

# American Rescue Plan Act (ARPA) Funding Application

[Print](#)**Submitted by:****Status:** Open**Priority:** Normal**Assigned To:** Jonathan Storage**Due Date:** Open**Attachments**

- [Board approval statement.pdf](#) - 2021-11-30 03:50:13 pm



**American Rescue Plan Act (ARPA)  
Funding Application  
Non-Profit, Community Groups, Neighborhood Associations, and Businesses  
APPLICATION DEADLINE: December 15th 2021**

Application must be completed in full to be considered. Submit completed application and enclosures/attachments by email to [ARPA@cityofcharleston.org](mailto:ARPA@cityofcharleston.org), or mail to City Manager's Office, 501 Virginia Street East Charleston, WV 25301.

All requests for funding **must be directly related to COVID-19 mitigation or recovery efforts** and must fall within the parameters of at least one of the goals set by the treasury department along with other requirements listed within this application.

## GENERAL INFORMATION

**\* Name of Project/Program:**

Loss of revenue

**\* Organization Name:**

Kanawha-Charleston Health Department

**\* Address:**

108 Lee Street East, Charleston, WV 25301

**\* Primary Contact Person:**

Robert Queen

**Title:**

Director of Operations

**\* Phone:****\* Email:**

3045310566

robert.e.queen@wv.gov

**Federal Tax ID:**

55-6011142

**If applicable: DUNS Number:**

06-852-4719

To obtain a DUNS number please visit <https://fedgov.dnb.com/webform> After obtaining, please register your organization with the System for Award Management at <https://sam.gov/SAM/>

**List the organization's owner(s), Board of Directors, senior staff members, and other key members:**

See attached for a list of the Board of Directors and for the staff listing/organizational chart

**Describe any partner organizations, their roles, and your relationship with them:**

Not applicable

**BUDGETARY OVERVIEW - Must match Budget Worksheet**

<b>* Funds Requested</b>	<b>* Total Program/Project Cost</b>	<b>Annual Organization Budget</b>
639,431	1,278,862	4,054,098

**Request Summary**

1. Provide a narrative overview/summary of the request.

Topics that may be included but not limited to:

- a. Purpose and anticipated outcomes
- b. Individuals, entities, or communities served
- c. How the pandemic has necessitated this request
- d. Amount of any estimates and bids received to date
- e. Timeline for project completion

Pandemic severely suppressed demand for and provision of normal clinic immunizations, overseas travel immunizations and environmental health permits. These are all important revenue sources for this entity. Normal clinic immunizations and overseas travel immunizations were down due to a period of complete clinic closure and mandated Covid-19 testing events. Environmental health permits were down due to restaurant closures. Loss of revenue replacement will help to restore financial stability which was impaired by restrictions of revenue streams. Stability also impaired by extraordinary labor and supplies expenses required to provide normal and novel in a Covid-19 environment. Loss of revenue has been calculated in conformity with ARP guidelines. This request is for 50% of that calculated lost revenue as indicated on the attached calculation. The remaining 50% is under consideration by the Kanawha County Commission pursuant to an ARP funding application submitted to the county.

Attach any additional information such as bids, concepts, designs, letters of support, etc. If submitting electronically the documents must be in PDF, Excel, or Word format and total file size must not exceed 10 megabytes.

**Program/Project Details****\* 1. The funding will be used to:**

- Start a new program/project
- Maintain an existing program/project
- Expand an existing program/project

**\* 2. If funded, will the program/project be completed within FY 2022?**

Yes  No

**If no, when is expected completion year?**

**3. Which eligible ARPA Expenditure Category does this program/project represent (See <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf> for further details)? Please check all that apply:**

\*

- Public Health
- Negative Economic Impacts
- Services to Disproportionately Impacted Communities
- Premium Pay
- Infrastructure
- Other

**4. Briefly describe the program/project funds are being requested for:**

Loss of revenue caused by Covid-19 pandemic

**5. Describe the need for this program/project:**

Pandemic severely suppressed demand for and provision of normal clinic immunizations, overseas travel immunizations and environmental health permits. These are all important sources of revenue for the entity.

**6. List other Charleston organizations in Charleston that address this need:**

None

**7. Describe the level of collaboration with other organizations on this program/project:**

Not applicable

**8. How will duplication of services be prevented?**

Kanawha-Charleston Health Department is uniquely positioned and tasked for the wide array of public health services it provides.

## Program Requirements and Objectives

**1. Identify the target recipients of proposed services. Specify the number of City residents the program will serve during the fiscal year and explain the basis upon which this number is calculated.**

Target recipients are the entire population of the City of Charleston and of Kanawha County.

**2. List any eligibility requirements the program has with respect to age, gender, income, or residence.**

There are generally no eligibility requirements except as may be imposed by federal or state funding sources for specific programs.

**3. If this is a continuing activity, describe a measurable outcome of the previous year's work regardless of funding source.**

The measurable outcome is the continuing provision of public health services as is expected and required of a public health agency. Additionally, there has been significant expansion of services relative to the Covid-19 pandemic such as testing and vaccination services.

**4. If this is a new program describe two anticipated measurable outcomes for the proposed program.**

Not applicable

## Budget

\* **1. Has the organization received funding from the City of Charleston in the past for a similar program/project?**

Yes  No

\* **2. Has the organization requested funding from other Federal, State, or Local government entities for any program/project support related to COVID-19?**

Yes  No

**3. If yes, explain from which entities and the amounts requested for each program/project.**

Kanawha-Charleston Health Department has requested 50% of its loss of revenue sum from the Kanawha County ARP funding program.

**4. List any other Federal, State, Local, or private funding or grant awards received in the last three years and the amount and status of each award.**

The majority of KCHD's funding comes from the State of WV. Current grants include money for COVID-19 Immunization, COVID testing, a regional epidemiology grant, threat preparedness grants for general county-level and specific COVID response, a grant to support city and county Quick Response Team activities (opioid epidemic), and funding from the WV Division of Emergency Management/Homeland Security Grant Program to provide powered air-purifying respirators to respond to biological and chemical hazards. Funding from the Kanawha County Commission has provided support for influenza immunization efforts. Other grants include funding from The Greater Kanawha Valley Foundation, which initiated support for expanded HIV outreach and testing with vulnerable populations, COVID response, and provided seed money that was the basis for the purchase of a mobile medical unit, which is expected to be deployed sometime during the second quarter of calendar year 2022. The United Way of Central WV also provided funding to assist with COVID response, allowing KCHD to purchase hands-free temperature scanning units which were installed at the main and side entrances. Current year funding is accounted for in the attached 2021 Operating Budget. All grants are in good standing.

**5. Briefly summarize project revenues and expenses related to this request. This should coincide with the budget worksheet.**

This request is solely to request replacement of lost revenues. There are no associated revenues or expenses.

**6. If this request is not fully funded, what adjustments to the program/project is the organization prepared to make?**

Not applicable

**7. Describe the plan for sustainability of the program/project or initiative after the requested award has been exhausted.**

The mission of the Kanawha-Charleston Health Department will be sustained by a resumption of normal revenues from a normal level of services as the pandemic wanes.

**8. Briefly describe the organization's fiscal oversight / internal controls to minimize opportunities for fraud, waste, and mismanagement.**

Annual financial and compliance audits are performed. Outside independent CPA services are retained to advise on oversight/internal control issues.

**9. How does your agency plan to separate ARPA funds from other agency funds for purposes of identification, tracking, reporting and auditing?**

Accounting system is set up to identify and segregate funding by program.

**REQUESTED BUDGET WORKSHEET****Revenue Source Projections**

List all Estimated Funding for this Program/Project

**\* Proposed City ARPA Funding****Internal/Self-Funding**

639,431

0

**Donations/Other Fundraising****Government Grants/Other**

0

639,431

**\* TOTAL REVENUE**

1,278,862

**Expenses Projections**

List all Estimated Expenses for this Program/Project

**Salaries/Wages**

<b>Amount Requested from City</b>	<b>Amount from Other Sources</b>	<b>Total Estimated Expenses</b>
456,736	456,736	913,472

**Benefits & Matchings**

<b>Amount Requested from City</b>	<b>Amount from Other Sources</b>	<b>Total Estimated Expenses</b>
182,695	182,695	365,390

**Contracted Services**

<b>Amount Requested from City</b>	<b>Amount from Other Sources</b>	<b>Total Estimated Expenses</b>

**Program Materials**

<b>Amount Requested from City</b>	<b>Amount from Other Sources</b>	<b>Total Estimated Expenses</b>

**Marketing**

<b>Amount Requested from City</b>	<b>Amount from Other Sources</b>	<b>Total Estimated Expenses</b>

**Supplies**

<b>Amount Requested from City</b>	<b>Amount from Other Sources</b>	<b>Total Estimated Expenses</b>

**Other**

<b>Amount Requested from City</b>	<b>Amount from Other Sources</b>	<b>Total Estimated Expenses</b>

## Total Expenses

* Amount Requested from City	* Amount from Other Sources	* Total Estimated Expenses
639,431	639,431	1,278,862

NOTE: Revenues and Expenses must balance, and the use of requested funds must be directly related to COVID-19 recovery efforts.

## Organizational Details

### 1. Describe the history of the organization and its current programs and activities.

The Kanawha-Charleston Health Department was established in 1947 and is the local health jurisdiction for Kanawha County. The health department has a combined board of health with board members representing the Kanawha County Commission and the City of Charleston. Dr. Sherri A. Young has provided leadership to KCHD since July 2019, and currently serves as the organization's Interim Health Officer and Executive Director. The KCHD is the first local health department in WV to receive accreditation through the Public Health Accreditation Board (PHAB). Our mission is: Protecting and educating our community through public health programs and partnerships. Our vision is: Shaping and empowering a healthy community. KCHD has an established history of partnerships within the community and collaboration between public and private entities during previous emergencies, including the 2009 H1N1 pandemic where the health department established school-based vaccination clinics and received a NACCHO Model Practice Award. During the 2012 Derecho, staff assisted with the evacuation of two nursing homes and the reestablishments of temporary care sites for patients. In 2014, Kanawha County and the surrounding region faced the MCHM water crisis. KCHD worked with federal, state, and local partners, including the US Chemical Safety Board to investigate potential MCHM-related illnesses and to reestablish water services to permitted facilities. A taskforce was also established for Ebola planning and in 2018, KCHD collaborated once again with federal, state, and local partners, including an Epi-Aid Team from the Centers for Disease Control and Prevention (CDC) during a multi-state outbreak of Hepatitis A. The Kanawha Multi-Agency Planning and Advisory Committee (MPAC) was created in 2010 as a collaboration among public health, hospitals, and emergency management to facilitate educating the community on the four phases of emergency management, planning response, recovery and mitigation. The work of MPAC, among other groups in which the KCHD participates or facilitates, has been particularly useful this year as we have faced possibly the biggest threat to public health in more than a century with the COVID-19 pandemic. These planning efforts bolstered KCHD's ability to be proactive rather than reactive in many instances as the novel coronavirus spread exponentially throughout the United States. Although Dr. Young was well-respected within and outside of the healthcare community prior to February 2020, her leadership during this pandemic has catapulted the KCHD's visibility regionally, state-wide, and nationally. This will serve to enhance our connections with other organizations and community partnerships moving forward. In addition to the above, KCHD provides critical health services to the city and county. These include our clinic, which, among other offerings, provides immunizations from birth to adult, and is one of only two places in the state that offers travel vaccinations. KCHD also maintains a strong environmental health services division, providing for sanitation inspections of regulated entities (e.g., restaurants, septic systems, swimming pools, tattoo parlors, etc.). Additionally, the Epidemiology and Threat Preparedness Division works with any number of infectious diseases (including COVID-19), tracking outbreaks and providing contact tracing services. This group also works to keep KCHD--and the county/city--prepared in the event of natural or man-made disasters. This group, along with the other employees at the KCHD, has helped immensely with our response to the current pandemic.

### 2. Provide the organization's mission statement/purpose.

Protecting and educating our community through public health programs and partnerships

### 3. List any third-party references that can verify the organizations qualification or prior grant experience.

West Virginia Department of Health and Human Resources

## COVID-19 Impact

### 1. Explain the impact of the COVID-19 pandemic and how it relates to your request. For example, reduction in services, closures, increased costs, community impact, etc.

Pandemic severely suppressed demand for and provision of normal clinic immunizations, overseas travel immunizations and environmental health permits. These are all important sources of revenue for the entity.

**2. If funds are being requested to replace revenue lost due to COVID-19, provide details, and attach supportive documentation.**

See attached ARP-compliant loss of revenue calculation

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**3. If awarded, how will ARPA funding aid in the recovery from the COVID-19 pandemic?**

Loss of revenue replacement will help to restore KCHD to financial stability which was impaired by restrictions of major revenue streams. Stability also impaired by extraordinary labor and supplies expenses required to provide normal and novel services in a Covid-19 environment.

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**THE APPLICANT UNDERSTANDS:**

\*

1. This application and other materials submitted to the City may constitute public records which may be subject to disclosure under the West Virginia Freedom of Information Act. Documents containing sensitive information may be marked as "confidential."

\*

2. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program, and the applicant or its representative may be subject to civil and/or criminal prosecution.

**THE APPLICANT CERTIFIES THAT:**

\*

1. I have reviewed the US Treasury guidelines regarding the eligible uses of American Rescue Plan State and Local recovery funds. <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-fund/request-funding>

\*

2. By submitting this request, I represent that I am an authorized officer, or member of the organization for which I am submitting, and the information contained in my submittal is true and correct to the best of my knowledge and belief.

\*

3. The information submitted to the City of Charleston ("City") in this application, and substantially in connection with this application, is true and correct.

\*

4. The applicant is in compliance with applicable laws, regulations, ordinances and orders applicable to it that could have an adverse material impact on the project. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory action by a governmental entity or inadequate capital to complete the project.

\*

5. The applicant is not in default under the terms and conditions of any grant or loan agreements, leases or financing arrangements with its other creditors that could have an adverse material impact on the project.

\*

6. I understand and agree that I must disclose, and will continue to disclose, any occurrence or event that could have an adverse material impact on the project.

\*

7. I certify that the requested funding is needed to ensure this program/project will occur within the City limits of Charleston West Virginia.

\*

8. The Board of Directors or governing body of the organization has approved submission of this application. Please attach a copy of the authorizing resolution or meeting minutes using the file upload.

\* Signature

\* Date

Robert E. Queen

11/30/2021

Authorized representative of Applicant/Organization

Format: MM/DD/YYYY

**\* PRINTED NAME:**

Robert E. Queen

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**\* TITLE OF APPLICANT:**

Director of Operations

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**\* ORGANIZATION NAME:**

Kanawha-Charleston Health Department

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**Upload a File**

No file chosen



## Statement regarding Board of Directors' approval of loss of revenue application

Documentation of Board of Director approval of submission of this application to be submitted as soon as it is made available.