

Entitled: A RESOLUTION AUTHORIZING SUBMISSION OF A CORONAVIRUS RELIEF GRANT APPLICATION TO THE STATE LOAN AND INVESTMENT BOARD ON BEHALF OF THE GOVERNING BODY FOR THE

**Town of Moorcroft**

FOR THE PURPOSE OF:

Reimbursement for payroll and benefits and other unbudgeted expenses incurred due to COVID 19 response and mitigation accrued by the Town of Moorcroft from March 1st 2020 to December 30th 2020. This response includes the Town of Moorcroft Public Works Department, Emergency Medical Services, Moorcroft Police Department, and Moorcroft Town Clerk and Treasures Office.

(State Purpose of Project)

**WITNESSETH**

**WHEREAS**, the Governing Body for the Town of Moorcroft

desires to participate in the CORONAVIRUS RELIEF GRANT program to assist in financing this request; and

**WHEREAS**, the Governing Body of the Town of Moorcroft

recognizes the need for the request; and

**WHEREAS**, the Coronavirus Relief Grant program requires that certain criteria be met, as described in the State Loan and Investment Board's Rules and Regulations governing the program, and to the best of our knowledge this application meets those criteria; and

**WHEREAS**, if any of the disbursed grant funds are later deemed to not comply with the SLIB criteria or the criteria of the CARES Act, the grant applicant agrees to repay the ineligible grant funds within 15 days of such finding to the Office of State Lands and Investments.

**NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE** Town of Moorcroft

that a grant application in the amount of **\$203,081.55**

(Amount being requested)

be submitted to the State Loan and Investment Board for consideration at the next Board meeting after application processing to assist in funding the

**Town of Moorcroft COVID 19 Pandemic Response**

(Name of Funds Requested)

**BE IT FURTHER RESOLVED**, that

**Clell Claar, Mayor**

(Name and Title of Person(s))

are hereby designated as the authorized representatives of the Town of Moorcroft

to act on behalf of the Governing Body on all matters relating to this grant application.

**PASSED, APPROVED AND ADOPTED THIS**

**26 TH**

(Date)

day of

**October 2020**

(Month)

(Year)

*Clell R. Claar*

(Signature)

*Clell R. Claar Mayor*

(Name and Title)

Attest:

*Cheryl Schneider*

(Signature)

*Cheryl Schneider, Clerk/Treasurer*

(Name and Title)