

**Lake County COVID-19 Related Internal Expenses with CRF Funds
For use of projects/expenses Less Than \$50,000**

Department: _____

Submitter: _____

Item(s) Requested: _____

Cost: _____

1. COVID-19 Related

The expense is a necessary expenditure incurred due to the COVID public health emergency?

- A. Is this expense a necessary, effective measure to prevent and mitigate the spread of COVID-19?
 Yes No Unclear

Please provide a summary as to why this expense(s) is specifically COVID related (attach additional sheets if necessary):

2. Previously Budgeted

The expense cannot be accounted for in the budget most recently approved as of 3/27/2020

- A. Was this expense accounted for in the most recently approved budget as of 3/27/2020?
 Yes No Unclear

If Yes, Explain or provide additional information:

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3. Time Frame and Deadlines

The expense must be incurred during the period that begins on March 1, 2020 and ends **December 30, 2020**.

- A. Will project or item be entirely completed or delivered prior to 12/30/2020?
 Yes No Unclear

4. Duplication of Benefits

The expense cannot be reimbursed directly or indirectly by another governmental or non-governmental source of funds?

- A. Has or will this expense be submitted for reimbursement through another federal or state relief program?
 Yes No Unclear
- B. Is this expense eligible for reimbursement through another federal or state relief program, such as FEMA Public Assistance?
 Yes No Unclear

1. Initial CAO Review by: _____

Date: _____

Required

2. Public Health Official Approval: _____
Mark Pfister, MSES, LEHP
Executive Director, Lake County Health Dept.

Public Health Official Notes:

Next step: Once approved please work with Lake County Purchasing on appropriate procurement method.