed, color, national origin, ancestry, physical or mental disability, medical condition, pregnancy, childbirth or related medical conditions, veteran status, sexual orientation, gender identity or expression, genetic information, marital status, military or veteran status, sex, age over 40 years, or any other basis protected by applicable federal, state, or local law, including association with individuals with one or more of these protected characteristics or perception that an individual has one or more of these protected characteristics</p>

Additional Questions:

1. How many face coverings for which proof of payment is attached were purchased and/or manufactured and for whom?

	(A) Number for Laguna Woods Residents	(B) Number for Employees of Laguna Woods Businesses	(C) Number for Others <i>(INELIGIBLE)</i>	(D) Total (A + B + C)
Purchased by the Applicant				
Manufactured by the Applicant				
Manufactured by Others Using Equipment and/or Supplies Purchased by the Applicant				

2. How were the face coverings for which proof of payment is attached distributed to Laguna Woods residents and/or employees of Laguna Woods businesses (and/or, how will they be)?

PLEASE ATTACH EVIDENCE OF FACE COVERINGS DISTRIBUTION (e.g., email announcements, flyers, letters, press releases, signs, or similar written materials that were used by the Applicant to announce the distribution of face coverings to Laguna Woods residents and/or employees of Laguna Woods businesses; please also attach photographs of such distribution, if available).

3. Has the Applicant applied for or received, does the Applicant plan to apply for, or is the Applicant considering applying for any form of financial assistance or reimbursement from any governmental or nongovernmental entity for any costs incurred between March 1, 2020 and August 31, 2020 as a result of purchasing and/or manufacturing face coverings for Laguna Woods residents and/or employees of Laguna Woods?

(check one)

- Yes
 No

4. Has the Applicant applied for or received, does the Applicant plan to apply for, or is the Applicant considering applying for any form of financial assistance or reimbursement from any of the following entities for any costs incurred between March 1, 2020 and August 31, 2020 as a result of purchasing and/or manufacturing face coverings for Laguna Woods residents and/or employees of Laguna Woods?

- Insurance
- Federal Emergency Management Agency (FEMA)
- Small Business Administration (SBA)
- U.S. Department of Treasury
- Internal Revenue Service (IRS)
- U.S. Department of Agriculture (USDA)
- U.S. Department of Health and Human Services (HHS)
- U.S. Department of Labor
- Economic Development Authority (EDA)
- Other federal, state, or local funding
- Other nonprofit, private sector, or charitable funding

(check one)

- Yes
 No

5. Has the Applicant declined, does the Applicant plan to decline, or is the Applicant considering declining any form of financial assistance or reimbursement from the Small Business Administration (SBA)?

(check one)

- Yes
 No

6. Do any of the following circumstances apply to the Applicant?

(check all that apply)

- Due to the impacts of COVID-19, the Applicant experienced a reduction in revenue between March 1, 2020 and August 31, 2020 (as compared to revenue budgeted as of February 29, 2020).
- Due to the impacts of COVID-19, the Applicant experienced an increase in expenditures between March 1, 2020 and August 31, 2020 (as compared to expenditures budgeted as of February 29, 2020).
- Due to the impacts of COVID-19, the Applicant laid off one or more employees between March 1, 2020 and August 31, 2020.
- Due to the impacts of COVID-19, the Applicant furloughed (either without pay or with reduced pay) one or more employees between March 1, 2020 and August 31, 2020.
- Due to the impacts of COVID-19, the Applicant reduced the compensable hours for one or more employees between March 1, 2020 and August 31, 2020.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY BLANK.]

I, the undersigned, certify that the information contained on and submitted with this application is true and correct, and that the source documentation is readily available for review by the City of Laguna Woods, United States Department of Housing and Urban Development, United States Department of the Treasury, State of California, County of Orange, and such other parties as may be required for purposes related to the implementation and administration of the COVID-19 Face Coverings Reimbursement Program and supporting Community Development Block Grant Coronavirus Aid, Relief, and Economic Security Act (CDBG-CV) funding.

I, the undersigned, acknowledge that the City of Laguna Woods, State of California, and County of Orange are public entities subject to the California Public Records Act, and that federal agencies (including the United States Department of Housing and Urban Development and the United States Department of the Treasury) are subject to the Freedom of Information Act. This agreement and all information contained on and submitted with or as a result of this application may be subject to public disclosure under the aforementioned laws or others. No expectation of privacy arises with respect to information provided by, or on behalf of, the Applicant to submit this application or otherwise apply for or receive payment from the COVID-19 Face Coverings Reimbursement Program.

I, the undersigned, acknowledge that the City of Laguna Woods has hereby encouraged the Applicant to consult with tax professionals prior to submitting this application. The City of Laguna Woods is unable to provide tax advice or information regarding the taxability of payments received from the COVID-19 Face Coverings Reimbursement Program. The City of Laguna Woods may issue an Internal Revenue Service Form 1099-MISC, Miscellaneous Income, to the Applicant if it receives payment from the COVID-19 Face Coverings Reimbursement Program.

I, the undersigned, acknowledge that if the Applicant receives payment from the COVID-19 Face Coverings Reimbursement Program, such payment, once received, is full and final, and the City of Laguna Woods shall have no liability or continuing responsibility to the Applicant in any way whatsoever.

I, the undersigned, acknowledge that neither submittal of this application nor any communication with the City of Laguna Woods or its respective elected and appointed boards, officials, officers, agents, employees and volunteers regarding the COVID-19 Face Coverings Reimbursement Program or this application implies, suggests, or guarantees eligibility in, or receipt of payment from, the COVID-19 Face Coverings Reimbursement Program.

I, the undersigned, represent and warrant that I have the authority to so execute this application and to bind the Applicant to the performance of its obligations hereunder.

I, the undersigned, agree that this application is binding upon the Applicant's heirs, executors, administrators, successors and assigns.

Applicant's Authorized Agent's Signature: _____

Applicant's Authorized Agent's Full Name: _____

Date Signed: _____

WHEN COMPLETE, PLEASE MAIL OR HAND-DELIVER TO:

**City of Laguna Woods
Attn: Rebecca M. Pennington
24264 El Toro Road
Laguna Woods, CA 92637**

APPLICATIONS DUE: November 9, 2020 at 5 p.m.