



Regular Council Meeting

Tuesday, July 21, 2020 at 7:00 pm

- 1) Call to order.
- 2) Pledge of Allegiance.
- 3) Invocation.
- 4) Roll call: Ward I: Kyle Larson, Cory Rota
Ward II: Karla Borders, Rebecca Schatza
Ward III: Mike Bailey, Tim Hancock
- 5) Declaration of quorum.
- 6) Approval of the Agenda.
- 7) Communication from the Floor – Citizen’s Comments.
- 8) Consent Agenda:
 - Approval of the Minutes – July 7, 2020 Regular Council Meeting.
 - Approval of the Minutes – July 21, 2020 Finance Committee Meeting.
 - Approval of the Finance Committee Recommendations – July 21, 2020.
 - Approval of the Municipal Court Report for the month of June 2020.
 - Open Container Permit Application: **Cedar Bar**, Street Dance, 413 E Fremont, 8/29/2020, 8:00 PM – 2:00 AM.
- 9) Public Hearing & Consideration of Retail Liquor License Transfer of Location: Brigett & James Bunker d/b/a Bunk’s BBQ.
- 10) Bid Award: Hill Street Improvement Project.
- 11) Consideration of Resolution No. 1418: Alcohol on Public Property.
- 12) Public Hearing & Consideration of Ordinance No. 20-004, 1st Reading: Riverton Municipal Code 5.04.070 & 5.04.100 Open Container & Malt Beverage Permit Amendment.
- 13) Memorandum of Understanding: Riverton Medical District.
- 14) Resolution No. 1419: Riverton Medical District Coronavirus Relief Grant Application.
- 15) Fiscal Year 2020 Year-End Health Report.

Reports and Comments:

- 16) Council Committee Reports and Council Members’ Roundtable.
- 17) City Administrator’s Report.
- 18) Mayor’s Comments.
- 19) Executive Session – If needed.
- 20) Adjourn.

“Excellence in Service to the Rendezvous City”

RIVERTON CITY COUNCIL
Minutes of the
Regular Council Meeting
Held July 7, 2020
7:00 PM

The regular meeting of the Riverton City Council was held on the above date and time, duly convened by Mayor Richard P. Gard at 7:00 p.m. City Council Members present were Karla Borders, Tim Hancock, Mike Bailey, Rebecca Schatza, Cory Rota, and Kyle Larson. Council Member Borders led the pledge of allegiance and Council Member Larson conducted the invocation.

Roll call was conducted. Mayor Gard declared a quorum of the Council.

City Staff present: City Administrator Tony Tolstedt, City Clerk/Human Resource Director Kristin Watson, Public Works Director Kyle Butterfield, Chief of Police Eric Murphy, Finance Director Mia Harris, Community Development Director Eric P. Carr and Administrative Assistant/Deputy City Clerk Megan Sims.

Approval of the Agenda – Council Member Schatza moved, seconded by Council Member Larson amend the agenda to include two open container permit applications before item # 9. Motion passed unanimously.

Communication from the Floor/Response to Citizen's Comments – Beverly Frank and Tina Jarrard, residents of Riverton, approached the Council requesting the reconsideration of allowing fireworks in City limits. Betty Faban, also approached the Council regarding the fireworks allowed in City limits. Henri DeClerq, Fire Chief with the Riverton Volunteer Fire Department updated the Council on the fire calls due to fireworks on the 4th of July.

Consent Agenda – City Clerk/Human Resource Director Kristin Watson read the consent agenda items by title only: Approval of the Minutes – June 16, 2020 Regular Council Meeting; Approval of the Minutes – June 30, 2020 Special Council Meeting; Approval of the Minutes – July 7, 2020 Finance Committee Meeting; Approval of the Finance Committee Recommendations – July 7, 2020 claims to be paid in the amount of \$1,403,818.06, manual checks in the amount of \$52,306.70 and payroll & liabilities in the amount of \$441,976.59 for a total of \$1,898,101.35; and Open Container Permit Applications: **The Landing**, Street Dance, S 3rd St from Main St to the alley, 7/11/20, 3:00 pm – 12:00 am; and **The Landing**, LGBT Pride Event, S 3rd St from Main St to the alley, 7/24/20, 3:00 pm – 12:00 am. Council Member Schatza moved, seconded by Council Member Bailey to approve the consent agenda as presented. Motion passed unanimously.

Consideration of Open Container Permit Applications – City Clerk/Human Resource Director Kristin Watson read the open container permit applications by title only: **Georgia Davis with Women's Republican Committee**, Forum, Jaycee Park, 7/10/20, 4:30 pm – 9:00 pm; and **Lynne Hawk**, Street Dance, 114 S Broadway, 7/17/20, 4:00 pm – 1:00 am. Council Member Larson moved, seconded by Council Member Schatza to approve the open container permit applications as presented. Motion passed unanimously.

Lease Agreement: Air Resource Specialists – Community Development Director Eric P. Carr introduced Cara Keslar with Air Resource Specialist, Inc (telephonically). Mr. Carr presented a proposed lease agreement between the City of Riverton and Air Resource Specialist, Inc who requested placing a temporary air quality monitoring trailer on City property. Council Member Larson moved, seconded by Council Member Schatza to approve the lease agreement with Air Resource Specialists, Inc to temporarily place an air quality monitoring trailer on City property at 2221 Diamond Dr. Motion passed unanimously.

Board Appointment: Wind River Visitor's Council – Mayor Gard reported of a letter interested received for the vacant seat on the Wind River Visitor's Council. Council Member Borders, seconded by Council Member Hancock to appoint Cathy Cline to the Wind River Visitor's Council. Motion passed unanimously.

Board Appointment: Riverton Tree Board – Mayor Gard reported on a letter of interest received to serve on the Riverton Tree Board. Council Member Hancock moved, seconded by Council Member Bailey to appoint Dr. Spencer Smith to the Riverton Tree Board. Motion passed unanimously.

Public Hearing and Consideration of Firework Permit Application: Riverton Rendezvous Committee – City Clerk/Human Resource Director Kristin Watson reported of a firework permit application received from the Riverton Rendezvous Committee for a firework show for the Riverton Rendezvous Balloon Rally on July 18 at 10:00 pm on Griffey Hill. Council Member Schatza moved, seconded by Council Member Hancock to open the public hearing. Motion passed unanimously. Henri DeClerq, Fire Chief, approached the Council regarding the fireworks permit application. There being no others to speak, Council Member Hancock moved, seconded by Council Member Rota to close the public hearing. Motion passed unanimously. Council Member Borders moved, seconded by Council Member Bailey to approve the firework permit application for the Riverton Rendezvous Balloon Rally. Motion passed unanimously.

Consideration of Ordinance No. 20-002, 3rd & Final Reading: Rezone 207 S 6th St. E – City Clerk/Human Resource Director Kristin Watson read Ordinance No. 20-002 by title only. This ordinance addresses the rezone of Lot 5, Block 27 located at 207 S 6th St E from Commercial C-1 to Residential R-2. Council Member Schatza moved, seconded by Council Member Bailey to adopt Ordinance No. 20-002 on third and final reading. Roll call vote was conducted with Council Member(s) Borders, Hancock, Bailey, Schatza, Larson, and Rota voting aye. Motion passed unanimously.

Consideration of Ordinance No. 20-003, 3rd & Final Reading: Rezone 605 E Washington – City Clerk/Human Resource Director Kristin Watson read Ordinance No. 20-003 by title only. This ordinance addresses the rezone of Lot 6, Block 27 located at 605 E Washington from Commercial C-1 to Residential R-2. Council Member Borders moved, seconded by Council Member Schatza to adopt Ordinance No. 20-003 on third and final reading. Roll call vote was conducted with Council Member(s) Borders, Hancock, Bailey, Schatza, Larson, and Rota voting aye. Motion passed unanimously.

Bid Award: Refuse Truck – Public Works Director Kyle Butterfield reported of one bid submitted for the purchase of a 2021 Peterbilt/New Way refuse truck for Sanitation Operations. The bid received was from Peterbilt of Wyoming in the amount of \$302,999.00. Council Member Larson moved, seconded by Council Member Schatza to award the purchase of one (1) 2021 Peterbilt/New Way refuse truck from Peterbilt of Wyoming in the amount of \$302,999.00. Motion passed unanimously.

Bid Award: Sanitation Operation Truck – Public Works Director Kyle Butterfield reported of two bids received for the purchase of a 2021 Chevrolet ½ ton, crew cab, four-wheel drive work pickup truck. The lowest and most responsive bid received was from Fremont Chevrolet, Buick, GMC in the amount of \$28,554.00. Council Member Bailey moved, seconded by Council Member Schatza to award the purchase of one (1) 2021 Chevrolet ½ ton work truck in the amount of \$28,554.00. Motion passed unanimously.

Bid Award Concurrence: Airport Painting Equipment – Public Works Director Kyle Butterfield informed the Council of the upcoming Riverton Airport Marking Equipment Project and reported of the purchase airfield painting equipment which will enable airports to refresh paint markings and maintain compliance to FAA certification standards. Mr. Butterfield stated the City will concur with WYDOT's bid award received from The Sherwin-Williams Company. Council Member Larson moved, seconded by Council Member Rota to provide written concurrence to the Wyoming Department of Transportation's (WYDOT) bid award to the Sherwin-Williams Company in the amount of \$28,595.00 for the Riverton Regional Airport Marking Equipment project. Motion passed unanimously.

Consideration of Resolution No. 1416: Coronavirus Relief Grant Application – City Administrator Tony Tolstedt presented Resolution No. 1416 which supports the Coronavirus Relief Grant application to the State Loan and Investment Board. City Clerk/Human Resource Director Kristin Watson read Resolution No. 1416 by title only. Council Member Larson moved, seconded by Council Member Borders to approve Resolution No. 1416. Motion passed unanimously.

Consideration of Resolution No. 1417: Coronavirus Relief Grant Application – Air Service Support – Public Works Director Kyle Butterfield presented Resolution No. 1417 which supports the Coronavirus Relief Grant application to the State Loan and Investment Board for air service support. City Clerk/Human Resource Director Kristin Watson read Resolution No. 1417 by title only. Council Member Tim Hancock moved, seconded by Council Member Borders to approved Resolution No. 1417. Motion passed unanimously.

Council Committee Reports & Council Members’ Roundtable – Council Member Bailey commented on the fourth of July festivities and upcoming events with the Riverton Rendezvous Days; Council Member Hancock reported on the Happy Days Committee meetings he has attended and informed the public of donations needed at Eagle’s Hope; Council Member Borders commented on the Solutions meeting she attended; Council Member Schatza commented on the upcoming Rendezvous Games; Council Member Larson commented on fireworks in City limits; and Council Member Rota commented on the neighborhood watch program, commented on the Fremont County School Recreation Board meeting he attended, and reminded of all the upcoming events.

City Administrator’s Report – City Administrator Tony Tolstedt reported of upcoming meetings and events in the City; and expressed his gratitude appreciation to City staff for their diligent work on a daily basis.

Mayor’s Comments – Mayor Richard P. Gard commented on the National Museum of Military Vehicles that he was able to attend; commented on the joint Solutions/Community Engagement Committee meeting; and commented on new equipment received by the Riverton Police Department. Mayor Gard also expressed his appreciation to the tribes for continuing to work through the COVID-19; reported on the firework concerns; and also thanked the volunteers willing to serve on boards and committees.

Adjourn – There being no further business to come before the Council, Mayor Gard adjourned the Regular Council meeting at 8:47 p.m. There was no objection from the Council.

CITY OF RIVERTON, WYOMING

Richard P. Gard
Mayor

ATTEST:

Kristin S. Watson
City Clerk/Human Resource Director

Publication Date:

**RIVERTON MUNICIPAL COURT
REPORT**

CASH RECEIPTING

MAY 29 - JUNE 25, 2020

TOTAL DOCKETS FOR JUNE 140									
	TOTAL	ADMIN			CREDIT				TOTAL
DATE	RECVD	FEES	FINES	COSTS	CARD	BOND	VCF	REST	RECVD
5/29-6/4/20	\$ 1,481.00	\$ 72.00	\$ 1,058.00	\$ 50.00	\$ 301.00				\$ 1,481.00
6/5-6/11/20	\$ 1,807.00	\$ 2.00	\$ 1,095.00	\$ 55.71	\$ 640.00		\$ 14.29		
6/12-6/18/20	\$ 695.00	\$ 6.00	\$ 478.00	\$ 20.00	\$ 141.00			\$ 50.00	\$ 695.00
6/19-6/25/20	\$ 1,392.00	\$ 6.00	\$ 1,016.00	\$ 40.00	\$ 330.00				\$ 1,392.00
									\$ -
SUB TOTAL	\$ 5,375.00	\$ 86.00	\$ 3,647.00	\$ 165.71	\$ 1,412.00	\$ -	\$ 14.29	\$ 50.00	\$ 3,568.00
VCF	\$ 14.29								
REST	\$ 70.00	\$20 PD W/ CC 6/8/20							
BOND M	\$ -								
OVER PAY									
BCK GRNDS									
E Shoshone	\$ 30.00								
WRC	\$ 320.00								
TOTAL	\$ 5,640.71								
							JUDGE MCKEE		

City of Riverton
Open Container Permit Application



Open Container Permit	\$25.00 Non-Refundable Fee	RMC 5.04.070 Allows alcoholic beverages on City property by permit only
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SPONSOR OF EVENT: Cedar Bar
 SPONSOR REPRESENTATIVE: Terri Neil
 ADDRESS: 413 E. Fremont PHONE: 307-463-0053
 TYPE OF EVENT: Street dance
 LOCATION OF EVENT: 413 E. Fremont
 DATE OF EVENT: Aug. 29th 2020
 START TIME: 8:00 pm END TIME: 2:00 AM

WILL UNDERAGE CHILDREN BE PRESENT? Y / N
 If yes, please explain procedures to ensure underage children will not be served alcoholic beverages. _____

The undersigned applicant agrees to abide by the following rules and regulations set forth by the Riverton City Council:

- Alcohol Sales is not permitted.
- Providing alcohol to intoxicated persons is not permitted.
- Providing alcohol to underage person(s) is not permitted.
- Taking open containers off of or away from permitted area is prohibited.
- The location shall be left clean and free of debris.
- The applicant shall abide by any other rules set forth by the Riverton City Council.

Terri Neil
Signature of Applicant

FOR OFFICE USE ONLY

Approved/Denied by Council Action on _____, 20____.

City Clerk

Date Paid 7/7/2020

cc: Police Department
 Parks Department

“Excellence in Service to the Rendezvous City”

CITY COUNCIL STAFF REPORT

TO: His Honor the Mayor and Members of the City Council

FROM: Kristin S. Watson, City Clerk/Human Resource Director

THROUGH: Anthony L. Tolstedt, City Administrator

DATE: July 16, 2020

SUBJECT: Transfer of Location Application for a Retail Liquor License for Brigett & James Bunker d/b/a Bunk's BBQ.

Recommendation: That Council approves the Transfer of Location of a Retail Liquor License for Brigett & James Bunker for the remainder of the 4/1/20 – 3/31/21 liquor licensing term.

Background: Pursuant to statutory requirements, as well as the Riverton Municipal Code, any changes to the ownership and/or location of a retail liquor license must be approved by the local licensing authority.

Discussion: On June 19, 2020, staff received a transfer of location application for a retail liquor license submitted by Brigett & James Bunker as follows:

From:

180 Brigett & James Bunker d/b/a Bunk's BBQ *non-operational*
Building located at 303 E. Main St., W 13' Lot 11, Block 19, Original Town of Riverton, Fremont County, Wyoming

To:

180 Brigett & James Bunker d/b/a Bunk's BBQ *operational*
Building located at 201 E Washington Ave., Lots 7-12, Block 23, Original Town of Riverton, Fremont County, Wyoming

This application has been certified as complete by the Wyoming Liquor Division, the proper fees have been paid, and proper notice to the public has been advertised. Therefore, staff recommends Council's approval of the transfer of location application of a retail liquor license, as described above.

Alternative: Deny the application submitted for a Retail Liquor License Transfer of Location based on the following criteria pursuant to RMC 5.04.170, in part:

"... A license or permit shall not be issued, renewed or transferred if the city council finds from evidence presented at the hearing:

1. The welfare of the people residing in the vicinity of the proposed license or permit premises shall be adversely and seriously affected;
2. The purpose of this chapter shall not be carried out by the issuance, renewal or transfer of the license or permit;
3. The number, type and location of existing licenses or premises meet the needs of the vicinity under consideration;

4. The desires of the residents of the city will not be set or satisfied by the issuance, renewal or transfer of the license or permit; or
5. Any other reasonable restrictions or standards which may be imposed by the city council shall not be carried out by the issuance, renewal or transfer of the license or permit. ...”

Budget Impact: The budget impact with the proposed recommendation is revenue of \$100 from the application fee.

NEW OR TRANSFER LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:		
Trf from:		
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 180

License Fees Annual Fee: \$ —
 Prorated Fee: \$ —
 Transfer Fee: \$ 100.00
 Publishing Fee: \$ 75.00

Date filed with clerk: 06 / 19 / 2020
 Advertising Dates: (2 Weeks) 7/7/2020 & 7/14/2020
 Hearing Date: 07 / 21 / 2020

Publishing Fee Direct Billed to Applicant:

License Term: 07 / 22 / 2020 Through 03 / 31 / 2021
 Month Day Year Month Day Year

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: Brigett + James Bunker
 Trade/Business Name (dba): Bunk's BBQ
 Building to be licensed/Building Address: 201 E. Washington
Number & Street
Riverton WY 82501 Fremont
City State Zip County
 Mailing Address: 201 E. Washington
Number & Street or P.O. Box
Riverton WY 82501
City State Zip
 Business Telephone Number: (307) 851-9952 Fax Number: (N/A)
 E-Mail Address: bunksbbq1@gmail.com
 Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTS 7-12, BLOCK 23, ORIGINAL TOWN OF RIVERTON, FREMONT COUNTY, WY

FILING FOR <input type="checkbox"/> NEW LICENSE <input checked="" type="checkbox"/> TRANSFER OF LOCATION <input type="checkbox"/> TRANSFER OWNERSHIP FORMERLY HELD BY: _____	FILING IN (CHOOSE ONLY ONE) <input checked="" type="checkbox"/> CITY OF: <u>Riverton</u> <input type="checkbox"/> COUNTY OF: _____	FILING AS (CHOOSE ONLY ONE) <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LP/LLP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> OTHER _____
<input type="checkbox"/> ASSIGNMENT LETTER ATTACHED		

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

<input type="checkbox"/> RETAIL LIQUOR LICENSE ON-PREMISE ONLY (BAR) <input type="checkbox"/> OFF-PREMISE ONLY (PACKAGE STORE) <input checked="" type="checkbox"/> COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)	<input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input type="checkbox"/> BAR AND GRILL LIMITED RETAIL (CLUB) <input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB	<input type="checkbox"/> MICROBREWERY <input type="checkbox"/> WINERY <input type="checkbox"/> DISTILLERY SATELLITE <input type="checkbox"/> WINERY SATELLITE <input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT SPECIAL DESIGNATIONS <input type="checkbox"/> CONVENTION FACILITY <input type="checkbox"/> CIVIC CENTER/EVENT CENTER/PUBLIC AUDITORIUM <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> GUEST RANCH <input type="checkbox"/> RESORT
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To Assist the Liquor Division with scheduling inspections: **WHEN DO YOU OPERATE?**

FULL TIME (e.g. Jan through Dec) (specify months of operation) from Jan to Dec
 SEASONAL/PART-TIME DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun
 NON-OPERATIONAL/PARKED HOURS OF OPERATION (e.g. 10a - 2a) from 10:00am to 2:00pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

- BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
 - OWN the licensed building? YES (own)
 - LEASE the licensed building? (Lease must be through the term of the liquor license) YES (lease)

If Yes, please submit a copy of the lease and indicate:

 - When the lease expires, located on page 1 paragraph 8 of lease. section 4
 - Where the Sales provision for alcoholic or malt beverages is located, on page 1 paragraph 7 of lease. section 3
 (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. To operate your liquor business, have you assigned, leased, transferred or contracted with any other person (entity) to operate and assert total or partial control of the license and the licensed building? W.S. 12-4-601 (b) YES NO
3. Does any manufacturer, brewer, rectifier, wholesaler, or through a subsidiary affiliate, officer, director or member of any such firm: W.S. 12-5-401, 12-5-402, 12-5-403
- (a) Hold any interest in the license applied for? YES NO
- (b) Furnish by way of loan or any other money or financial assistance for purposes hereof in your business? YES NO
- (c) Furnish, give, rent or loan any equipment, fixtures, interior decorations or signs other than standard brewery or manufacturer's signs? YES NO
- (d) If you answered **YES** to any of the above, explain fully and submit any documents in connection there within:
-
4. Does the applicant have any interest or intent to acquire an interest in any other liquor license issued by this licensing authority? W.S. 12-4-103 (b) YES NO
- If "YES", explain: _____
5. **If applicant is filing as an Individual, Partnership or Club:** W.S. 12-4-102 (a) (ii) & (iii)

Each individual, partner or club officer must complete the box below.

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Brigett Bunker	05/24 1984	12 Darnall Rd. Riverton, WY 82501	851- 9952	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
James Bunker	02/23 1984	12 Darnall Rd. Riverton, WY 82501	307-331- 3498	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application.)

6. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and every officer, and every director** must complete the box below.

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application)

7. BAR AND GRILL LICENSE:

Have you submitted a valid food service permit or application? W.S. 12-4-413 (a) YES NO

8. RESTAURANT LICENSE:

(a) Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-408 (b) (e.g. 10 x 12 room in SE corner of building): _____

(b) Have you submitted a valid food service permit or application? W.S. 12-4-407 (a) YES NO

(c) Have you attached a drawing of the establishment that includes the restaurant dispensing room(s)? W.S. 12-4-410 (f) YES NO

9. RESORT LICENSE:

Does the resort complex:

(a) Have an actual valuation of at least one million dollars, or have you committed or expended at least one million dollars (\$1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) YES NO

(b) Include a restaurant and a convention facility which will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) YES NO

(c) Include motel, hotel or privately owned condominium, town house or home accommodations approved for short term occupancy with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) YES NO

(d) If no on question (c), have a ski resort facility open to the general public in which you have committed or expended not less than 10 million dollars (\$10,000,000.00)? W.S. 12-4-401(b)(iv) YES NO

(e) Are you contracting/leasing the food and beverage services? W.S. 12-4-403(b)
1. If Yes, have you submitted a copy of the food and beverage contract/lease? YES NO

10. MICROBREWERY LICENSE:

Will the license be held in conjunction with another liquor license? W.S. 12-4-412(b)(iii) YES NO

(a) If "YES", please specify type: RETAIL RESTAURANT RESORT BAR AND GRILL WINERY

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) YES NO

(c) Do you distribute your products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) YES NO

11. WINERY LICENSE:

Will the license be held in conjunction with another liquor license? W.S. 12-4-412(b)(iii) YES NO

(a) If "YES", please specify type: RETAIL RESTAURANT RESORT BAR AND GRILL MICROBREWERY

12. LIMITED RETAIL (CLUB) LICENSE:

FRATERNAL CLUBS W.S. 12-1-101(a)(iii)(B)

(a) Has the fraternal organization been actively operating in at least thirty-six (36) states? YES NO

(b) Has the fraternal organization been actively in existence for at least twenty (20) years? YES NO

13. LIMITED RETAIL (CLUB) LICENSE:

VETERANS CLUBS W.S. 12-1-101(a)(iii)(A):

(a) Does the Veteran's organization hold a charter by the Congress of the United States? YES NO

(b) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary? YES NO

14. LIMITED RETAIL (CLUB) LICENSE:

GOLF CLUBS W.S. 12-1-101(a)(iii)(D)/W.S. 12-4-301(e):

(a) Do you have more than fifty (50) bona fide members? YES NO

(b) Do you own, maintain, or operate a bona fide golf course together with clubhouse? YES NO

(c) Are you a political subdivision of the state that owns, maintains, or operates a golf course? YES NO

1. Are you contracting/leasing the food and beverage services? W.S. 12-5-201(g) YES NO

2. If Yes, have you submitted a copy of the food and beverage contract/lease? YES NO

15. LIMITED RETAIL (CLUB) LICENSE:

SOCIAL CLUBS W.S. 12-1-101(a)(iii)(E)/W.S. 12-4-301(b):

- (a) Do you have more than one hundred (100) bona fide members who are residents of the county in which the club is located? YES NO
- (b) Is the club incorporated and operating solely as a nonprofit organization under the laws of this state? YES NO
- (c) Is the club qualified as a tax exempt organization under the Internal Revenue Service? YES NO
- (d) Has the club been in continuous operation for a period of not less than one (1) year? YES NO
- (e) Has the club received twenty-five dollars (\$25.00) from each bona fide member as recorded by the secretary of the club and are club members at the time of this application in good standing by having paid at least one (1) full year in dues? YES NO
- (f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club? YES NO
- (g) Have you filed a true copy of your bylaws with this application? YES NO
- (h) Has at least fifty one percent (51%) of the membership signed a petition indicating a desire to secure a Limited Retail Liquor License? (Petition Attached) YES NO

REQUIRED ATTACHMENTS:

- A statement indicating the financial condition and financial stability of the applicant W.S. 12-4-102 (a) (vi).
- Restaurants: include a drawing of the establishment that includes the dispensing room(s) W.S. 12-4-410 (f).
- Attach any lease agreements (especially for resort/political subdivisions leasing out food & beverage services) W.S. 12-4-103 (a) (iii)/ W.S. 12-4-403(b)/W.S. 12-4-301(e).
- If transferring a license from one ownership to another, a form of assignment from the current licensee to the new applicant authorizing the transfer W.S. 12-4-601 (b).

OATH OR VERIFICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S. 12-4-102(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

STATE OF WYOMING)
)
COUNTY OF Fremont) SS.

Signed and sworn to before me on this 18 day of June, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) <u>Brigett Bunker</u> (Signature)	<u>Brigett Bunker</u> (Printed Name)	<u>co-owner</u> Title
2) <u>James Bunker</u> (Signature)	<u>James Bunker</u> (Printed Name)	<u>co-owner</u> Title
3) _____ (Signature)	_____ (Printed Name)	_____ Title
4) _____ (Signature)	_____ (Printed Name)	_____ Title
5) _____ (Signature)	_____ (Printed Name)	_____ Title
6) _____ (Signature)	_____ (Printed Name)	_____ Title

Witness my hand and official seal:


Susan M. Gaudern
Signature of Notary Public



(SEAL)

My commission expires: Aug. 31, 2022

CITY COUNCIL STAFF REPORT

TO: His Honor the Mayor and Members of the City Council
FROM: Kyle J. Butterfield, Public Works Director 
THROUGH: Anthony Tolstedt, City Administrator
DATE: July 21, 2020
SUBJECT: Hill Street Improvement Project

Recommendation: The City Council awards the Hill Street Improvement Project to Dave's Asphalt Company in the amount of \$605,427.

Background: The Fix Our Roads Citizens Committee (FORCC) was established as an advisory committee to help guide the use of the 1% monies towards infrastructure improvements for the City of Riverton. On October 14, 2019, FORCC unanimously approved a motion to prioritize an improvement project for Hill Street (Mam's way to US HWY 26). Hill Street has a traffic count of 2,966 vehicles per day (2016) and exhibits degrading asphalt, pavement corrugation, and failing curb and gutter. The City Council approved a contract with Inberg-Miller Engineers to design improvements for Hill Street on March 3, 2020.

Discussion: IME prepared plans and specifications for the Hill Street Improvement project. In brief, the project includes 1,881 square yards of 5" asphalt pavement with fabric, 2,153 square yards of asphalt overlay, 408 feet of 12" water main (634 total feet with bid alternate), 1,160 feet of 8" sewer main, and 1,165 feet of concrete curb and gutter, and 1,500 feet of ADA compliant sidewalk. A request for bids was advertised on three occasions and bids were publically opened July 14, 2020 with the following results.

Contractor Name	Base Bid	Alternate	Total Bid
Dave's Asphalt Company	\$582,827.00	\$22,600.00	\$605,427.00
Bornhoft Construction	\$693,154.45	\$36,838	\$729,992.45
71 Construction	\$733,272.00	\$45,200.00	\$778,472.00

Inberg-Miller and city staff reviewed each bid to assure they were complete and responsive to bid specifications. Staff recommends the City Council awards the Hill Street Improvement Project to Dave's Asphalt Company in the amount of \$605,427.

Budget Impact: The \$605,427 will come from the 1% fund. After subtracting existing obligations, the 1% fund has approximately \$1,017,069 remaining in the account. Inberg-Miller's estimate for the project was \$626,499 for the base bid, \$32,770 for the alternate, and \$659,269 for the total bid.



INBERG-MILLER ENGINEERS

Quality Solutions Through Teamwork

July 16, 2020

21140-RE

**1 PDF PAGE BY EMAIL: bthoman@rivertonwy.gov
THIS CONSTITUTES THE ORIGINAL**

Brendan Thoman
City of Riverton
816 N. Federal Blvd.
Riverton, WY 82501

RE: BID EVALUATION
HILL STREET SURFACE IMPROVEMENTS PROJECT
RIVERTON, WYOMING

Dear Brendan:

The bids for the above-referenced project were opened on July 14, 2020, and the apparent low bidder was Dave’s Asphalt Company with a submitted Base Bid of \$582,827, and an Alternate Bid of \$22,600, for a total Base Bid with Alternate of \$605,427. We reviewed the bid for mathematical errors and did not find any. The Fire Hydrant unit price looked high but, comparing the unit price of the other bidders as well as bid tabulations of projects bid this year, shows that the Fire Hydrant unit price is a reasonable price. All other unit prices provided are within a reasonable price based on historical unit prices provided to us during previous projects. The bidder has provided everything required by the contract documents, including the Qualification Statement with Schedule A and B.

We have reviewed their qualifications with other projects. Based on our opinion we are not aware of any reason that their bid should not be accepted. We therefore recommend that the project be awarded to Dave’s Asphalt Company. If you decide to award it to them, we will provide the Notice of Award in editable format that will need to be completed by you and executed by your authorized representative.

If you have any questions, please contact us at 307-856-8136.

Sincerely,

INBERG-MILLER ENGINEERS

C. Dawn Willhelm, P.E.
Civil Engineer

CDW\P:\21140-RE RIVERTON CITY OF Hill Street\Civil\Bidding Documents\21140RE Award Recommendation Ltr.docx

**BID TABULATION
HILL STREET SURFACE IMPROVEMENTS PROJECT**

ITEM NO.	DESCRIPTION	UNIT	ESTIMATED QUANTITY	Engineer's Estimate		Bornhoft Construction		Dave's Asphalt		71 Construction	
				BID UNIT PRICE	BID PRICE	BID UNIT PRICE	BID PRICE	BID UNIT PRICE	BID PRICE	BID UNIT PRICE	BID PRICE
BASE BID											
1	Mobilization / Demobilization	Lump Sum	1	\$ 52,240.00	\$ 52,240.00	\$ 29,000.00	\$ 29,000.00	\$ 28,400.00	\$ 28,400.00	\$ 28,000.00	\$ 28,000.00
2	5" Plant Mix Bituminus Pavement	Square Yard	1881	\$ 23.00	\$ 43,263.00	\$ 40,000.00	\$ 75,240,000.00	\$ 31.00	\$ 58,311.00	\$ 29.00	\$ 54,549.00
3	3" Plant Mix Bit Pvmt Milling	Square Yard	2153	\$ 5.00	\$ 10,765.00	\$ 6.00	\$ 12,918.00	\$ 5.00	\$ 10,765.00	\$ 4.00	\$ 8,612.00
4	2" Plant Mix Bit Pvmt Overlay	Square Yard	2153	\$ 25.00	\$ 53,825.00	\$ 24.00	\$ 51,672.00	\$ 12.00	\$ 25,836.00	\$ 13.00	\$ 27,989.00
5	1" Plant Mix Bit Pvmt Leveling	Square Yard	2153	\$ 15.00	\$ 32,295.00	\$ 17.65	\$ 38,000.45	\$ 7.00	\$ 15,071.00	\$ 11.00	\$ 23,683.00
6	8" WYDOT Grading W Crushed Base	Square Yard	1881	\$ 5.00	\$ 9,405.00	\$ 16.00	\$ 30,096.00	\$ 12.00	\$ 22,572.00	\$ 20.00	\$ 37,620.00
7	Engineering Fabric	Square Yard	1881	\$ 2.00	\$ 3,762.00	\$ 9.00	\$ 16,929.00	\$ 4.00	\$ 7,524.00	\$ 4.00	\$ 7,524.00
8	Backfilling for Pavement	Lineal Foot	540	\$ 8.00	\$ 4,320.00	\$ 22.00	\$ 11,880.00	\$ 80.00	\$ 43,200.00	\$ 29.00	\$ 15,660.00
9	8" SDR 35 Sanitary Sewer	Lineal Foot	1160	\$ 70.00	\$ 81,200.00	\$ 103.00	\$ 119,480.00	\$ 85.00	\$ 98,600.00	\$ 130.00	\$ 150,800.00
10	4" Sewer Services	Each	8	\$ 2,500.00	\$ 20,000.00	\$ 3,300.00	\$ 26,400.00	\$ 2,800.00	\$ 22,400.00	\$ 4,100.00	\$ 32,800.00
11	48" Manholes	Each	4	\$ 5,275.00	\$ 21,100.00	\$ 9,000.00	\$ 36,000.00	\$ 5,600.00	\$ 22,400.00	\$ 11,000.00	\$ 44,000.00
12	12" C900 PVC Water Line - Restrained	Lineal Foot	408	\$ 145.00	\$ 59,160.00	\$ 163.00	\$ 66,504.00	\$ 100.00	\$ 40,800.00	\$ 200.00	\$ 81,600.00
13	Fire Hydrant	Each	3	\$ 5,860.00	\$ 17,580.00	\$ 11,850.00	\$ 35,550.00	\$ 9,000.00	\$ 27,000.00	\$ 15,000.00	\$ 45,000.00
14	1" Water Services w/ Curb Stop	Each	6	\$ 3,200.00	\$ 19,200.00	\$ 3,320.00	\$ 19,920.00	\$ 3,200.00	\$ 19,200.00	\$ 4,100.00	\$ 24,600.00
15	6" Concrete Valley Gutters	Square Foot	472	\$ 18.00	\$ 8,496.00	\$ 15.00	\$ 7,080.00	\$ 10.00	\$ 4,720.00	\$ 15.00	\$ 7,080.00
16	Curb Turn Fillet	Square Foot	966	\$ 18.00	\$ 17,388.00	\$ 15.00	\$ 14,490.00	\$ 13.00	\$ 12,558.00	\$ 15.00	\$ 14,490.00
17	Curb and Gutter - Type A	Lineal Foot	1165	\$ 55.00	\$ 64,075.00	\$ 49.00	\$ 57,085.00	\$ 38.00	\$ 44,270.00	\$ 55.00	\$ 64,075.00
18	Curb and Gutter - Existing	Lineal Foot	615	\$ 55.00	\$ 33,825.00	\$ 49.00	\$ 30,135.00	\$ 80.00	\$ 49,200.00	\$ 56.00	\$ 34,440.00
19	4" Thick Concrete Sidewalk	Square Foot	1500	\$ 12.00	\$ 18,000.00	\$ 6.25	\$ 9,375.00	\$ 12.00	\$ 18,000.00	\$ 9.00	\$ 13,500.00
20	ADA Detectable Warning Device (Cast Iron)	Each	4	\$ 415.00	\$ 1,660.00	\$ 400.00	\$ 1,600.00	\$ 500.00	\$ 2,000.00	\$ 4,000.00	\$ 16,000.00
21	Pavement Markings	Lump Sum	1	\$ 3,000.00	\$ 3,000.00	\$ 1,800.00	\$ 1,800.00	\$ 5,000.00	\$ 5,000.00	\$ 600.00	\$ 600.00
22	Traffic Control	Lump Sum	1	\$ 51,940.00	\$ 51,940.00	\$ 2,000.00	\$ 2,000.00	\$ 5,000.00	\$ 5,000.00	\$ 650.00	\$ 650.00
TOTAL OF BASE BID PRICES					\$ 626,499.00		\$ 75,857,914.45		\$ 582,827.00		\$ 733,272.00
ALTERNATE BID											
23	12" C900 PVC Water Line - Restrained	Lineal Foot	226	\$ 145.00	\$ 32,770.00	\$ 163.00	\$ 36,838.00	\$ 100.00	\$ 22,600.00	\$ 200.00	\$ 45,200.00
TOTAL OF BASE BID PRICES WITH ALTERNATE					\$ 659,269.00		\$ 75,894,752.45		\$ 605,427.00		\$ 778,472.00

* Per Instructions to Bidders for Construction Contract, Article 13.01.C, discrepancies are resolved in favor of the Unit Price.

CITY COUNCIL STAFF REPORT

TO: His Honor the Mayor and Members of the City Council

FROM: Kristin S. Watson, City Clerk/Human Resource Director

THROUGH: Tony Tolstedt, City Administrator

DATE: July 16, 2020

SUBJECT: Resolution No. 1418 – Alcohol on Public Property

Recommendation: That Council consider Resolution No. 1418, revising the previously established policy, which if approved, will no longer have restrictions for alcohol in public parks or spaces, by first obtaining the required permit issued through Council approval.

Background: On July 17, 2007, Riverton City Council approved Resolution No. 1122 which established a policy that City Park and Jaycee Park were no longer considered areas where alcohol permits would be granted for public or private use (attached for your reference). Furthermore, staff was given the authority from Council to deny any permit requests for either of said parks.

This has been the practice of Council and staff until 2017, at which time the first open container permit for City Park was approved by Council for the Chamber's Alive @ 5 event. Since that time, Council has approved three additional open container permits at City Park and one open container permit at Jaycee Park.

Discussion: In order for staff to provide efficient service to the citizens of our community, a consistent approach to assisting with open container permit requests would prove valuable. Pursuant to the current policy (Resolution No. 1122), staff has turned away many applicants for permits at City Park and Jaycee Park. However, in the recent past, some of these applicants have approached the Council and asked for approval, of which they have received. Changing the policy via the proposed resolution to allow for alcohol on any public property with the approval from Council through the appropriate permitting process would provide more consistency when assisting the citizenry of Riverton with such requests.

Alternatives: Modify the resolution as Council deems appropriate.

Budget Impact: There is not a direct impact to the budget with the approval of this resolution.

Council Goal: This resolution pertains to Council Goal #2: Promote Communication & Transparency.

RESOLUTION NO. 1122

A RESOLUTION ESTABLISHING POLICY THAT CITY PARK AND JAYCEE PARK WILL NO LONGER BE CONSIDERED AS AREAS WHERE ALCOHOL PERMITS WILL BE GRANTED FOR PUBLIC OR PRIVATE ACTIVITIES.

WHEREAS, the City Council of the City of Riverton recognizes the need to preserve park space for the enjoyment of Riverton's citizens and families; and

WHEREAS, the City Council recognizes the desire of members of the community to have alcohol present at activities within the parks of the City; and


WHEREAS, the City Council has legislated that alcohol may not be consumed on public grounds and park areas within the City without the formal approval of the Council;

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF RIVERTON that the park areas commonly recognized as City Park and Jaycee Park will no longer be considered as areas where alcohol permits will be granted for public or private activities.


BE IT FURTHER RESOLVED that City staff is authorized to reject requests for alcohol permits by members of the Riverton citizenry to be used at City Park and Jaycee Park.

PASSED, APPROVED, AND ADOPTED this 17th day of July, 2007 by the City Council of the City of Riverton, Wyoming.

CITY OF RIVERTON

By: 
John R. Vincent, Mayor

ATTEST:


Courtney Bohlander, Director of Administrative Services

RESOLUTION NO. 1418

A RESOLUTION OF THE GOVERNING BODY OF THE CITY OF RIVERTON REVISING THE PREVIOUSLY ESTABLISHED POLICY WHICH ESTABLISHED WHERE ALCOHOL PERMITS MAY BE GRANTED FOR PUBLIC OR PRIVATE ACTIVITIES.

WHEREAS, on July 17, 2007, the governing body of the City of Riverton established through Resolution No. 1122 a policy where City Park and Jaycee Park are not considered as areas where alcohol permits will be granted for public or private use; and

WHEREAS, said policy authorized staff to reject requests for alcohol permits by members of the Riverton citizenry for public or private use at City Park and Jaycee Park; and

WHEREAS, the City Council of the City of Riverton recognizes the need to preserve park space for the enjoyment of Riverton's citizens and families; and

WHEREAS, the City Council recognizes the desire of members of the community to have alcohol present at activities within the parks and public grounds of the City; and

WHEREAS, the City Council has legislated that alcohol may not be consumed on public grounds and park areas within the City without formal approval of the Council;

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF RIVERTON, WYOMING that the park areas and public grounds within the City of Riverton will be considered as areas where alcohol permits may be granted for public or private activities; and

BE IT FURTHER RESOLVED, that City staff is no longer authorized to reject requests for alcohol permits by members of the Riverton citizenry to be used in the City's parks; and

BE IT FURTHERMORE RESOLVED, that all alcohol permits for public or private use within the parks and public grounds of the City of Riverton shall be considered by the governing body of the City of Riverton for formal approval.

PASSED, APPROVED AND ADOPTED by the governing body of the City of Riverton, Wyoming, this ____ day of _____, 2020.

CITY OF RIVERTON, WYOMING

Richard P. Gard
Mayor

ATTEST:

Kristin S. Watson
City Clerk/Human Resource Director

CITY COUNCIL STAFF REPORT

TO: His Honor the Mayor and Members of the City Council

FROM: Kristin S. Watson, City Clerk/Human Resource Director

THROUGH: Tony Tolstedt, City Administrator

DATE: July 16, 2020

SUBJECT: Ordinance No. 20-004 – Riverton Municipal Code 5.04.070 & 5.04.100 Open Container & Malt Beverage Permit Amendment

Recommendation: That Council adopt Ordinance No. 20-004 on first reading, increasing the number of open container permits and malt beverage permits from two (2) per year to twelve (12) per year.

Background: While assisting a local retail liquor license holder with a recent event that they were organizing, an increase to the number of open container permits that can be obtained per year was requested. Currently, the municipal code allows for any person or organization to apply for up to two open container permit applications per year and up to two malt beverage permits per year. The permitting for malt beverage permits has an exception which uncaps the limit of permits for fairs, bazaars, rodeos, etc.

Most of the events that are hosted in Riverton require more than one type of alcohol permit to be issued. For example, if an individual wants to hold a wedding reception at a local park where a cash bar will be present, the individual must apply for an open container permit and a malt beverage permit. The open container permit allows for alcohol on public property, while the malt beverage permit allows for the sale of malt beverages within the City's jurisdiction. If there was not a cash bar, then the individual would only need to obtain an open container permit and not a malt beverage permit.

A similar situation, but with a retail liquor license holder, would require the retail liquor license holder *or* the sponsor of the event to obtain an open container permit to allow alcohol on public property, and the retail liquor license holder would also be required to obtain a catering permit in order to cater their bar outside of the licensed establishment. Pursuant to RMC 5.04.230, a retail liquor license holder is limited to 24 catering permits per year. If a retail liquor license holder was going to host an event on non-city property, they would only be required to obtain a catering permit and not an open container permit.

Discussion: The proposed ordinance provides for an increase to the number of open container permits that any individual or organization could obtain per year.

Over the past four years, Council has approved an average of 13 open container permits per year. The open container permits are primarily issued for summer events such as street dances, weddings/wedding receptions, baby showers, as well as other public events

throughout the year. In that same time period, staff has issued an average of 11 malt beverage permits per year and an average of 37 catering permits per year.

Last year's open container permits that were approved through council totaled 15. Of those, 7 permits were approved for events in the city's streets, 5 permits were approved for Sunset Park, and 3 permits were approved for City Park. 4 of the open container permits were in conjunction with malt beverage permits (3 at City Park & 1 at Riverton Library); and 6 were in conjunction with catering permits (1 at Sunset Park & 5 on various public street locations). The other 5 permits were for events that did not require either an open container permit or a malt beverage permit.

Increasing the number of open container permits and malt beverage permits would allow for individuals, organizations, and liquor license holders the ability to obtain the necessary permits as one event organizer rather than trying to obtain the necessary permits through other individuals or organizations.

Alternatives: Modify the ordinance as Council deems appropriate.

Budget Impact: Outside of the publishing costs, there may be a slight increase in liquor license revenue with the additional permits.

Council Goal: This ordinance pertains to Council Goal #2: Promote Communication & Transparency.

PROPOSED ORDINANCE NO. 20-004

AN ORDINANCE AMENDING TITLE 5 “BUSINESS LICENSES AND REGULATIONS”, CHAPTER 5.04 “ALCOHOLIC BEVERAGES”, TO REVISE SECTIONS 5.04.070 “OPEN CONTAINERS OF ALCOHOLIC BEVERAGES ON CITY PROPERTY BY PERMIT ONLY” AND SECTION 5.04.100 “PERMIT FOR RETAIL SALES AT PICNICS, BAZAARS, FAIRS, ETC.”, OF THE RIVERTON MUNICIPAL CODE, AND REPEALING ALL ORDINANCES OR PARTS OF ORDINANCES IN CONFLICT THEREWITH, AND PROVIDING FOR AN EFFECTIVE DATE.

Section 1. 5.04.070 “Open containers of alcoholic beverages on city property by permit only.” is hereby revised to read as follows:

5.04.070 Open containers of alcoholic beverages on city property by permit only.

A twenty-four (24) hour open container permit may be granted or denied at the sole discretion of the city council without public notice or hearing. The city council may attach rules and regulations, hours, and such other stipulations as they deem appropriate to such permit. The permit shall be issued only for the day or days named therein and it shall not authorize open containers for more than ~~two~~ *twelve (12)* days by any one person or organization in any one calendar year. The cost of such permit shall be twenty-five dollars (\$25.00) or such amount as the council may set from time to time by resolution. Nothing in this section shall be construed to substitute the permit granted herein for retail licenses for resale, permits for resale or similar provisions of this code. (Ord. 12-002 § 1, 2012; Ord. 07-012 § 1, 2007; prior code § 3-6.1)

Section 2. 5.04.100 “Permit for retail sales at picnics, bazaars, fairs, etc.” is hereby revised to read as follows:

5.04.100 Permit for retail sales at picnics, bazaars, fairs, etc.

Applicants for a malt beverage permit shall complete and submit an application, no less than forty-eight (48) hours prior to the event. Applications will be reviewed by the chief of police or designee and the city clerk or designee. The permit will be issued by the city clerk or designee without public notice or hearing, to any responsible person, organization, or microbrewery for the onsite sale and consumption of malt liquors only at a picnic, bazaar, fair, rodeo, or similar public gathering. No person or organization holding such permit shall sell any alcoholic liquor except malt liquors, and no microbrewery holding such permit shall sell any other malt liquors other than their own manufactured product on the premises described on the permit. The permit shall be issued only for the day or days named therein and it shall not authorize the sale of malt liquors for more than ~~two~~ *twelve (12)* days by any one person or organization in any one calendar year with the exception of a picnic, bazaar, fair, rodeo, or similar public gathering. The city council may attach rules and regulations and other stipulations they deem appropriate to this permit. The cost of such permit shall be fifty dollars (\$50.00) for any responsible individual, organization, or microbrewery or such amount as the council may set from time to time by resolution. (Ord. 19-007 § 1, 2019; Ord. 15-005 § 1, 2015; Ord. 12-002 § 1, 2012; Ord. 07-012 § 1, 2007; prior code § 3-8)

Section 3. All ordinances or parts of ordinances in conflict herewith are hereby repealed to the extent of such conflict.

Section 4. This ordinance shall take effect from its adoption and publication as required by law and the ordinances of the City of Riverton.

PASSED ON FIRST READING _____

PASSED ON SECOND READING _____

PASSED ON THIRD READING _____

PASSED AND APPROVED this _____ day of _____, 2020.

CITY OF RIVERTON, WYOMING

By: _____
Richard P. Gard
Mayor

ATTEST:

Kristin S. Watson
City Clerk/Human Resource Director

ATTESTATION

I, Kristin S. Watson, Clerk of the City of Riverton, attest that Ordinance No. 20-004 was passed, adopted, and approved by the Governing Body of the City of Riverton on the ___ day of _____, 2020. I further certify that the above proclamation ran at least once in the Riverton Ranger, a newspaper of general circulation within Riverton, Wyoming, the effective date of publication, and therefore the effective date of enactment being _____.

Kristin S. Watson
City Clerk/Human Resource Director

CITY COUNCIL ACTION MEMO

TO: His Honor the Mayor and Members of the City Council

FROM: Anthony Tolstedt, City Administrator

DATE: July 17, 2020

SUBJECT: Riverton Medical District MOU and Resolution #1419

Background: For approximately the last two (2) years, the Riverton Medical District (RMD) has sought to promote, design, and build a new hospital in the City of Riverton. RMD contracted with Stroudwater & Associates for the development of a feasibility study associated with the construction of such a facility. The study has been modified and is currently being reviewed by Eide Bailly. At the time of this correspondence, that review is not complete.

Council previously considered the development of a process for the issuance of Industrial Development Revenue Bonds (IRB) through the City at the request of RMD. That process was previously outlined by the Council through formal approval. RMD subsequently decided to abandon or postpone their request for that funding consideration. It is noted that RMD might seek such funding at a later date.

The passage of the CARES Act and subsequent distribution of funding to the State of Wyoming created a revenue source for COVID-19 related expenditures. RMD has requested that the City of Riverton agree to apply for allocated funding through the State Loan and Investments (SLIB). The provided resolution and associated information is required for that application. Additional supporting information is also included for Council information.

Discussion:

- **MOU:** The proposed MOU is provided as the initial step in the ongoing development of a formal agreement to partner the City of Riverton with RMD for the development of a new hospital to be constructed in the Shoshone Business Park. The MOU proposes to have the City of Riverton apply for CARES funding through the SLIB. Following approval, Staff would work to develop a formal agreement outlining the details of the ongoing relationship, expectations, and responsibilities of each participating entity in detail.
- **Process:** In order receive consideration for the CARES funding through the SLIB, the applying entity must be a political subdivision such as a county or municipality. As RMD is not a political subdivision, the City of Riverton would submit an application

on their behalf pursuant to Council direction. If approved, the proposed resolution, application and supporting documentation will be submitted to SLIB staff for initial review followed by review by the State Attorney General. Once reviewed, the item is expected to continue on for consideration by the SLIB.

- **Timeline:** SLIB is scheduled to meet in August at their regularly scheduled meeting. There exists the possibility of additional special meetings where consideration may occur but those times are not currently known. Based on the previous applications, it is expected that additional information and/or clarification will be requested. That specific timeline is unknown but previous applications received a similar request within a week. The ultimate timeline for potential approval is not known as it is expected that significant additional information will be requested.
- **Feasibility study:** The feasibility study prepared by Stroudwater & Associates was completed in 2019. Since that time, the study was amended into a new report. Due to potential funding from the USDA, the second completed report is undergoing a required USDA audit by a third party. The third party reviewing the proposed study and plan is Eide Bailly. The draft of the study is scheduled for completion in August. At the time of this correspondence, the City has not received or reviewed the initial or amended report. The portions of the report provided with this application were furnished by RMD.
- **Additional/Alternative funding:** The RMD is intending to apply for additional funding for the remainder of the construction cost. It is understood that the remainder of the necessary construction funding will be obtained by RMD via the USDA Community Facilities program. A copy of the general overall budget is attached for review.
- **Future agreement/questions:** A number of questions remain with regard to the details of this project and the requirements of the different groups should the project be awarded and move forward. These questions will be answered and presented as part of a more detailed and formal agreement that would be developed if the funding is awarded. These items include concerns such as bidding/construction requirements, compliance with program rules, administration, and reporting to name a few.

Alternatives:

Council may approve, modify, or reject the proposed resolution and associated MOU.

Budget Impact: Beyond minor costs associated with preparation of the proposed documents, the proposed application carries no significant costs. If approved, the City would be responsible for the administration and use/allocation of \$5,210,000.00 towards the construction of a new medical facility. Said award would need to comply with all

State and Federal requirements. Copies of the known rules and guidelines for use are provided for your review.

Council Goals: The development of a hospital in Riverton would align with the promotion of the positive aspects of Riverton as well as applying to the promotion of economic development through increased medical offerings.

**MEMORANDUM OF UNDERSTANDING BETWEEN THE CITY OF RIVERTON,
WYOMING AND FREMONT RMD, WYOMING, FOR CONSTRUCTION OF THE
COMMUNITY HOSPITAL**

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as “MOU”) is made and entered into this ____ day of _____, 2020, by and between the City of Riverton, Wyoming, a municipal corporation (hereinafter referred to as “City”) whose address is, 816 North Federal Blvd., Riverton, Wyoming 82501 and the organization currently named The Riverton Medical District, a 501(c) 3 corporation (hereinafter referred to as “RMD”) whose address is _____, Riverton, Wyoming 82501, and hereinafter collectively referred to as “Party” or “Parties.”

WHEREAS, RMD and the City agree that it is in the best interests of the citizens of Fremont RMD and the City of Riverton to construct a community hospital; and

WHEREAS, RMD wishes to partner with the City of Riverton to secure funding available only to or through governmental entities for the construction of a community hospital; and

WHEREAS, RMD intends to operate the proposed hospital via contract services with a hospital management corporation to be named later; and

WHEREAS, upon completion of the project, the community hospital will be owned by the City, leased to RMD for the sole purpose of operating a hospital, and operated by RMD or hospital management corporation;

WHEREAS, the Parties recognize an agreement is necessary and desirable to establish the initial roles and responsibilities of the parties during the fundraising for and development of a community hospital and desire to enter into an MOU in order to memorialize these roles and responsibilities;

NOW, THEREFORE, for, in consideration of the provisions, and of the covenants and conditions of this MOU, the parties hereto mutually agree as follows:

1. **Purpose.** The purpose of this MOU is for the Parties to reach a mutual understanding of the responsibilities and obligations of each Party during the funding acquisition activities for a community hospital to be operated by RMD or a mutually agreed upon hospital management corporation.
2. **Duration of MOU.** This MOU shall be in effect commencing upon execution of this MOU by both parties through such time as the parties provide for a more specific agreement or the agreement is terminated pursuant to the terms of this MOU.
3. **Responsibilities of RMD.**
 - A. RMD shall prepare all applications and supporting documentation for applications to State funding agencies associated with monies intended to develop healthcare facilities. All funding applications will insure repayment of said funding shall be limited to the land and facility developed by said funding.
 - B. RMD shall provide the City with applicable information as requested for the review and consideration of any funding application.
4. **Responsibilities of City.**
 - A. The City shall, after review and approval, shall submit applications and funding document for State approval. Approval shall not be granted if the City is indebted beyond the facility and land developed by allocated funding. Approval of funding applications is at the sole discretion of the Riverton City Council.
 - B. The City agrees to, in so far as permitted by law, keep information provided to the City by RMD reasonably confidential.
5. **Mutual Responsibilities**
 - A. If funding is allocated through the aforementioned funding applications, the parties agree to develop a formal agreement outlining the specific duties, responsibilities, and benefits of the

respective parties for the development of a community hospital. Such agreement may pertain to a lease purchase agreement or similar conveyance of final ownership.

6. **General Provisions.**

- A. **Amendments.** Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU, which are mutually agreed upon by and between the parties, shall be incorporated by written instrument and effective when executed and signed by both parties.
- B. **Termination.** Either party may terminate this MOU in writing upon fourteen (14) days notice without cause.
- C. **Applicable Law.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wyoming. The courts of the State of Wyoming shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the ___ Judicial District of the State of Wyoming, Fremont County, Wyoming.
- D. **Entirety of MOU.** This MOU, consisting four (4) pages, represents the entire and integrated MOU between the parties and supersedes all prior negotiations, representations and MOUs, whether written or oral.
- E. **Governmental Immunity.** The City does not waive its governmental immunity by entering into this MOU, and each fully retains all immunities and defenses available under Wyoming Statutes 1-39-104(a) and all other Wyoming laws provided by law with respect to any action based on or occurring as a result of this MOU.
- F. **Force Majeure.** Neither party shall be liable for failure to perform under this MOU if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem. This provision shall not be effective unless the failure to perform is beyond the control and without the fault or negligence of the nonperforming party.
- G. **Third Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties and obligations contained herein shall operate only between the parties and shall inure solely to the benefit of the parties. The provisions herein are intended only to assist the parties in determining and performing their obligations under this MOU. The parties intend and expressly agree that only parties signatory to this MOU shall have any legal or equitable right to seek to enforce, seek any remedy arising out of a party's performance or failure to perform any term or condition of, or to bring an action for the breach of this MOU.
- H. **Breach and Remedies.** Parties believing the other to be in breach of the provisions of this MOU shall notify the other in writing of the breach, including within such notice the facts of the conduct constituting the breach and the steps necessary to cure the breach. The parties agree to meet within seven (7) working days of such notice to discuss and resolve the breach. In the event that the breach has not been cured within ten (10) calendar days of such meeting, then either party may take such steps as it deems necessary to enforce its rights under this MOU including but not limited to termination of this MOU or court action. In the event that such resolution is through court action, then the prevailing party shall be entitled to recover its costs, including reasonable attorney fees incurred in such court action.
- A. **Compliance with Law.** Parties shall keep informed of and comply with all applicable federal, state and local laws and regulation in the performance of this MOU.
- B. **Notices.** All notices arising out of, or from, the provisions of this MOU shall be in writing and given to the parties at the address provided under this MOU, either by regular mail, facsimile, e-mail, or delivery in person.

- C. **Liaison and Notice.** City and RMD Designated Representatives.
- i. City's designated representative is Anthony Tolstedt, City Administrator: telephone number: (307) 856-2227; 816 N. Federal Blvd. Riverton, WY 82501
 - ii. RMD's designated representatives are Vivian Watkins , telephone number: (307) 856-0859. 1765 North 8th West, Riverton, WY 82501
- D. **Successors and Assigns.** This MOU and the terms and conditions hereof apply to and are binding on the purchasers, heirs, legal representatives, successors, assignees, agents and employees of all parties.
- E. **Severability.** Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance
- F. **Titles Not Controlling.** Titles of paragraphs are for reference only, and shall not be used to construe the language in this MOU.
- G. **Waiver.** The failure by parties to insist upon the strict performance of any term or condition of this MOU or to exercise any right, power or remedy consequent upon a breach thereof, shall not constitute a waiver of any such breach of such term or condition. A waiver of any breach shall not affect or alter this MOU. Each and every term and condition of this MOU shall continue in full force and effect with respect to any other then existing or subsequent breach thereof.

PAGE INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the City Council and RMD have caused this MOU to be signed and executed on their behalf, and this MOU has been duly attested by the City and RMD, on the day and year first written above.

CITY OF RIVERTON, WYOMING:

By: _____
Richard P. Gard, Mayor

Date: _____

ATTEST:

Kristin Watson, City Clerk

RIVERTON MEDICAL DISTRICT (RMD):

By: _____
Vivian Watkins

Date: _____

ATTEST:

By:

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

City of Riverton, WY

FOR THE PURPOSE OF:

Development of a new medical facility.

(State Purpose of Project)

WITNESSETH

WHEREAS, the Governing Body for the City of Riverton, WY

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

WHEREAS, the Governing Body of the City of Riverton, WY

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 City of Riverton, WY

that a grant application in the amount of \$ 5,210,000.00

(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

Construction of a new medical facility

(Name of Funds Requested)

BE IT FURTHER RESOLVED, that

City Admin. Tony Tolstedt, City Clerk Kristin Watson, and Finance Director Mia Harris

(Name and Title of Person(s))

are hereby designated as the authorized representatives of the City of Riverton, WY

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

PASSED, APPROVED AND ADOPTED THIS

21st

(Date)

day of

July

(Month)

2020

(Year)

(Signature)

Richard P. Gard, Mayor

(Name and Title)

Attest:

(Signature)

Kristin Watson, City Clerk

(Name and Title)

OFFICE OF STATE LANDS AND INVESTMENTS

Coronavirus Relief Grant Program

Certification Statement

WHEREAS, the Governing Body for the
City of Riverton, WY

Hereby Certifies that the funding being applied for under the WYOMING CORONAVIRUS RELIEF FUND GRANT program meets the requirements set forth under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). It is further certified that the funding being applied for meets the requirements of 2020 Spec. Session 1, SEA No. 001.

The CARES Act provides that payments from the Grant Fund may only be used to cover costs that:

1. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019;
2. Were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act); and
3. Were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

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.

BE IT FURTHER RESOLVED, that

City Admin. Tony Tolstedt, City Clerk Kristin Watson, and Finance Director Mia Harris

(Name and Title of Person(s))

are hereby designated as the authorized representatives of the
Certification Statement
to act on behalf of the Governing Body on all matters relating to this grant application.

PASSED, APPROVED AND ADOPTED THIS

21st

(Date)

day of

July

(Month)

2020

(Year)

(Signature)

Richard P. Gard, Mayor

(Name and Title)

Attest:

(Signature)

Kristin Watson, City Clerk

(Name and Title)

State of Wyoming State Loan and Investment Board Coronavirus Relief Grant Program

APPLICANT INFORMATION

Applicant Category **Government Entity:** **Medical Entity:** **Tribal Council:**

Applicant

Mailing Address

City **State** **Zip**

E-Mail Address **Phone #**

Tax ID #:

Contact Person (Name and Title)

Phone # **E-Mail Address**

WYOMING CORONAVIRUS RELIEF FUND INFORMATION

CRG Funding Name

Amount of Funding Requested NOTE: This amount must match the amount on the submitted resolution

List all other funding sources for the project in the table below including the status and amount expended, if any.

Other Funding Source Description	Amount	Status*		Amount Expended	Funding Percentage
		Pending	Approved		
					0.00%
					0.00%
					0.00%
					0.00%
Total Other Funding	\$0			\$0	

*Documentation to support the status must be attached to the Application Packet.

Estimated Total Funding Request:

Balance of Request Unfunded:
Auto Calculated
(Estimated Project Costs less Amount Expended)

Estimated Funding Percentage: (Final Funding Percentage is Determined by Board Approved Amount)
% is auto calculated
(Amount Requested/Estimated Project Costs)

I certify that I am authorized to sign this application on behalf of our governing body, and the applicant will comply with all appropriate requirements, if approved.

To the best of my knowledge and belief, the information in this application is true and correct. I understand the State may review any relevant documents or instruments relating to the analysis of this application.

I further certify by signing and submitting this application that all program eligibility criteria have been reviewed and this application reflects the criteria.

I understand that if grant funds spent are later found to be ineligible, the applicant will be requested to pay back the ineligible funds within 15 days to the Office of State Lands and Investments.

Signature Date

Name and Title (typed)

Applicant: City of Riverton

CRG Request Type Construction of a new medical facility.

1. Are the funds being applied for to cover costs for necessary expenditures incurred due to the public health emergency with respect to the COVID-19?

Yes	No
x	

2. Are the funds being applied for used to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020?

Yes	No
x	

3. Are the funds being applied for used to cover costs that were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020?

Yes	No
x	

4. Will the funds be fully expended (not just encumbered) by December 30, 2020?

Yes	No
x	

5. Will there be reporting requirements (in addition to SLIB's) related to the use of the funds, if any?

Yes	No
	x

If yes, please explain below.

With regard to the CRG funding request, no additional reporting requirements are expected. The additional monies for the total project will require additional reporting depending on the requirement of the funding agency.

6. Please provide a description of the amount of all federal loans, grants or aid provided for COVID-19 related purposes including from the Coronavirus Aid, Relief and Economic Security (CARES) Act, Public Law 116-136, or other similarly purposed federal act for which the agency/entity is eligible for.

With regard to COVID related funding there are no additional COVID related items that are eligible for application. Additional funding for the entire project is proposed to be secured from USDA Community Facilities.

7. Please provide a description of the amount of all federal loans, grants or aid provided for COVID-19 related purposes including from the Coronavirus Aid, Relief and Economic Security (CARES) Act, Public Law 116-136, or other similarly purposed federal act for which the agency/entity has applied for.

There have been no other grant applications for the proposed projects.

8. Please provide a description of the amount of all federal loans, grants or aid provided for COVID-19 related purposes including from the Coronavirus Aid, Relief and Economic Security (CARES) Act, Public Law 116-136, or other similarly purposed federal act for which the agency/entity has received.

No other COVID related funding has been received.

Applicant: City of Riverton

CRG Request Type Construction of a new medical facility.

1. Briefly describe the reason for which you are requesting funding. (Please attach extra pages if needed.)

See attached sheet

2. Describe how the funds being applied for are to cover costs for necessary expenditures incurred due to the public health emergency with respect to the COVID-19. (Please attach extra pages if needed.)

See attached sheet

3. Describe how the funds being applied for were used or are to be used to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020 for necessary expenditures incurred due to the public health emergency with respect to the COVID-19. (Please attach extra pages if needed.)

See attached sheet

1. Briefly describe the reason for which you are requesting funding.

The funding being applied for is meant to augment a proposed hospital construction project in Riverton to address current and future COVID related needs as well as other potential infectious diseases. The items outlined below were added to the hospital design in response to the COVID-19 crisis. The following mitigations will help prepare the new Riverton Medical Center to respond to the ongoing COVID-19 crisis.

The funding requested will be used to augment the initial intended design to better address COVID-19 and future pandemic response needs.

2. Describe how the funds being applied for are to cover costs for necessary expenditures incurred due to the public health emergency with respect to the COVID-19.

Additional land purchase: \$972,000

To respond to the temporary needs of COVID-19 patients, and provide for a larger parking lot footprint to accommodate items like drive-through testing and in vehicle waiting for emergency, urgent care and clinic visits the amount of land required to support the operations for this hospital has increased. The price above reflects the estimated cost for additional land.

Increased parking and hardscape: \$415,000

To respond to the temporary needs of COVID-19 patients, a larger parking lot and additional parking spaces are required to operationalize on-site, drive-through COVID-19 testing. Space will also be required to provide additional parking spaces to allow patients to wait in their vehicles for appointments to minimize the time spent in waiting rooms and other interior spaces. Additionally, increased vehicle circulation space is required to allow emergency vehicles to arrive and depart without interfering with the temporary COVID-19 related mitigation efforts. The price above reflects the estimated cost for this additional work.

Added Isolation Operating Room: \$1,535,000

To respond to the temporary needs of COVID-19 patients a “negative” pressure or “isolation” operating room was added to provide extra protection for patients and staff during times when an infectious patient requires surgery. Based strictly on the projected surgery volumes two operating rooms satisfy the needs of the Riverton Medical Center. A third OR was added to handle times when emergency cases or surge volumes require additional surgery space. This OR will be designed with an anti-room to maintain proper room pressurization and protect the surrounding areas from the hazards associated with operating on an infectious patient. The price above reflects the estimated cost for this additional work.

Increased heating, ventilation and air conditioning: \$ 690,000

To respond to the temporary needs of COVID-19 patients an HVAC system with increased filtration requirements and is capable of switching to 100% outdoor air in all but the most extreme weather condition was added. This includes increasing the size of the heating and cooling coils; increasing the filter section size and filter requirements; adding an air cleaning system; and adjusting the controls to create a “pandemic” control sequence to serve the temporary needs of COVID-19 patients or patients of future epidemics. The price above reflects the estimated premium for this additional work.

Temporary entrance to clinic: \$323,000

To respond to the temporary needs of COVID-19 patients, an additional entrance will be created to allow staff to separate patients coming for care that are suspected of carrying an infectious disease, like COVID-19, from the routine patients coming to the outpatient clinic. The price above reflects the estimated cost for this additional work.

Airborne Infection Isolation (AII) Rooms: \$120,000

To respond to the temporary needs of COVID-19 patients, several AII rooms will be added to the hospital to protect patients, visitors and staff from patients who have or are suspected to have an

infectious disease. Three AII rooms will be added to the clinic; one AII room will be added to the Emergency Department; and one AII room will be added to the Surgical Pre/Post Unit. These rooms will meet the requirements of the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 170. The price above reflects the estimated premium for this additional work.

Patient Isolation Rooms: \$214,000

To respond to the temporary needs of COVID-19 patients, the number of isolation inpatient rooms will triple from one room to three rooms. These rooms will have the appropriate room pressurization controls and monitoring, and anti-rooms for safely storing, donning and doffing personal protective equipment. The price above reflects the estimated cost for this additional work.

Surge Capacity: \$538,000

To respond to the temporary needs of COVID-19 patients, the medical surgical inpatient bed count will increase from 12 beds to 19 beds. Seven of the twelve beds will be converted from private rooms to semi-private rooms by increasing the size of the rooms and adding headwalls. These rooms will allow the capacity of the hospital to expand in the event of a pandemic like the COVID-19 outbreak. The price above reflects the estimated cost for this additional work.

Telemedicine Rooms: \$23,000

To respond to the temporary needs of COVID-19 patients, the number of exam rooms that are equipped specifically for telemedicine visits will double from one room to two rooms. These rooms will be used to see patients remotely who are suspected of having an infectious disease like COVID-19 to minimize the chances of infecting other patients, visitors and staff. The price above reflects the estimated premium for this additional work.

Germicidal Ultraviolet Lighting: \$ 380,000

To respond to the temporary needs of COVID-19 patients, germicidal ultraviolet lighting will be installed in the operating rooms and emergency treatment and trauma rooms. The lights can be selected to give off a frequency of light that targets viruses of similar composition to COVID-19. These lights will supplement the normal cleaning and will provide an additional level of safety for patients, visitors and staff. The price above reflects the estimated premium for this work.

TOTAL: \$5,210,000

3. Describe how the funds being applied for were used or are to be used to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020 for necessary expenditures incurred due to the public health emergency with respect to the COVID-19.

The initial budget for the development of a new hospital did not include the addition of the aforementioned COVID-19 related improvements.

GROWING HEALTHY FAMILIES



**RIVERTON
MEDICAL
CENTER**

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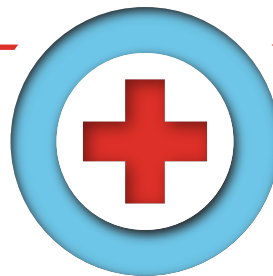
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**RIVERTON
MEDICAL
CENTER**

A New Riverton Hospital Will.....

1. Be the 1st Pandemic-Ready hospital in the state

- Will serve as Western Wyoming's treatment hub for future pandemics
- Through innovative design, will provide multiple beds and surgical suites with independent ventilation systems to isolate sick patients, and keep other patients and staff safe
- Will be a model for future hospital construction for the state of Wyoming

2. Increase treatment capacity for COVID-19 and future pandemics

- Will allow central and western Wyoming to better respond to public health care crisis
- By increasing providers, it will improve access for tens of thousands of Wyomingites

3. Be telehealth focused to expand access, improve quality, and enhance safety during pandemic outbreaks

- Telehealth emphasis extends from outreach to care management to virtual visits to at-home monitoring

4. Improve health outcomes for Tribal members

- Overcrowded living conditions make tribal members more susceptible to pandemics
- The tribes have been severely affected by the lack of hospital services in Riverton
- New hospital will create economic growth for Eastern Shoshoni Tribe as it will be built in the Shoshone Business Park, part of Riverton's federally designated opportunity zone



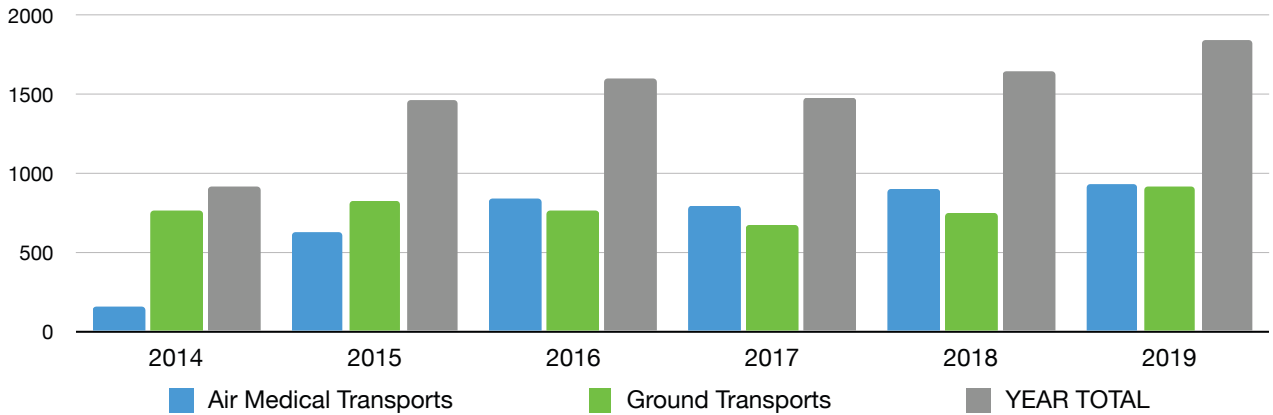
Fremont County Interfacility Transport Assessment

The listed counts of interfacility transports by EMS are filtered by the originating hospitals being either SageWest Health Care Lander or SageWest Health Care Riverton. Transports between the two SageWest facilities are removed. The counts per year include any receiving facility other than SageWest facilities. Interfacility EMS transports have varying incomplete information for flight services from 1/1/2014 through 6/30/2017.

Data provided by the Wyoming Department of Health

Fremont County Interfacility Transports

	2014	2015	2016	2017	2018	2019	TOTAL
Air Medical Transports	155	632	837	795	899	937	4255
Ground Transports	768	831	768	680	754	915	4716
YEAR TOTAL	923	1463	1605	1475	1653	1852	8971





**Cheyenne Regional
Medical Group**
Consultants in Surgery

Take G. Pullos, MD, F.A.C.S. ~ Jeremy Gates, MD, F.A.C.S.
Lisa K. Burton, MD, F.A.C.S. ~ Doug Schmitz, MD, F.A.C.S.
Napoleon Cieza, MD, ~ Shala Swarm, DNP, FNP-BC
Ashley Aylward, PA-C

March 16, 2020

**Mike Ceballos
Director
Wyoming Department of Health
401 Hathaway Building
Cheyenne, WY 82002**

Dear Mr. Ceballos,

At a recent meeting of the Wyoming Chapter of the American College of Surgeons Committee on Trauma, we became aware that trauma and other basic medical services in Riverton and the surrounding areas have become severely compromised over the past five years. Currently, Riverton has no surgical coverage. As a result, Riverton area patients with urgent and emergent surgical needs are having to be transferred to other health care facilities. This can often tax the resources at other facilities, but more importantly, this is a tremendous burden for Riverton patients, families, health care providers, prehospital and air ambulance staff. Since Riverton is so geographically isolated, most patients are having to be transferred by air ambulance. This adds additional travel expense for patients and their families and an additional flight risk to patients and the staff.

Riverton, the city with the largest population in Fremont County, needs a hospital with continuous quality basic medical, trauma, emergency, surgical and obstetrical care. Additionally, they need continuous support of laboratory and imaging services. These services are not currently being provided to this community. Any assistance that the Wyoming Department of Health may provide in helping Riverton obtain these basic health care needs would be greatly appreciated.

Sincerely,

**Lisa K. Burton, M.D., F.A.C.S.
Medical Director of Trauma
Cheyenne Regional Medical Center**



Riverton Medical District Report
July 17, 2019
Thomas O. Forslund

Background and Experience

From March 2011 to March 2019, I served as Director of the Wyoming Department of Health. During this time period, I oversaw a variety of healthcare functions and facilities throughout the State of Wyoming. I worked extensively with health care professionals dealing with health challenges facing both the state and the nation. During my tenure I toured numerous health care facilities throughout Wyoming. My experience at the Department of Health allowed me to develop an informed opinion regarding health care issues.

Assignment

SageWest - Lander and SageWest - Riverton are two separate facilities licensed as a single hospital and are owned by LifePoint Health. I was asked by the Riverton Medical District to review the current status of services offered at the SageWest - Riverton Hospital and to outline my opinion regarding the scope of services currently offered at the facility.

Review of Information

Public Documents

As part of my review I read numerous articles, editorials, and letters published in the *Riverton Ranger* newspaper. As a result of that review, I concluded that historically, the Riverton and Lander hospitals have generally provided similar services to their respective communities. However, in recent years reports indicate that numerous services have been reduced or eliminated at SageWest - Riverton. Some example of services reduced or eliminated in Riverton include:

- Obstetrics & gynecology;
- 24-hour surgery;
- Anesthesia services;
- Lab services; and
- Level III Emergency Room status.

Historically two (2) orthopedic surgeons were located in Riverton; currently there are none. It has also been reported that there has been staff reductions made at Riverton facility and there has been a significant reduction in the number of beds being occupied by patients.



During the same time period, the services listed above have either been maintained or expanded at the SageWest - Lander facility. In addition, it has been reported that orthopedists, neurologists, and pathologists have been relocated to Lander.

This trend of decreasing services at the SageWest - Riverton facility has caused impacts in the Riverton community. At a recent public meeting a representative of the Central Wyoming College nursing program stated that students in their program were being sent to Lander, Jackson, and Casper WY to do their clinical work due to the lack of patients in the SageWest-Riverton facility. Additionally, the representative stated that there is a demand for the expansion of the nursing program; however, the program is currently unable to meet that demand due to the lack of patients at the SageWest - Riverton facility. This lack of patients makes local clinical work difficult if not impossible, and has a negative impact on the ability of the program to expand.

The *Riverton Ranger* also reported a local EMS representative commenting that nearly 40% of ambulance runs in Fremont County are now transfers from SageWest-Riverton to SageWest-Lander. The lack of a full array of hospital services and supports at SageWest - Riverton may be a determining factor in having to make these transfers. There have also been reports that a significant number of Fremont County patients being sent in air ambulances to other facilities, both within and outside of the state.

Finally, it was reported that in four positions on the hospital board previously filled by Riverton residents are now filled by Lander residents.

Stroudwater Study

A local Riverton community group recently contracted with Stroudwater Associates, a leading national healthcare consulting firm, to perform a greenfield hospital market study. In their study Stroudwater reported SageWest's combined Medicare market share for both Riverton and Lander declined from 60.5% in 2013 to 44.4% in 2017. Stroudwater reported other instate hospitals were the primary beneficiary of this loss of market share. This loss of market share seems to indicate that the lack of a full-service hospital in Riverton causes some Riverton residents to elect to receive their medical care elsewhere.

Stroudwater also reported that "current indications point toward further reductions of services at Riverton and potential abandonment of all services as entities have been approached to lease SageWest Riverton campus for non-hospital services." This report confirms the trends I observed within my review of news articles as stated previously.

Recent Changes

Recently John Ferrelli has been appointed as the new hospital CEO overseeing the SageWest facilities. Mr. Ferrelli has been meeting with members of the Riverton community to discuss the



future of the local hospital. According to reports from these meetings Mr. Ferrelli stated the Riverton facility will be focusing on mental health and long-term care services. These statements seem to indicate LifePoint Health does not intend to offer a full-service hospital in Riverton in the future.

On-Site Visit

I visited the SageWest-Riverton campus in the early afternoon on June 12, 2019. I visited those areas that were open to the general public, including several corridors within the facility. I did not tour the ER. During my visit, I observed two (2) patients in the facility, one inpatient and one infusion outpatient. I did not see any other patients in the facility. There were a number of rooms available, with doors open and lights shutoff. My general impressions were consistent with the newspaper articles, public meetings, and the statement made in the Stroudwater report. It appeared that during my visit, the facility was not operating at anywhere near capacity, and was indeed being minimally utilized.

Conclusion

It appears as if LifePoint has made the decision to consolidate the Lander and Riverton facilities. It is my observation that moving forward each facility will likely have separate missions. According to Mr. Ferrelli, SageWest - Riverton facility will have a primary focus on treating individuals with mental health issues and providing long-term care services. In the future it does not appear as if the SageWest - Riverton facility will be providing the same level of services it has historically provided and as a result residents of the Riverton area will need to drive, be driven, or be transported to other facilities to receive those services. This trend of having to travel outside of the community to receive medical services has already started and likely will continue moving forward.





*Eastern Shoshone Business Council
P.O. Box 538
Fort Washackie, WY 82514
(307) 332-3532/4932
Fax: (307)332-3055*

April 20, 2020

Riverton Medical District
PO Box 433
Riverton, WY 82501

Re: Letter of Support for the new Riverton Hospital

Gentry:

The Eastern Shoshone Tribe is in full support of the efforts by the Riverton Medical District to build a new Hospital in Riverton WY, at the Eastern Shoshone Business Park which will meet the needs of tribal members and non-tribal members alike. We also recognize that access to high-level healthcare is an urgent issue for our community and believe the association of the Eastern Shoshone Tribe with your non-profit corporation will improve health care outcomes for tribal members and others in our community. We would like to acknowledge the Eastern Shoshone Tribe's willingness to join with the Riverton Medical District in this effort.

We also believe that a new "State of the Art Hospital" will help create additional economic growth and activity for the City of Riverton and the Eastern Shoshone Tribe.

We are willing to continue to collaborate with the Riverton Medical District on the possibility of obtaining critical access designation.

Kind Regards,


Vernon Hill, Sr., ESBC Chairman
EASTERN SHOSHONE TRIBE



https://trib.com/news/state-and-regional/govt-and-politics/health/hospitals-in-wyoming-charging-significantly-more-than-medicare-national-study/article_0ee7ea88-0964-596c-8cfd-6581e726367a.html

Hospitals in Wyoming charging significantly more than Medicare, national study finds

Seth Klamann
Jun 10, 2019



Dr. Tom Kopitnik performs a lumbar fusion on a patient in 2009 at Mountain View Regional Hospital. The hospital, which has since been purchased by Wyoming Medical Center, charged insurers 424 percent more than Medicare in 2017, according to a new report.

File, Star-Tribune

Hospitals in Wyoming charged private insurance plans more than three times what Medicare would pay for the same care in 2017, according to a national study that looked at 14 hospitals here and nearly 1,600 facilities nationwide and found further evidence that the Equality State has a serious



problem with health care prices.

“What this helps us understand is that yes, in fact Wyoming hospitals are charging significantly more above Medicare than hospitals in other states, even highly rural states,” said Anne Ladd, who runs the Wyoming Business Coalition on Health, an employer group organized to improve health care quality and pricing.

The report examined data from 25 states — including a number of rural states like Montana, Kansas, New Mexico and Washington — and compared what private health care plans paid hospitals versus what Medicare paid. Nationwide, the report’s authors found private insurance paid 241 percent what Medicare paid.

Of the 25 states, Wyoming had the second-highest disparity between Medicare and private insurance for outpatient services: Private plans were charged 302 percent more than Medicare, a difference of \$8 million. Only Indiana had a higher percentage disparity.

The goal of comparing what Medicare paid to what private insurers paid was to set a benchmark — Medicare — and use it to weigh the more variable insurance payments. The numbers fluctuated significantly across Wyoming. Of the 14 hospitals surveyed, only two were within 200 percent of Medicare. Weston County Health Services charged private insurers just 128 percent of what they paid Medicare, while Washakie Medical Center charged 198 percent of the federal program.



Health care prices are higher in Wyoming than elsewhere. But no one is sure exactly why.
Seth Klamann

But there were hospitals who were significantly higher. SageWest Health Care in



Fremont County had the highest relative price in the state: The hospital charged private insurance more than eight times what the facility was paid by Medicare. Evanston Regional was 589 percent higher, and insurers paid Mountain View Regional — the Casper hospital that was acquired by Wyoming Medical Center last year — 424 percent more than Medicare.

Cheyenne Regional and Wyoming Medical Center — the two largest hospitals in Wyoming — charged insurers 480 percent and 392 percent of Medicare in 2017, respectively.

In all, only five of the 14 Wyoming hospitals surveyed charged private insurance less than 300 percent of what they would've charged Medicare.

Hospital group responds

Eric Boley, the president of the Wyoming Hospital Association, said one of the report's broad conclusions — that prices are high — isn't surprising. But he was broadly critical of the rest of the report. He noted that there's data missing elsewhere — though not in the outpatient data that the percentages are based off of — and that the information itself is old.

Further, and more fundamentally, Boley took issue with using Medicare as a baseline.

“Medicare is not the gold standard,” he said. “It doesn't pay the actual cost of delivering care. They're using that as the measuring stick, but it's a bad place to start, to begin with.”

But Medicare isn't far off the cost of care in Wyoming, others said. A preliminary analysis of Medicare cost data by the state Department of Health found that Medicare, along with patient cost-sharing and third-party liability, pays about 98 percent of cost to critical access hospitals, which make up the bulk of facilities here (though the department stressed that how Medicare calculates cost may



differ from how hospitals do it).

For the other, non-critical access hospitals in the state, the Medicare share pays about 90 percent of cost.

That meshes with **a broader report by the Medicare Payment Advisory Commission from earlier this year**, which found that Medicare paid not far off from cost for some hospitals, and that hospitals having low Medicare rates may be a result of them charging too much elsewhere.

“In other words, when providers receive high payment rates from insurers, they face less pressure to keep their costs low, and so, all other things being equal, their Medicare margins are low because their costs are high,” the report stated.

Ladd, of the business coalition, said in an email that there was no mix of Medicare and privately insured patients “that justifies charging 399% of Medicare, much less 400%, 500%, 600% and even over 800%.”

She said that Wyoming’s rural nature wasn’t a satisfactory explanation for the high hospital costs; she pointed to other rural states like Michigan, which had hospitals that paid closer to Medicare. But there were rural, Western states like Montana and Colorado that had high costs closer to Wyoming.

Evidence of high costs

Still, the study is not a surprise in that it shows Wyoming has high health care costs. That was anecdotally considered true for some time, and recent data has provided further evidence to show that Wyoming has some of the highest health care costs in the nation. And the RAND report doesn’t offer solutions — one of the report’s authors told the Star-Tribune that they didn’t look at why or what’s next.

What the report does is give policymakers here — and Ladd’s group specifically



— more evidence that the insurance they provide is being charged significant amounts.



Casper neurologist named national physician of the year by the American Heart Association

Seth Klamann

“Employers can exert pressure on their health plans and hospitals to shift from (the) current pricing system to one that is based on a multiple of Medicare or another similar benchmark,” RAND researcher Chapin White said in a statement.

“The purpose of this hospital price transparency study is to enable employers to be better shoppers of health care on behalf of their employees,” said Gloria Sachdev, who runs an employer coalition in Indiana, in a statement. “We all want to know which hospitals provide the best value. Numerous studies have found that rising health care costs are due to high prices, not because we are using more health care services.”

Chris Whaley, another RAND researcher, told the Star-Tribune that employers can pressure hospitals to lower their prices or those employers can start sending their workers elsewhere to get care. That may be harder in rural places like Wyoming, he said, but it remains an option.

Ladd said that’s an option employers have — to start providing coverage for cheaper, larger hospitals in Colorado or Utah. But that doesn’t solve the problem of basic care.

Therein lies a central question for all Wyomingites, whether they’re policymakers, hospital CEOs, patients or employers. It’s a question both Ladd and Boley agree that the state must pose if it wants to address cost: What services should communities have immediate access to, and which should



patients have to drive for?

“Which community’s ready to start deciding which services should and should not be provided?” Boley said. He stressed that many of the facilities he represents operate on thin margins and aren’t flush with cash. “It’s a really difficult decision that needs to be made from a regulatory or a governance standpoint for each facility and for the communities. If you take that service out of the hospital line, who’s going to pick it up?”

He added that Wyoming hospitals “absolutely care about the businesses and the communities that we serve.”

“My hope would be that employers would start working together to go to their local hospital and say, ‘We don’t want to put you out of business, but you are putting us out of business,’” Ladd said. “We have got to come to some kind of reasonable middle ground, where you’re viable and you’re functioning and you’re good, and I can also make my next hire and I can expand my business because right now, frankly, that’s not happening because of health care costs.”



Coronavirus Relief Fund
Guidance for State, Territorial, Local, and Tribal Governments
April 22, 2020

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). The CARES Act established the Coronavirus Relief Fund (the “Fund”) and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.¹

The guidance that follows sets forth the Department of the Treasury’s interpretation of these limitations on the permissible use of Fund payments.

Necessary expenditures incurred due to the public health emergency

The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be “necessary.” The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

Costs not accounted for in the budget most recently approved as of March 27, 2020

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost

¹ See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The “most recently approved” budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

A cost is “incurred” when the responsible unit of government has expended funds to cover the cost.

Nonexclusive examples of eligible expenditures

Eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:
 - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
 - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
 - Costs of providing COVID-19 testing, including serological testing.
 - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
 - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
2. Public health expenses such as:
 - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
 - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
 - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
 - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
 - Expenses for public safety measures undertaken in response to COVID-19.
 - Expenses for quarantining individuals.
3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
 - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
 - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
 - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.
 - Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
 - COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
 - Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
 - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
 - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
 - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

Nonexclusive examples of ineligible expenditures²

The following is a list of examples of costs that would *not* be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.³
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

² In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

³ See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.

**Coronavirus Relief Fund
Frequently Asked Questions
Updated as of June 24, 2020**

The following answers to frequently asked questions supplement Treasury’s Coronavirus Relief Fund (“Fund”) Guidance for State, Territorial, Local, and Tribal Governments, dated April 22, 2020, (“Guidance”).¹ Amounts paid from the Fund are subject to the restrictions outlined in the Guidance and set forth in section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”).

Eligible Expenditures

Are governments required to submit proposed expenditures to Treasury for approval?

No. Governments are responsible for making determinations as to what expenditures are necessary due to the public health emergency with respect to COVID-19 and do not need to submit any proposed expenditures to Treasury.

The Guidance says that funding can be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. How does a government determine whether payroll expenses for a given employee satisfy the “substantially dedicated” condition?

The Fund is designed to provide ready funding to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise.

The Guidance says that a cost was not accounted for in the most recently approved budget if the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. What would qualify as a “substantially different use” for purposes of the Fund eligibility?

Costs incurred for a “substantially different use” include, but are not necessarily limited to, costs of personnel and services that were budgeted for in the most recently approved budget but which, due entirely to the COVID-19 public health emergency, have been diverted to substantially different functions. This would include, for example, the costs of redeploying corrections facility staff to enable compliance with COVID-19 public health precautions through work such as enhanced sanitation or enforcing social distancing measures; the costs of redeploying police to support management and enforcement of stay-at-home orders; or the costs of diverting educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty’s ordinary responsibilities.

Note that a public function does not become a “substantially different use” merely because it is provided from a different location or through a different manner. For example, although developing online instruction capabilities may be a substantially different use of funds, online instruction itself is not a substantially different use of public funds than classroom instruction.

¹ The Guidance is available at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>.

May a State receiving a payment transfer funds to a local government?

Yes, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act. Such funds would be subject to recoupment by the Treasury Department if they have not been used in a manner consistent with section 601(d) of the Social Security Act.

May a unit of local government receiving a Fund payment transfer funds to another unit of government?

Yes. For example, a county may transfer funds to a city, town, or school district within the county and a county or city may transfer funds to its State, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, a transfer from a county to a constituent city would not be permissible if the funds were intended to be used simply to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure.

Is a Fund payment recipient required to transfer funds to a smaller, constituent unit of government within its borders?

No. For example, a county recipient is not required to transfer funds to smaller cities within the county's borders.

Are recipients required to use other federal funds or seek reimbursement under other federal programs before using Fund payments to satisfy eligible expenses?

No. Recipients may use Fund payments for any expenses eligible under section 601(d) of the Social Security Act outlined in the Guidance. Fund payments are not required to be used as the source of funding of last resort. However, as noted below, recipients may not use payments from the Fund to cover expenditures for which they will receive reimbursement.

Are there prohibitions on combining a transaction supported with Fund payments with other CARES Act funding or COVID-19 relief Federal funding?

Recipients will need to consider the applicable restrictions and limitations of such other sources of funding. In addition, expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds, are not eligible uses of Fund payments.

Are States permitted to use Fund payments to support state unemployment insurance funds generally?

To the extent that the costs incurred by a state unemployment insurance fund are incurred due to the COVID-19 public health emergency, a State may use Fund payments to make payments to its respective state unemployment insurance fund, separate and apart from such State's obligation to the unemployment insurance fund as an employer. This will permit States to use Fund payments to prevent expenses related to the public health emergency from causing their state unemployment insurance funds to become insolvent.

Are recipients permitted to use Fund payments to pay for unemployment insurance costs incurred by the recipient as an employer?

Yes, Fund payments may be used for unemployment insurance costs incurred by the recipient as an employer (for example, as a reimbursing employer) related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.

The Guidance states that the Fund may support a “broad range of uses” including payroll expenses for several classes of employees whose services are “substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” What are some examples of types of covered employees?

The Guidance provides examples of broad classes of employees whose payroll expenses would be eligible expenses under the Fund. These classes of employees include public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Payroll and benefit costs associated with public employees who could have been furloughed or otherwise laid off but who were instead repurposed to perform previously unbudgeted functions substantially dedicated to mitigating or responding to the COVID-19 public health emergency are also covered. Other eligible expenditures include payroll and benefit costs of educational support staff or faculty responsible for developing online learning capabilities necessary to continue educational instruction in response to COVID-19-related school closures. Please see the Guidance for a discussion of what is meant by an expense that was not accounted for in the budget most recently approved as of March 27, 2020.

In some cases, first responders and critical health care workers that contract COVID-19 are eligible for workers’ compensation coverage. Is the cost of this expanded workers compensation coverage eligible?

Increased workers compensation cost to the government due to the COVID-19 public health emergency incurred during the period beginning March 1, 2020, and ending December 30, 2020, is an eligible expense.

If a recipient would have decommissioned equipment or not renewed a lease on particular office space or equipment but decides to continue to use the equipment or to renew the lease in order to respond to the public health emergency, are the costs associated with continuing to operate the equipment or the ongoing lease payments eligible expenses?

Yes. To the extent the expenses were previously unbudgeted and are otherwise consistent with section 601(d) of the Social Security Act outlined in the Guidance, such expenses would be eligible.

May recipients provide stipends to employees for eligible expenses (for example, a stipend to employees to improve telework capabilities) rather than require employees to incur the eligible cost and submit for reimbursement?

Expenditures paid for with payments from the Fund must be limited to those that are necessary due to the public health emergency. As such, unless the government were to determine that providing assistance in the form of a stipend is an administrative necessity, the government should provide such assistance on a reimbursement basis to ensure as much as possible that funds are used to cover only eligible expenses.

May Fund payments be used for COVID-19 public health emergency recovery planning?

Yes. Expenses associated with conducting a recovery planning project or operating a recovery coordination office would be eligible, if the expenses otherwise meet the criteria set forth in section 601(d) of the Social Security Act outlined in the Guidance.

Are expenses associated with contact tracing eligible?

Yes, expenses associated with contract tracing are eligible.

To what extent may a government use Fund payments to support the operations of private hospitals?

Governments may use Fund payments to support public or private hospitals to the extent that the costs are necessary expenditures incurred due to the COVID-19 public health emergency, but the form such assistance would take may differ. In particular, financial assistance to private hospitals could take the form of a grant or a short-term loan.

May payments from the Fund be used to assist individuals with enrolling in a government benefit program for those who have been laid off due to COVID-19 and thereby lost health insurance?

Yes. To the extent that the relevant government official determines that these expenses are necessary and they meet the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance, these expenses are eligible.

May recipients use Fund payments to facilitate livestock depopulation incurred by producers due to supply chain disruptions?

Yes, to the extent these efforts are deemed necessary for public health reasons or as a form of economic support as a result of the COVID-19 health emergency.

Would providing a consumer grant program to prevent eviction and assist in preventing homelessness be considered an eligible expense?

Yes, assuming that the recipient considers the grants to be a necessary expense incurred due to the COVID-19 public health emergency and the grants meet the other requirements for the use of Fund payments under section 601(d) of the Social Security Act outlined in the Guidance. As a general matter, providing assistance to recipients to enable them to meet property tax requirements would not be an eligible use of funds, but exceptions may be made in the case of assistance designed to prevent foreclosures.

May recipients create a “payroll support program” for public employees?

Use of payments from the Fund to cover payroll or benefits expenses of public employees are limited to those employees whose work duties are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May recipients use Fund payments to cover employment and training programs for employees that have been furloughed due to the public health emergency?

Yes, this would be an eligible expense if the government determined that the costs of such employment and training programs would be necessary due to the public health emergency.

May recipients use Fund payments to provide emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency?

Yes, if a government determines such assistance to be a necessary expenditure. Such assistance could include, for example, a program to assist individuals with payment of overdue rent or mortgage payments to avoid eviction or foreclosure or unforeseen financial costs for funerals and other emergency individual needs. Such assistance should be structured in a manner to ensure as much as possible, within the realm of what is administratively feasible, that such assistance is necessary.

The Guidance provides that eligible expenditures may include expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. What is meant by a “small business,” and is the Guidance intended to refer only to expenditures to cover administrative expenses of such a grant program?

Governments have discretion to determine what payments are necessary. A program that is aimed at assisting small businesses with the costs of business interruption caused by required closures should be tailored to assist those businesses in need of such assistance. The amount of a grant to a small business to reimburse the costs of business interruption caused by required closures would also be an eligible expenditure under section 601(d) of the Social Security Act, as outlined in the Guidance.

The Guidance provides that expenses associated with the provision of economic support in connection with the public health emergency, such as expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, would constitute eligible expenditures of Fund payments. Would such expenditures be eligible in the absence of a stay-at-home order?

Fund payments may be used for economic support in the absence of a stay-at-home order if such expenditures are determined by the government to be necessary. This may include, for example, a grant program to benefit small businesses that close voluntarily to promote social distancing measures or that are affected by decreased customer demand as a result of the COVID-19 public health emergency.

May Fund payments be used to assist impacted property owners with the payment of their property taxes?

Fund payments may not be used for government revenue replacement, including the provision of assistance to meet tax obligations.

May Fund payments be used to replace foregone utility fees? If not, can Fund payments be used as a direct subsidy payment to all utility account holders?

Fund payments may not be used for government revenue replacement, including the replacement of unpaid utility fees. Fund payments may be used for subsidy payments to electricity account holders to the extent that the subsidy payments are deemed by the recipient to be necessary expenditures incurred due to the COVID-19 public health emergency and meet the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, if determined to be a necessary expenditure, a government could provide grants to individuals facing economic hardship to allow them to pay their utility fees and thereby continue to receive essential services.

Could Fund payments be used for capital improvement projects that broadly provide potential economic development in a community?

In general, no. If capital improvement projects are not necessary expenditures incurred due to the COVID-19 public health emergency, then Fund payments may not be used for such projects.

However, Fund payments may be used for the expenses of, for example, establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity or improve mitigation measures, including related construction costs.

The Guidance includes workforce bonuses as an example of ineligible expenses but provides that hazard pay would be eligible if otherwise determined to be a necessary expense. Is there a specific definition of “hazard pay”?

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19.

The Guidance provides that ineligible expenditures include “[p]ayroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” Is this intended to relate only to public employees?

Yes. This particular nonexclusive example of an ineligible expenditure relates to public employees. A recipient would not be permitted to pay for payroll or benefit expenses of private employees and any financial assistance (such as grants or short-term loans) to private employers are not subject to the restriction that the private employers’ employees must be substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May counties pre-pay with CARES Act funds for expenses such as a one or two-year facility lease, such as to house staff hired in response to COVID-19?

A government should not make prepayments on contracts using payments from the Fund to the extent that doing so would not be consistent with its ordinary course policies and procedures.

Must a stay-at-home order or other public health mandate be in effect in order for a government to provide assistance to small businesses using payments from the Fund?

No. The Guidance provides, as an example of an eligible use of payments from the Fund, expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. Such assistance may be provided using amounts received from the Fund in the absence of a requirement to close businesses if the relevant government determines that such expenditures are necessary in response to the public health emergency.

Should States receiving a payment transfer funds to local governments that did not receive payments directly from Treasury?

Yes, provided that the transferred funds are used by the local government for eligible expenditures under the statute. To facilitate prompt distribution of Title V funds, the CARES Act authorized Treasury to make direct payments to local governments with populations in excess of 500,000, in amounts equal to 45% of the local government's per capita share of the statewide allocation. This statutory structure was based on a recognition that it is more administratively feasible to rely on States, rather than the federal government, to manage the transfer of funds to smaller local governments. Consistent with the needs of all local governments for funding to address the public health emergency, States should transfer funds to local governments with populations of 500,000 or less, using as a benchmark the per capita allocation formula that governs payments to larger local governments. This approach will ensure equitable treatment among local governments of all sizes.

For example, a State received the minimum \$1.25 billion allocation and had one county with a population over 500,000 that received \$250 million directly. The State should distribute 45 percent of the \$1 billion it received, or \$450 million, to local governments within the State with a population of 500,000 or less.

May a State impose restrictions on transfers of funds to local governments?

Yes, to the extent that the restrictions facilitate the State's compliance with the requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance and other applicable requirements such as the Single Audit Act, discussed below. Other restrictions are not permissible.

If a recipient must issue tax anticipation notes (TANs) to make up for tax due date deferrals or revenue shortfalls, are the expenses associated with the issuance eligible uses of Fund payments?

If a government determines that the issuance of TANs is necessary due to the COVID-19 public health emergency, the government may expend payments from the Fund on the interest expense payable on TANs by the borrower and unbudgeted administrative and transactional costs, such as necessary payments to advisors and underwriters, associated with the issuance of the TANs.

May recipients use Fund payments to expand rural broadband capacity to assist with distance learning and telework?

Such expenditures would only be permissible if they are necessary for the public health emergency. The cost of projects that would not be expected to increase capacity to a significant extent until the need for distance learning and telework have passed due to this public health emergency would not be necessary due to the public health emergency and thus would not be eligible uses of Fund payments.

Are costs associated with increased solid waste capacity an eligible use of payments from the Fund?

Yes, costs to address increase in solid waste as a result of the public health emergency, such as relates to the disposal of used personal protective equipment, would be an eligible expenditure.

May payments from the Fund be used to cover across-the-board hazard pay for employees working during a state of emergency?

No. The Guidance says that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Hazard pay is a form of payroll expense and is subject to this limitation, so Fund payments may only be used to cover hazard pay for such individuals.

May Fund payments be used for expenditures related to the administration of Fund payments by a State, territorial, local, or Tribal government?

Yes, if the administrative expenses represent an increase over previously budgeted amounts and are limited to what is necessary. For example, a State may expend Fund payments on necessary administrative expenses incurred with respect to a new grant program established to disburse amounts received from the Fund.

May recipients use Fund payments to provide loans?

Yes, if the loans otherwise qualify as eligible expenditures under section 601(d) of the Social Security Act as implemented by the Guidance. Any amounts repaid by the borrower before December 30, 2020, must be either returned to Treasury upon receipt by the unit of government providing the loan or used for another expense that qualifies as an eligible expenditure under section 601(d) of the Social Security Act. Any amounts not repaid by the borrower until after December 30, 2020, must be returned to Treasury upon receipt by the unit of government lending the funds.

May Fund payments be used for expenditures necessary to prepare for a future COVID-19 outbreak?

Fund payments may be used only for expenditures necessary to address the current COVID-19 public health emergency. For example, a State may spend Fund payments to create a reserve of personal protective equipment or develop increased intensive care unit capacity to support regions in its jurisdiction not yet affected, but likely to be impacted by the current COVID-19 pandemic.

May funds be used to satisfy non-federal matching requirements under the Stafford Act?

Yes, payments from the Fund may be used to meet the non-federal matching requirements for Stafford Act assistance to the extent such matching requirements entail COVID-19-related costs that otherwise satisfy the Fund's eligibility criteria and the Stafford Act. Regardless of the use of Fund payments for such purposes, FEMA funding is still dependent on FEMA's determination of eligibility under the Stafford Act.

Must a State, local, or tribal government require applications to be submitted by businesses or individuals before providing assistance using payments from the Fund?

Governments have discretion to determine how to tailor assistance programs they establish in response to the COVID-19 public health emergency. However, such a program should be structured in such a manner as will ensure that such assistance is determined to be necessary in response to the COVID-19 public health emergency and otherwise satisfies the requirements of the CARES Act and other applicable law. For example, a per capita payment to residents of a particular jurisdiction without an assessment of individual need would not be an appropriate use of payments from the Fund.

May Fund payments be provided to non-profits for distribution to individuals in need of financial assistance, such as rent relief?

Yes, non-profits may be used to distribute assistance. Regardless of how the assistance is structured, the financial assistance provided would have to be related to COVID-19.

May recipients use Fund payments to remarket the recipient's convention facilities and tourism industry?

Yes, if the costs of such remarketing satisfy the requirements of the CARES Act. Expenses incurred to publicize the resumption of activities and steps taken to ensure a safe experience may be needed due to

the public health emergency. Expenses related to developing a long-term plan to reposition a recipient's convention and tourism industry and infrastructure would not be incurred due to the public health emergency and therefore may not be covered using payments from the Fund.

May a State provide assistance to farmers and meat processors to expand capacity, such to cover overtime for USDA meat inspectors?

If a State determines that expanding meat processing capacity, including by paying overtime to USDA meat inspectors, is a necessary expense incurred due to the public health emergency, such as if increased capacity is necessary to allow farmers and processors to donate meat to food banks, then such expenses are eligible expenses, provided that the expenses satisfy the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance.

The guidance provides that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. May Fund payments be used to cover such an employee's entire payroll cost or just the portion of time spent on mitigating or responding to the COVID-19 public health emergency?

As a matter of administrative convenience, the entire payroll cost of an employee whose time is substantially dedicated to mitigating or responding to the COVID-19 public health emergency is eligible, provided that such payroll costs are incurred by December 30, 2020. An employer may also track time spent by employees related to COVID-19 and apply Fund payments on that basis but would need to do so consistently within the relevant agency or department.

Questions Related to Administration of Fund Payments

Do governments have to return unspent funds to Treasury?

Yes. Section 601(f)(2) of the Social Security Act, as added by section 5001(a) of the CARES Act, provides for recoupment by the Department of the Treasury of amounts received from the Fund that have not been used in a manner consistent with section 601(d) of the Social Security Act. If a government has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the Department of the Treasury.

What records must be kept by governments receiving payment?

A government should keep records sufficient to demonstrate that the amount of Fund payments to the government has been used in accordance with section 601(d) of the Social Security Act.

May recipients deposit Fund payments into interest bearing accounts?

Yes, provided that if recipients separately invest amounts received from the Fund, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. If a government deposits Fund payments in a government's general account, it may use those funds to meet immediate cash management needs provided that the full amount of the payment is used to cover necessary expenditures. Fund payments are not subject to the Cash Management Improvement Act of 1990, as amended.

May governments retain assets purchased with payments from the Fund?

Yes, if the purchase of the asset was consistent with the limitations on the eligible use of funds provided by section 601(d) of the Social Security Act.

What rules apply to the proceeds of disposition or sale of assets acquired using payments from the Fund?

If such assets are disposed of prior to December 30, 2020, the proceeds would be subject to the restrictions on the eligible use of payments from the Fund provided by section 601(d) of the Social Security Act.

Are Fund payments to State, territorial, local, and tribal governments considered grants?

No. Fund payments made by Treasury to State, territorial, local, and Tribal governments are not considered to be grants but are “other financial assistance” under 2 C.F.R. § 200.40.

Are Fund payments considered federal financial assistance for purposes of the Single Audit Act?

Yes, Fund payments are considered to be federal financial assistance subject to the Single Audit Act (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Guidance, 2 C.F.R. § 200.303 regarding internal controls, §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

Are Fund payments subject to other requirements of the Uniform Guidance?

Fund payments are subject to the following requirements in the Uniform Guidance (2 C.F.R. Part 200): 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

Is there a Catalog of Federal Domestic Assistance (CFDA) number assigned to the Fund?

Yes. The CFDA number assigned to the Fund is 21.019.

If a State transfers Fund payments to its political subdivisions, would the transferred funds count toward the subrecipients’ total funding received from the federal government for purposes of the Single Audit Act?

Yes. The Fund payments to subrecipients would count toward the threshold of the Single Audit Act and 2 C.F.R. part 200, subpart F re: audit requirements. Subrecipients are subject to a single audit or program-specific audit pursuant to 2 C.F.R. § 200.501(a) when the subrecipients spend \$750,000 or more in federal awards during their fiscal year.

Are recipients permitted to use payments from the Fund to cover the expenses of an audit conducted under the Single Audit Act?

Yes, such expenses would be eligible expenditures, subject to the limitations set forth in 2 C.F.R. § 200.425.

If a government has transferred funds to another entity, from which entity would the Treasury Department seek to recoup the funds if they have not been used in a manner consistent with section 601(d) of the Social Security Act?

The Treasury Department would seek to recoup the funds from the government that received the payment directly from the Treasury Department. State, territorial, local, and Tribal governments receiving funds from Treasury should ensure that funds transferred to other entities, whether pursuant to a grant program

or otherwise, are used in accordance with section 601(d) of the Social Security Act as implemented in the Guidance.

Summary Space Program / Budget
January 23, 2020

Area / Department	Current Program	Current Program GSF	Unit Cost/ Space	Aggregate Cost	Comments
HOSPITAL SPACE					
Administrative Services	5,031	5,635	\$244.34	\$1,376,887	
Administration	2,605	2,918	\$239.96	\$700,155	
Conference / Education	885	992	\$239.96	\$237,927	
Information Systems	374	419	\$240.24	\$100,741	
Physician Lounge / On Call	293	328	\$264.53	\$86,660	
Entrance / Public Elements	706	791	\$264.53	\$209,139	
Volunteers / Gift Shop / Chapel	168	188	\$224.63	\$42,266	
Diagnostic & Treatment Services	18,154	20,332	\$417.72	\$8,493,274	
Emergency	4,995	5,595	\$405.81	\$2,270,354	
Lab	1,446	1,619	\$366.74	\$593,878	
Radiology	3,760	4,212	\$402.80	\$1,696,465	
Outpatient Registration	710	795	\$384.77	\$306,013	
Pre Admission Testing / OP Lab	417	467	\$384.77	\$179,768	
Surgical Services	6,825	7,644	\$450.91	\$3,446,796	
Patient Care Services	10,584	11,854	\$342.68	\$4,062,011	
Medical - Surgical Patient Care Unit	7,811	8,748	\$342.68	\$2,997,952	
Obstetrics	2,772	3,105	\$342.68	\$1,064,059	
Support Services	7,261	8,133	\$237.00	\$1,927,427	
Central Sterile	1,075	1,204	\$264.53	\$318,375	
Dietary Services / Food & Nutrition	2,087	2,337	\$264.53	\$618,173	
Facilities Management	632	708	\$219.14	\$155,066	
Materials Management	1,279	1,433	\$240.25	\$344,207	
Mechanical / Electrical	2,189	2,452	\$200.50	\$491,607	
TOTAL DEPARTMENT GROSS SQ. FT.	41,030	46,000	\$344.77	\$15,859,599	
Building Grossing	1.12				
TOTAL BUILDING GROSS SQ. FT.	46,000		\$344.77	\$15,859,599	
Clinic/Therapy					
Physician Clinic	6,615	7,277	\$280.00	\$2,037,420	
Clinic	6,615	7,277	\$280.00	\$2,037,420	
Physical / Speech Therapy	1,600	1,760	\$250.00	\$440,000	No hydro-therapy pool
Placeholder	1,600	1,760	\$250.00	\$440,000	
TOTAL DEPARTMENT GROSS SQ. FT.	8,215	9,000	\$275.27	\$2,477,420	
Building Grossing	1.10				
TOTAL BUILDING GROSS SQ. FT.	9,000		\$275.27	\$2,477,420	
TOTAL CAMPUS GROSS SQ. FT.	55,000	55,000	\$333.40	\$18,337,019	
Site Cost			\$28.00	\$1,540,000	ESBP Site
Total Direct Construction Cost			\$361.40	\$19,877,019	
Indirect Costs					
1 Design & Estimating Contingency	5.00%			\$993,851	
2 Construction Contingency	5.00%			\$993,851	
3 General Conditions & Staffing	6.50%			\$1,421,207	
4 Preconstruction Services	0.75%			\$163,985	
5 Permit & Fees	1.00%			\$232,859	
6 General Liability Insurance	1.20%			\$284,193	
7 Performance and Payment Bond	1.25%			\$291,074	USDA Requirement
7 Contractor OH & Profit	3.50%			\$838,844	
Total Indirect Costs			\$94.91	\$5,219,865	
Total Construction Cost	55,000	SF	\$456.31	\$25,096,883	
Soft Cost & Design					
Design Fees	7.00%			\$1,756,782	
Testing & inspections	0.25%			\$62,742	
Medical Equipment	9.00%			\$2,258,719	
Furniture & Furnishings	4.00%			\$1,003,875	
IT / Teledata	2.00%			\$501,938	
Signage / Art	0.25%			\$62,742	
Owner Contingency	5.00%			\$1,254,844	
Capitalized Interest	4.95%			\$1,242,296	
	32.5%		\$148.07	\$8,143,939	
Total Project Cost w/o Land			\$604.38	\$33,240,822	
Land Cost					
Land Cost	8 Acres		\$35.35	\$1,944,518	\$ 5.58 / sf
Total Project and Land Cost			\$639.73	\$35,185,340	

Lands and Investments, Office of

Loan and Investment Board

Chapter 39: Coronavirus Relief Grants

Effective Date: 06/08/2020

Rule Type: Emergency Rules & Regulations

Reference Number: 060.0003.39.06082020

Chapter 39

Coronavirus Relief Grants

Emergency rules are in effect no longer than 120 days after filing with the Registrar of Rules.

Section 1. Authority. This Chapter is adopted pursuant to 2020 Spec. Session 1, SEA No. 001, Section 2(b)(ii), (iii) and (x).

Section 2. Definitions. In addition to the definitions in Chapter 1, as used in this Chapter:

- (a) “Business Days” means Monday through Friday, except for federal or state holidays.
- (b) “CARES Act” means the federal Coronavirus Aid, Relief, and Economic Security Act. P.L. No. 116-136.
- (c) “COVID-19” means Coronavirus Disease 2019.
- (d) “Fund” means the Coronavirus Relief Fund monies paid to the state pursuant to section 5001 of the CARES Act.
- (e) “Health Care Facility” means any facility licensed or certified by the Wyoming Department of Health that is a hospital or that normally provides twenty-four (24) hour per day care for individuals, including the facility's owner, operator or licensee.
- (f) “Health Care Provider” means a person or facility licensed, certified or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession, but does not include a person who provides health care solely through the sale or dispensing of drugs or medical devices.
- (g) “Most Recently Approved Budget” refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustment made by that government in response to the COVID-19 public health emergency.
- (h) “Necessary” means that the expenditure is reasonably required for its intended use in the reasonable judgment of the applicable government officials responsible for spending Fund payments.
- (i) “Political Subdivision” means every county, city, incorporated and unincorporated town, school district, and special district within the state.
- (j) “Rural Health Care Districts” means a special health care district established pursuant to Wyoming Statute § 35-2-701(e).

(k) “Tribal Councils” means the Northern Arapaho Business Council and Eastern Shoshone Business Council on the Wind River Reservation. The term “Tribal Councils” does not include businesses, not-for-profit organizations, or any other entity owned or operated by the Tribes or tribal members.

(l) “Tribes” means the Northern Arapaho and Eastern Shoshone tribes on the Wind River Reservation.

Section 3. General Policy.

(a) The Board shall award grants under the provisions of this Chapter in accordance with the CARES Act and in such a manner and to such applicants as shall, in the judgment of the Board, inure to the greatest benefit of the citizens of the state and represent a prudent use of Funds.

Section 4. Distribution of Funds.

(a) The Board shall award grants from the Fund on a first-come, first-served basis.

(b) Grants awarded by the Board from the Fund may be disbursed to reimburse applicants for the following expenditure:

(i) Medical expenses;

(ii) Public health expenses;

(iii) Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency;

(iv) Expenses of actions to facilitate compliance with COVID-19-related public health measures;

(v) Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency; and

(vi) Any other Necessary COVID-19-related expenses that satisfy the Fund’s eligibility criteria.

Section 5. Eligible Applicants.

(a) Eligible entities.

(i) Cities, towns, counties, and other political subdivisions shall be eligible to apply for grants under this Chapter.

(ii) Tribal Councils shall be eligible to apply for grants under this Chapter after they have exhausted the relief funds provided directly by the Treasury. Businesses owned by the Tribes or tribal members shall not be eligible for grants under this Chapter.

(iii) Wyoming Health Care Providers, Rural Health Care Districts, hospital districts, and Health Care Facilities shall be eligible to apply for grants under this Chapter. Health care providers owned or operated by the Tribes or tribal members are eligible for grants under this Chapter.

(b) To be eligible for a grant under this Chapter:

(i) An applicant must be in compliance with all applicable reporting requirements with the Wyoming Department of Audit and Wyoming Department of Revenue prior to its application being considered by the Board; and

(ii) All capital construction projects must be owned by the entity applying for the grant. Eligible capital construction projects shall be limited to establishing temporary public medical facilities to increase COVID-19 treatment or testing capacity.

Section 6. Program Eligibility.

(a) Purposes. Pursuant to the CARES Act, grants awarded from the Fund under the provisions of this Chapter may only be used reimbursing expenses that:

(i) Are Necessary expenditures incurred due to the public health emergency with respect to COVID-19;

(ii) Were not accounted for in the most recently approved budget as of March 27, 2020 for the government; and

(iii) Were incurred during the period beginning on March 1, 2020 and ending on December 30, 2020.

(b) Eligible Expenses. Applicants shall not be eligible for funds under this Chapter to cover expenses that have been reimbursed out of other federal or state funding provided under the CARES Act. The Tribal Councils shall not be eligible for funding under this Chapter to cover costs or expenses that have been reimbursed from other CARES Act funds.

Section 7. Application Procedure

(a) Applications. Separate applications shall be prepared for each funding request. Applicants shall submit one (1) original and one (1) copy of their completed application to the Office. Applications shall be properly executed by the officers of the applicant.

(b) Timing. Applications must be received at least ten (10) Business Days prior to any regularly scheduled meeting of the Board or five (5) Business Days prior to any special

meeting of the Board. Applications not received by these deadlines may be presented to the Board at the next meeting to consider grants under this Chapter.

(c) Required Information. The following information shall be provided by all applicants:

(i) A complete application on a form provided by the Office;

(ii) A standard resolution authorizing the filing of the application on a form provided by the Office;

(iii) A certification statement attesting that the funds being requested will be used in accordance with all requirements and conditions of the CARES Act and agreeing that if it is determined that the funds were not used as intended, they shall be paid back to the Office within fifteen (15) Business Day following notification;

(iv) If the applicant is a special district, a copy of the resolution that shows formation of the special district and certification from the applicable Board of County Commissioners that the special district currently exists;

(v) If the applicant is a joint powers board, a copy of the certificate of organization filed with the Secretary of State, and a copy of an executed joint powers agreement approved by the Attorney General;

(vi) The amount of all federal loans, grants or aid provided for COVID-19 related purposes including from the CARES Act or other similarly purposed federal act for which the recipient:

(A) Is eligible, as determined by the recipient;

(B) Has applied; or

(C) Has received.

(vii) Other applicable information as requested by the Office.

(d) Additional Information Required: If the funding request is for the purchase of a building or land, a market analysis must be completed to determine the fair-market value. Office staff shall review and approve the methodology used for valuation and the overall market value prior to grant funds being disbursed for reimbursement of related costs. Only in exceedingly rare instances will the purchase of real property be an eligible use of the Funds under Section 6 of this Chapter.

(e) Preliminary Review. Within three (3) Business Days of receipt of an application, the Office shall notify the applicant, in writing, if the application lacks any of the items required in Subsections (c) and (d) of this Section. The applicant shall have one (1) Business Day to

submit the required information. Applications that are missing one or more of the information items requested shall not be presented to the Board for consideration

(f) False or Misleading Statements.

(i) Any false or misleading statements made by the applicant in an application shall be grounds for summary rejection of the application.

(ii) Any requests made for reimbursement that are determined to be false or misleading and/or ultimately ineligible after the funds have been disbursed shall be paid back to the Office within fifteen (15) Business Days following notification.

(g) Summary Rejection. The Office shall summarily reject all applications that are clearly ineligible under Sections 6 or 8 of this Chapter.

Section 8. Ineligible Expenditures.

(a) The following is a non-exclusive list of expenditures ineligible for reimbursement from the Funds:

(i) Revenue replacement;

(ii) Damages covered by insurance;

(iii) Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency;

(iv) Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act;

(v) Reimbursement to donors for donated items or services;

(vi) Workforce bonuses other than hazard pay or overtime;

(vii) Severance pay;

(viii) Legal settlements;

(ix) Prepayment on contracts;

(x) Costs for tap fees, sewer and water fees, and plant investment fees;

(xi) All non-cash costs;

(xii) Costs for preparation or presentation of applications;

- (xiii) Costs for transportation, meals and lodging and incidentals incurred anywhere away from the site of the project or that exceed the current federal per diem reimbursement rate;
- (xiv) Costs related to issuance of bonds;
- (xv) Costs for real property in excess of current fair market value and/or costs for an amount of real property in excess of that needed for project purposes;
- (xvi) Costs to establish and form special districts or joint powers boards;
- (xvii) Costs for a contingency or extra work allowance in excess of 10% of estimated construction costs;
- (xviii) Costs associated with the applicant's equipment; and
- (xix) Markups by engineers/architects of sub-consultant and other outside charges.

Section 9. Evaluation Criteria.

- (a) Criteria. The Board shall evaluate applications utilizing the following criteria:
 - (i) Whether the expenditure is an appropriate use of the Fund and in compliance with the CARES Act;
 - (ii) Whether the expenditures were incurred and/or continue to be incurred as a direct response of combating COVID-19 in Wyoming;
 - (iii) Whether the expenditure is related to the economic impact of the COVID-19 public health emergency; and
 - (iv) Whether the expenditure is in compliance with state law.

Section 10. Board Consideration.

- (a) The Board shall consider each eligible application, allow for comments from the applicant and from the Director, and establish the maximum amount of the grant.

Section 11. Fund Disbursement and Administration.

- (a) Attorney General Review. No funds shall be distributed unless the Attorney General has approved in writing the legality of the distribution and expenditure of the funds.
- (b) Fund Disbursement. Funds shall be disbursed to the applicant only as needed to discharge obligations incurred in accordance with the Board approved expenditure. Requests for disbursements shall be made on a form supplied by the Office and supported by adequate proof

that such obligations have been incurred for eligible purposes and are due and owing.

(c) Fund Reversion. All requests for reimbursement for eligible expenses must be received by the Office no later than December 15, 2020. Any unused portions of the grants awarded pursuant to this Chapter shall revert to the US Department of the Treasury on December 30, 2020 whether or not the project is completed and all eligible expenses have been requested for reimbursement.

Section 12. Reporting Requirements.

(a) Applicants shall comply with all federal and state reporting requirements.

Section 13. Audits and Inspections.

(a) The Board may, at its expense, conduct an audit of the records of the applicant.

(b) The applicant shall allow the Federal and/or state government to conduct an audit of the records related to the expenditure of moneys from the Fund. The Applicant shall assist and provide the information requested by the auditors.

Coronavirus Relief Fund
Guidance for State, Territorial, Local, and Tribal Governments
Updated June 30, 2020¹

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). The CARES Act established the Coronavirus Relief Fund (the “Fund”) and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.²

The guidance that follows sets forth the Department of the Treasury’s interpretation of these limitations on the permissible use of Fund payments.

Necessary expenditures incurred due to the public health emergency

The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be “necessary.” The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

Costs not accounted for in the budget most recently approved as of March 27, 2020

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the

¹ This version updates the guidance provided under “Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020”.

² See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The “most recently approved” budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

Finally, the CARES Act provides that payments from the Fund may only be used to cover costs that were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020 (the “covered period”). Putting this requirement together with the other provisions discussed above, section 601(d) may be summarized as providing that a State, local, or tribal government may use payments from the Fund only to cover previously unbudgeted costs of necessary expenditures incurred due to the COVID-19 public health emergency during the covered period.

Initial guidance released on April 22, 2020, provided that the cost of an expenditure is incurred when the recipient has expended funds to cover the cost. Upon further consideration and informed by an understanding of State, local, and tribal government practices, Treasury is clarifying that for a cost to be considered to have been incurred, performance or delivery must occur during the covered period but payment of funds need not be made during that time (though it is generally expected that this will take place within 90 days of a cost being incurred). For instance, in the case of a lease of equipment or other property, irrespective of when payment occurs, the cost of a lease payment shall be considered to have been incurred for the period of the lease that is within the covered period, but not otherwise. Furthermore, in all cases it must be necessary that performance or delivery take place during the covered period. Thus the cost of a good or service received during the covered period will not be considered eligible under section 601(d) if there is no need for receipt until after the covered period has expired.

Goods delivered in the covered period need not be used during the covered period in all cases. For example, the cost of a good that must be delivered in December in order to be available for use in January could be covered using payments from the Fund. Additionally, the cost of goods purchased in bulk and delivered during the covered period may be covered using payments from the Fund if a portion of the goods is ordered for use in the covered period, the bulk purchase is consistent with the recipient’s usual procurement policies and practices, and it is impractical to track and record when the items were used. A recipient may use payments from the Fund to purchase a durable good that is to be used during the current period and in subsequent periods if the acquisition in the covered period was necessary due to the public health emergency.

Given that it is not always possible to estimate with precision when a good or service will be needed, the touchstone in assessing the determination of need for a good or service during the covered period will be reasonableness at the time delivery or performance was sought, *e.g.*, the time of entry into a procurement contract specifying a time for delivery. Similarly, in recognition of the likelihood of supply chain disruptions and increased demand for certain goods and services during the COVID-19 public health emergency, if a recipient enters into a contract requiring the delivery of goods or performance of services by December 30, 2020, the failure of a vendor to complete delivery or services by December 30, 2020, will not affect the ability of the recipient to use payments from the Fund to cover the cost of such goods or services if the delay is due to circumstances beyond the recipient’s control.

This guidance applies in a like manner to costs of subrecipients. Thus, a grant or loan, for example, provided by a recipient using payments from the Fund must be used by the subrecipient only to purchase (or reimburse a purchase of) goods or services for which receipt both is needed within the covered period and occurs within the covered period. The direct recipient of payments from the Fund is ultimately responsible for compliance with this limitation on use of payments from the Fund.

Nonexclusive examples of eligible expenditures

Eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:
 - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
 - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
 - Costs of providing COVID-19 testing, including serological testing.
 - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
 - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
2. Public health expenses such as:
 - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
 - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
 - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
 - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
 - Expenses for public safety measures undertaken in response to COVID-19.
 - Expenses for quarantining individuals.
3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
 - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
 - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
 - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.

- Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
 - COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
 - Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
 - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
 - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
 - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
 6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund’s eligibility criteria.

Nonexclusive examples of ineligible expenditures³

The following is a list of examples of costs that would *not* be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.⁴
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.

³ In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

⁴ See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

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JOURNAL REPORTS: HEALTH CARE

Rethinking the Hospital for the Next Pandemic

The coronavirus caught hospitals flat-footed. Now, worried about a resurgence and future infectious diseases, they want to make sure that doesn't happen again.

By [Laura Landro](#)

Updated June 8, 2020 11:37 pm ET

Hospitals are rethinking how they operate in light of the Covid-19 pandemic—and preparing for a future where such crises may become a grim fact of life.

With the potential for resurgences of the coronavirus, and some scientists warning about outbreaks of other infectious diseases, hospitals don't want to be caught flat-footed again. So, more of them are turning to new protocols and new technology to overhaul standard operating procedure, from the time patients show up at an emergency room through admission, treatment and discharge.

They are finding ways to triage and check in patients remotely, quarantine the infected in separate facilities and reduce physical contact with caregivers to prevent the spread of disease. And they are improving follow-up with formerly infected patients—and others—to look for red flags of disease.

The aim is to be able to isolate and treat infectious patients while continuing to provide other vital services that keep people healthy and bring in the revenue hospitals desperately need to keep their doors open.

These changes promise to markedly reduce risk and disease spread—and change the way people experience care even in times when there is no crisis. More aspects of the health-care experience may become more automated and efficient—from check-in

through follow-up—but it will also become less hands-on than people have come to expect.

“We have to operate a hospital within a hospital, taking care of the needs for patients who have had strokes or a newborn delivery or need surgery while dealing with an otherwise healthy 35-year-old who picked up Covid-19 at a social event,” says James Linder, chief executive of Nebraska Medicine, the teaching hospital and research partner of the University of Nebraska Medical Center, which cared for Covid-19 patients from the Diamond Princess cruise ship.

Here is a look at how a patient’s journey through the hospital is starting to change as pandemics become a looming threat.

Making intake safer

Hanging out in waiting rooms when seeking time-sensitive help at the ER or checking in for surgery has always been one of the great frustrations of hospital care. Now, because of Covid-19 and other potential disease outbreaks, the wait can become deadly.

So, the Covid-19 crisis is pushing hospitals to come up with ways to keep patients out of those rooms.

For instance, more hospitals are remotely triaging and registering patients before they even arrive. Clinicians can consult with patients from their home via telemedicine to help determine how sick they are and if they need to come to the ER at all. From there, admissions are made with as little contact with staff or other patients as possible.

Memorial Health System, which serves counties in the Mid-Ohio Valley, covering southeastern Ohio and northern West Virginia, is using a system from software maker [Phreesia](#) called Zero-Contact Intake that allows patients to check in via their mobile devices at two emergency departments, an urgent-care clinic, outpatient clinics and a drive-through clinic that tests patients for Covid-19. At an urgent-care center, for example, signs instruct patients to call from their car. After they answer a few identifying questions, the staff sends them a link so they can complete registration, then follows up with a text telling them when an exam room is ready.

“I can’t imagine how challenging patient encounters would have been throughout the Covid-19 pandemic without a zero-contact intake process,” says Missy Fleeman, Memorial’s director of patient access.

Memorial is also using the virtual registration to reduce risk for maternity patients, who no longer must enter the hospital through the ER. They can register at home or in the parking lot, where a staff member checks their temperature and then escorts them to the obstetrics department with their partners.

The hospital is planning to continue efforts like these after the immediate dangers of Covid-19 have lessened. “We believe all these initiatives have prepared us for any future infectious-disease surges and would expect very minimal interruptions to patient care,” says Ms. Fleeman.

The new safety efforts don’t stop with registering. When patients are ready to enter the ER, they are unlikely to find the traditional single entrance. Those with symptoms of contagious disease will be steered to separate areas where staffers can check them out remotely.

At Boston’s Brigham and Women’s Hospital, an iPad rigged on a four-legged robot called Spot allows staffers to see patients from a safe distance in the ER or a triage tent outside, via a video assessment and a thermal-imaging camera to measure breathing rate, which can change with fever or illness.

Meanwhile, some health-care-design experts are looking for novel ways to separate infectious patients that are more efficient and less stressful for doctors, nurses and patients than the current go-to method—a tent outside the ER.

In Italy, one group is testing the use of shipping containers converted to emergency intensive-care units. And, as part of a 2018 competition for ER design, a team at the University of Kansas designed a chassis called an Ubulance with detachable containers that could be connected to the emergency department like planes docking at an airport gate. The containers could provide care space in an infectious-disease surge, while creating a quarantine zone. Patients would never enter the core emergency department until they were safe for transport, according to Frank Zilm, team leader of the project and director of the university’s Institute for Health and Wellness Design. The containers could be stored off-site and transported back to the hospital as needed.

In addition, as hospitals begin to admit patients for regular procedures like elective surgery, labor and delivery, new safety measures aim to reassure patients it is safe to come.

When the pandemic began, Nebraska Medicine accelerated the rollout of a new feature of its electronic medical records, Digital Front Door, that allows patients to register 14

days before a scheduled visit and check in the day before, at the same time reviewing or updating their medications, allergies and health history.

A geolocation feature can automatically check in patients as they approach the hospital. Patients who have used Digital Front Door or called ahead are directed to specific entrances to wait in cars and be escorted to minimize risk. Staffers are stationed at all entrances to survey patients who, based on symptoms, get a green, red or yellow sticker; green-sticker patients can check in at electronic kiosks if they didn't check in before arrival, and higher-risk patients are escorted directly to care rooms.

“Everything we are doing is to try to provide a safe experience for patients and providers,” says Michael Ash, Nebraska’s chief transformation officer.

Like Memorial, Nebraska Medicine intends to continue these efforts after the current crisis subsides “both because patients prefer the convenience and to prepare for any future disease outbreaks,” Dr. Linder says.

Preparing for a surge

But preparing for a crisis doesn't mean just making the traditional emergency room safer. When a crisis hits, hospitals are often hugely overcrowded, so patients are often stuck waiting for attention from overworked staffers. And that can mean catching an infectious disease like Covid-19 or worsening your condition due to other hazards and infections if you are already afflicted.

“It's very important to prevent the hospital from becoming a disease amplifier,” says Dr. Richard Waldhorn, a contributing scholar at the Johns Hopkins Center for Health Security who studies hospital emergency preparedness and clinical professor at Georgetown University School of Medicine.

Rush University Medical Center in Chicago opened a new tower in 2012 designed to treat infectious disease without exposing other patients. Dino Rumoro, chairman of emergency medicine, says an entire wing at Rush can be converted within hours into a negative-pressure ward—where rooms are equipped with technology that prevents airborne diseases from escaping, increasing its isolation-room capacity to 100 from 40.

Rush also designed its main lobby with medical gases, suction and electrical power in its structural pillars, which can be deployed quickly to let the lobby handle space needs in a massive patient surge. In April, the hospital prepared and used the space to treat non-Covid patients.

The Cleveland Clinic in Ohio temporarily converted the Health Education Campus it shares with Case Western Reserve University into a 1,000-bed surge hospital during the pandemic, with 327 of its patient beds for low-severity Covid-19 patients; it will decide soon when to return the space to its original use but leave infrastructure in place so it can ramp up again if necessary. The hospital can also convert areas in its main building such as postanesthesia units to serve as intensive-care units.

Some large regional health-care systems have built new emergency departments with better disaster preparation. In Marietta, Ga., WellStar Health System's WellStar Kennestone Hospital will soon open a 263,000-square-foot emergency-department building. The facility will double the hospital's current emergency and trauma capacity, enabling it to treat more than 600 patients daily. It includes dedicated isolation and decontamination rooms that can be used for patients who present with infectious disease, behavioral-health or chemical-contamination issues, and multiple entrances for different levels of patient severity.

Rather than being stacked up in a crowded waiting room, patients will be fast-tracked quickly into individual rooms. Across the street from the main hospital and medical-center campus, the new building is connected by a bridge with two levels so patients and clinicians can always be separated from visitor traffic, and it has its own imaging and X-ray facilities so patients don't have to be transported to the main hospital for tests.

"You have to be able to pivot in situations like this pandemic to accommodate care, not only in how you build the facility, but in how you make the processes and flows safer," says Mary Chatman, executive vice president of WellStar and president of the Kennestone hospital.

Keeping doctors and patients at a distance

Once patients are admitted to the hospital, they continue to be at risk for infection, whether in the intensive-care unit, the surgery suite or regular rooms, since diseases can be spread by staffers' hands and contaminated surfaces.

To make it safer for patients and staffers alike, some hospitals are trying to limit contact. Patients may see less of their doctors and nurses—or at least see them more via video consults—as tech takes over some nursing and monitoring duties.

Instead of the usual practice of making rounds in hospital wards with a crowd of doctors gathered at the patient bedside, the Cleveland Clinic is doing virtual rounds with one doctor in the room and others connected via videoconference outside. In intensive-care units, instead of placing IV poles and monitors next to the patient, they

are now positioned outside the room so nurses can check patients' status without unnecessary exposure for both, according to James Merlino, the Cleveland Clinic's chief clinical transformation officer.

“Managing this pandemic has taught us a lot about how to keep patients and caregivers safe,” says Dr. Merlino. “As we turn society back on and get patients in for the care they need, we know we can protect them.”

Still, he stresses that patient care won't suffer because of the protective measures. Nurses are still in rooms when hands-on care is needed. And to ensure there are enough doctors to lend a hand for critically ill patients, the Cleveland Clinic has a program to train teams of 10 doctors in different specialties that are in less demand during a pandemic—including surgeons, rheumatologists and pediatricians—to work in intensive care if needed due to a surge in cases.

In addition, more hospitals are putting devices in patient rooms that can be used for consults and virtual family visits. At Texas Health Resources, which operates 27 hospitals, tablets are placed in emergency-department rooms and controlled by other tablets kept outside the room. Doctors use them to take an initial history from patients in isolation or ask follow-up questions, and nurses use them to check on patients more often without risking exposure.

At the University of California San Diego, researchers are building robots with tablets that go into patient rooms for telehealth visits. In addition to keeping unnecessary exposure to a minimum, it potentially enables doctors to have more-frequent visits with patients because they don't need to take time to don and doff protective equipment, says Dr. Laurel Riek, professor of computer science and engineering and director of the Health Care Robotics Lab.

Mechanized helpers may also see more service in hospital wards. Before the pandemic, robots were being adopted to perform tasks that take nurses away from direct patient care, such as fetching and delivering medications and supplies to patient rooms and handling lab samples. Now some hospitals are using robots for help with disinfection, such as shuttling ultraviolet-light machines that kill germs from room to room. And a robot design called Moxi is being used more often to deliver clean personal protective equipment and testing supplies, according to manufacturer Diligent Robotics.

One concern is that robots used to perform more hands-on care in infectious-disease outbreaks might upset or frighten patients.

“Patient care isn’t just inserting an IV and taking vital signs, there’s also the connection between the clinician and the patient,” says UCSD’s Dr. Riek. “In cases of patients who are isolated for weeks at a time, this connection is especially important as they are not receiving frequent human contact.”

Doing better follow-up

Readmissions are a persistent issue for patients who are being treated for any condition. Diseases like Covid-19 heighten the risk, especially for people with other issues, such as diabetes and heart disease, that can be aggravated by an infection.

Now health-care facilities are stepping up efforts to track patients at home—a system that is useful at any time, of course, but particularly critical when a disease crisis could arise quickly.

So, caregivers are providing patients with devices linked to their electronic-medical-records systems to check on things like blood pressure, oxygen levels and heart rate. Hospitals are also mining electronic health records to determine which patients in their population might be more vulnerable to infection, such as those who are older or have chronic health conditions such as diabetes and kidney disease.

Nebraska Medicine created a symptom tracker and quarantine tracker that lets patients record their symptoms daily from home, and if there are issues, the system walks them through an eVisit—an online questionnaire whose answers go into a queue that is reviewed by a doctor or other clinician. If a person is asymptomatic but directed to quarantine, the system does a daily check-in, and after the prescribed duration of the quarantine, it generates a certificate patients can use to send to anyone, such as an employer or university, if needed to enable them to return.

The Cleveland Clinic and its medical-records vendor, Epic Systems, developed a Covid-19 home monitoring program for patients with confirmed infections who are isolating at home, as well as for patients discharged after a hospital stay. Patients can use a mobile device to enter symptoms including temperature, and clinicians monitor responses and step in if a patient’s condition worsens.

The technology won’t just help improve preparedness for a crisis, it will also help patients overall, says Dr. Merlino of the Cleveland Clinic. “We intend to use the same technology to follow up on a variety of different types of patient-care issues,” he says.

For example, he says, newly diagnosed heart-disease patients, who need frequent checkups and possibly adjustments to their medication, could use the system to relay important data to their doctors remotely.

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“The applications are really limitless,” Dr. Merlino says.

Ms. Landro, a former Wall Street Journal assistant managing editor, is the author of “Survivor: Taking Control of Your Fight Against Cancer.” She can be reached at reports@wsj.com.

SHARE YOUR THOUGHTS

What changes would you like to see to improve care and safety in hospitals? Join the conversation below.

Write to Laura Landro at laura.landro@wsj.com

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<https://www.wsj.com/articles/hospitals-treat-covid-19-they-spread-it-too-11594046342>

Hospitals Struggle to Contain Covid-19 Spread Inside Their Walls

U.S. medical centers have reported 5,000-plus cases of patients likely catching the coronavirus once admitted for other conditions, adding to the strain of the pandemic itself

By [Russell Gold](#) and [Melanie Evans](#) / Photographs by Taylor

Glascocock for The Wall Street Journal

July 6, 2020 10:39 am ET

The University of Illinois Hospital in Chicago thought it was ready when the pandemic reached its emergency room in early March.

Staff wearing protective gear whisked the first coronavirus patient into isolation, allowing the hospital to stay open for urgent operations. “We have response plans in place to minimize any continued risk to patients, staff or students,” the university said in a campuswide letter.

Those plans were no match for the virus. Within a month and a half, three staff members—two nurses and an operating-room technician—died from Covid-19.

By mid-June, more than 260 of the hospital’s nurses, clerical staff, custodians and technicians had tested positive for the coronavirus, nearly 7% of workers represented by unions. And then a fourth staff member died of Covid-19.

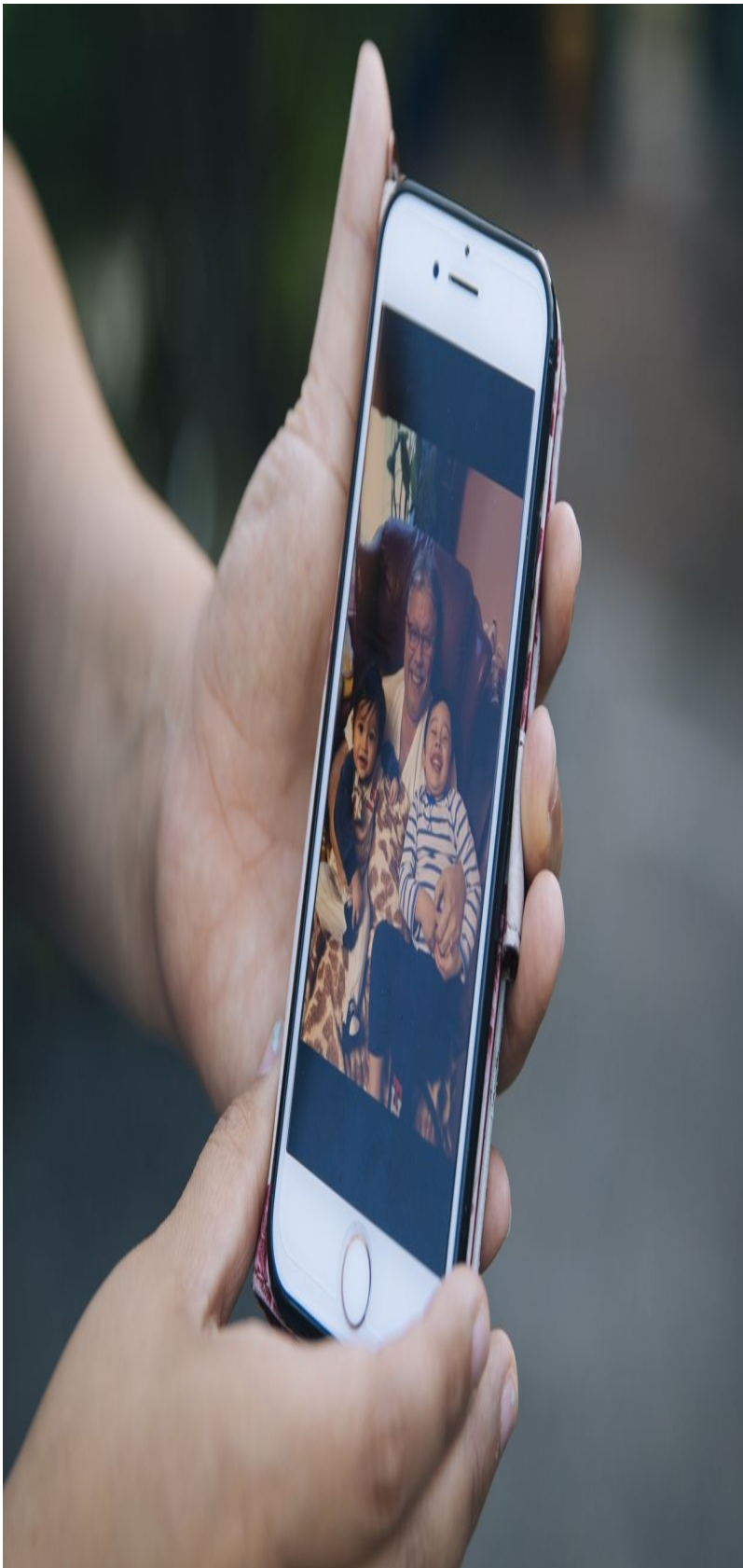
It’s impossible to know how most of the people got infected. But it is likely the virus spread inside the nearly 500-bed hospital, Susan Bleasdale, its head of infection control, said in an interview. She said the hospital investigated staff deaths but declined to discuss the findings, citing privacy.

In the fight against the coronavirus, the nation's hospitals are a refuge for the sickest. Yet despite their intensive efforts, hospitals also are a place where the virus sometimes spreads.

Nationwide, hospitals have identified 5,142 coronavirus infections apparently acquired inside hospitals from May 14 to June 21, according to figures provided to The Wall Street Journal by the Centers for Disease Control and Prevention. The figure could be higher; the reporting is voluntary.

Those are just cases in patients. The CDC hasn't publicly reported in-house infection of the staffs of hospitals.

University of Illinois Hospital declined to say how many patient infections it thinks were transmitted internally.



Angela Martinez shows a photo of her father, Juan Martinez Sr., a surgery technician at the University of Illinois Hospital in Chicago who died from Covid-19 days before his planned retirement.



At the late Juan Martinez Sr.'s home are, from left, Rebeca Martinez, Juan Martinez Jr., Ezra Ramirez (on tricycle), Angela Martinez, baby Angelo Ramirez, Martha Martinez and Miguel Ramirez.

Although a small fraction of all cases, coronavirus infections spread inside hospitals pose an obstacle to the institutions' ability to fully reopen and persuade people they're safe—a step eventually needed both for public health and for hospitals' finances.

Hospitals try to prevent the spread of disease inside their walls on several fronts. They have protocols to isolate infected patients, buildings engineered to reduce viral spread, teams to monitor for outbreaks and multiple grades of protective gear. The virus has exploited weaknesses in each defense, according to interviews with doctors, nurses, respiratory therapists and infection-prevention specialists at two dozen hospitals around the country.

Buildings with limited space for isolation force hospitals to re-engineer on the fly. Monitoring is frustrated by the coronavirus's ability to incubate for up to two weeks, and to pass silently from infected people who have no symptoms. Limited and inaccurate tests meant hospitals were at times unable to identify contagious patients.

All these gaps have left hospitals heavily reliant on personal protective equipment, which for months wasn't available in sufficient quantity and is still being rationed by many hospitals.

At many medical centers, including University of Illinois Hospital, the strategy from the pandemic's outset was to cleave into two parts, one for Covid-19 patients and one for everyone else.

The CDC recommended physical separation and also having a dedicated coronavirus staff. That has proved harder to do.

University of Illinois Hospital, while separating Covid-19 patients from others, allows physicians, nurses, technicians and custodial staff to float in and out of Covid-care zones, employees said. Nurses from both sections of the hospital

change in shared locker rooms before and after shifts. A spokeswoman for the hospital said it tried to have a dedicated staff for Covid units but didn't dispute that some personnel floated from a Covid unit to a non-Covid one.

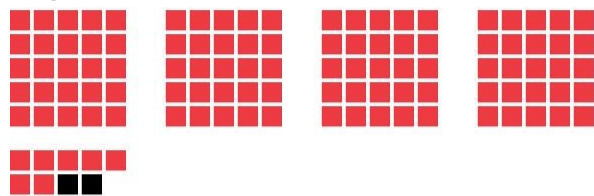
Staff Infections

Workers at University of Illinois Hospital in Chicago who have tested positive for the coronavirus

■ Positive by June 19

■ Died from Covid-19

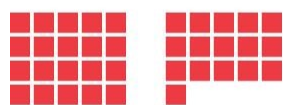
Registered nurses



Technicians



Nurse's aides



Clerical staff



Custodians



Transporters



Licensed practical nurses



Advanced practice registered nurses



Source: University of Illinois Hospital via Illinois Nurses Association and Service Employees International Union

software eventually helped, but the push to trace viral exposure in employees didn't fully get going until around April 20, according to employees. By then, several staff members were infected with the coronavirus and potentially spreading it inside the facility.

Dr. Bleasdale told others as early as the end of March that the virus seemed to be spreading inside University of Illinois Hospital. In an email to infection-control doctors around the country, she wrote: "We have gone to universal masking and not due to pressure but due to nosocomial transmission"—meaning spread inside a hospital.

"I have staff who are coming to work ill that are not identified and then I have sick staff and patients," her email said.

The hospital's small infection-control staff, whose job is to determine the route of disease transmission and trace contacts, was quickly overwhelmed by the number of employees who got sick. Although the CDC said hospitals stretched thin should forgo this time-consuming task, Dr. Bleasdale added temporary staff members to do contact tracing.

The need to scan paper case records into computers hobbled the effort. New

One was Joyce Pacubas-Le Blanc, a 53-year-old nurse on the night shift in the sixth-floor neurosurgical unit.

Also on the sixth floor, the hospital converted a medical-surgical unit to Covid-19 care.

People who worked with the Covid unit's patients received some of the hospital's limited supply of N95 respirator masks. Across the floor, neurosurgery staff members wore less-protective surgical masks.

Ms. Pacubas-Le Blanc died on April 23.



Joyce Pacubas-Le Blanc, a neurosurgery nurse, was the first of four staff members at the University of Illinois Hospital in Chicago who died from Covid-19.

PHOTO: EILEEN FAJARDO-FURLIN

“Everyone has asked, ‘How could this have happened?’” said Bhumika Puklin, a nurse who worked with her. “We are the clean unit. She didn’t float to the Covid unit.”

Ms. Puklin, like others on the staff, said she didn’t hear about infected and hospitalized coworkers from hospital administration. Word passed on social media and the work floor, they said.

The hospital’s Dr. Bleasdale said when officials become aware of an employee testing positive, they notify those who work with the person if needed. Coworkers are notified if they are “in contact with the COVID-positive individual while they were symptomatic,” she said. She said that practice began with the hospital’s first Covid-19 case.

Ms. Pacubas-Le Blanc could have become infected outside of the hospital. Wherever she got it, she could have spread it at work before developing symptoms.

Four days after Ms. Pacubas-Le Blanc's death, Juan Martinez died. He was an operating-room technician on the third floor, preparing trays of surgical tools.

Mr. Martinez, 60, often ate lunch with Maria Lopez, a nurse who worked in the third-floor operating unit.

Ms. Lopez had returned to work in early April after knee surgery, and she came home upset that she was mingling with nurses from emergency-room and intensive-care units who treated coronavirus patients.

"She was still in the same areas, breathing the same air. She was pretty pissed off about that," said her daughter, also named Maria Lopez.

A little more than a week after returning to work, the 63-year-old developed a slight cough and a raspy voice. She went to work, then to the occupational-health department for a test; it came back positive.

Her symptoms quickly worsened. She died of Covid-19 on May 4, seven days after her friend Mr. Martinez.

The younger Ms. Lopez said her mother was vigilant about hand washing, wore a mask when buying groceries and stayed home as much as possible.



A flower-framed photo and a sign reading "Maria UIC Hero" honor Maria Lopez, a nurse at the University of Illinois Hospital in Chicago who died of Covid-19 in May.



The late nurse Maria Lopez's daughters Carina Rodriguez, left, and Maria Lopez, right, with baby Areli Sandoval. In the middle is granddaughter Anahi Ramirez.

Six weeks after this cluster of deaths, another hospital employee died of Covid-19: Phlebotomist Edward Starling, age 61, on June 17.

Some hospitals have made extensive efforts to trace viral exposure among their employees. Others say infections are so widespread it doesn't make sense to commit the resources.

"Contact tracing is pretty difficult because there are so many people with Covid," said Michele Saysana, chief quality and safety officer of Indiana University Health in Indianapolis, at which she said about 460 of 35,000 employees have tested positive. The hospital is increasing its testing capacity.

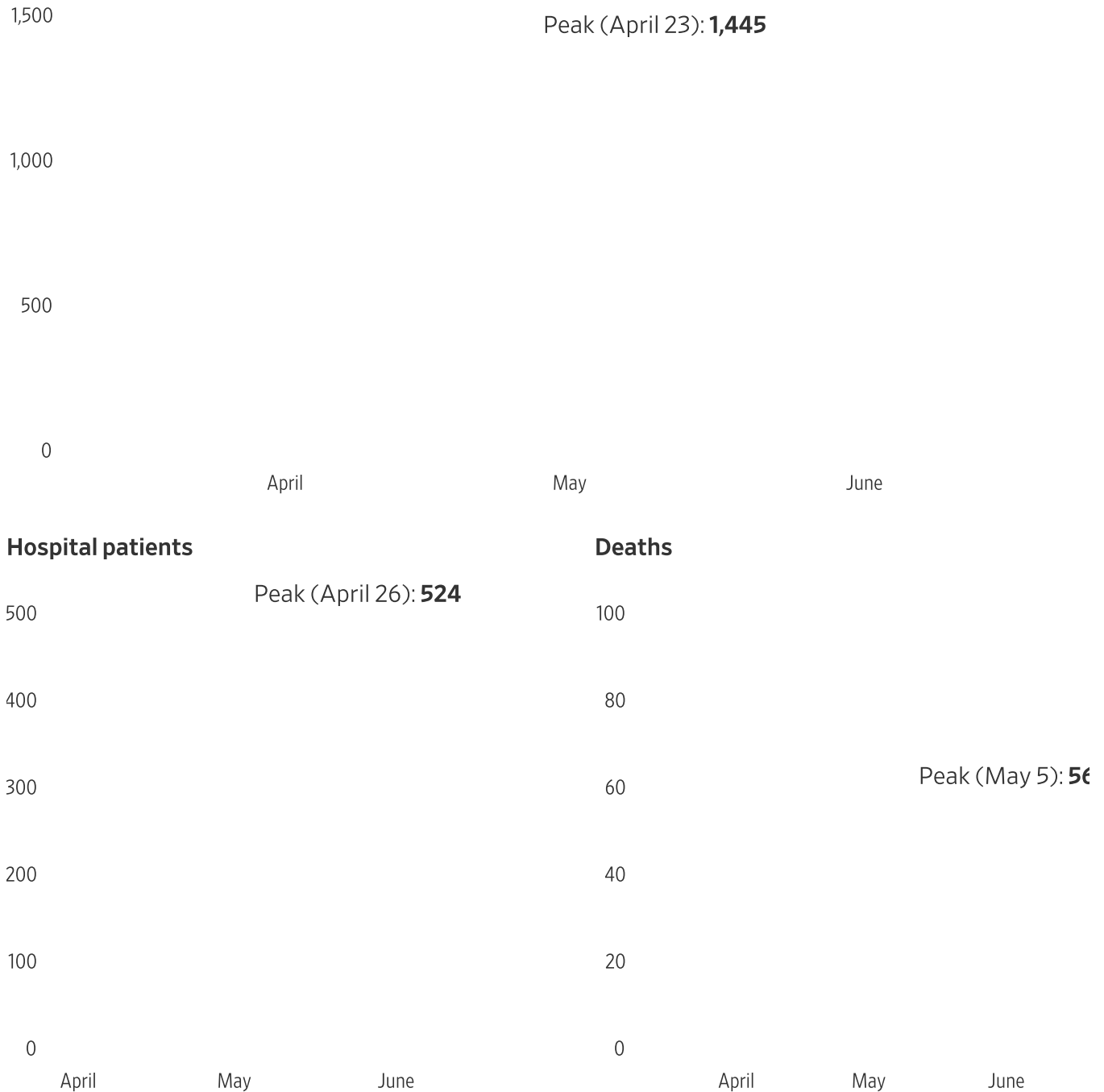
Frustration with infection-control practices has boiled up in several hospitals. In Los Angeles, a doctor at Ronald Reagan UCLA Medical Center told leaders of UCLA Health, of which it is a part, that an intern working with heart patients tested positive and other workers reported symptoms not long after. "Infection control did not get involved at all in identifying contacts, undermining faith in the system," said the doctor's email.

UCLA Health didn't comment on whether the infection-control team was involved in tracing. It said there was no evidence the virus spread and staffers in close contact with the intern ultimately tested negative. UCLA declined to say how many employees tested positive or how many patients had apparent in-house infections, if any.

Pinning down hospital-acquired infections is difficult because of the time the virus can incubate before symptoms appear. To be certain an infection occurred in a hospital, the federal government asks hospitals to report only infections appearing in patients who had been hospitalized for two weeks or more.

Rise and Fall in Chicago

Chicago faced a sharp rise in Covid-19 cases and hospitalizations that peaked in late April, followed by a long decline that cut the number of deaths and stress on area hospitals.



Source: Chicago.gov

Such a standard means “you’re going to miss a vast majority of hospital-acquired infections,” said Ashish Jha, director of the Harvard Global Health Institute.

One hospital system, Legacy Health in Portland, Ore., investigates infections in patients who have been there only four days, said an official of the hospital system. It said it hadn't identified any patients infected in the hospital. It said three of its employees became ill after exposure on the job.



Juan Martinez Jr., a surgery technician at University of Illinois Hospital in Chicago, survived Covid-19. His father, surgery technician Juan Martinez Sr., died of virus there.

patient who likely became infected in the hospital.

In recent weeks, many hospitals have moved to resume procedures they postponed in March and April, launching advertising campaigns to let patients know the hospitals are open and safe. Delayed treatment is a risk, and patients shouldn't be afraid of emergency rooms, their executives say.

Hospitals typically have at least one room outfitted with ventilation that pulls in air, known as negative pressure, to keep germs from wafting into hallways. With Covid-19 patients, the CDC recommended negative-pressure rooms for those needing procedures that aerosolize the virus, such as intubation.

Some hospitals raced to add more negative-pressure space, using plywood, duct tape, temporary walls and portable fans and filters. Others reconfigured ventilation on certain hospital floors, or re-engineered whole buildings.

Researchers at University of Nebraska Medical Center found the coronavirus in hallway air outside negative-pressure Covid-19 rooms. The Omaha hospital revamped its ventilation system to protect people in hallways by creating negative air flow there, too. It has identified four employees and one

SHARE YOUR THOUGHTS

What more might hospitals be doing to keep the coronavirus from spreading inside their facilities? Join the conversation below.

Hospitals are creating Covid-designated clinics to isolate infected patients when possible. They are screening anyone entering buildings and have stepped up cleaning efforts for the return of uninfected patients.

Said Dr. Richard Fogel, chief clinical officer of hospital system Ascension: “We need to be in a heightened state of readiness.”

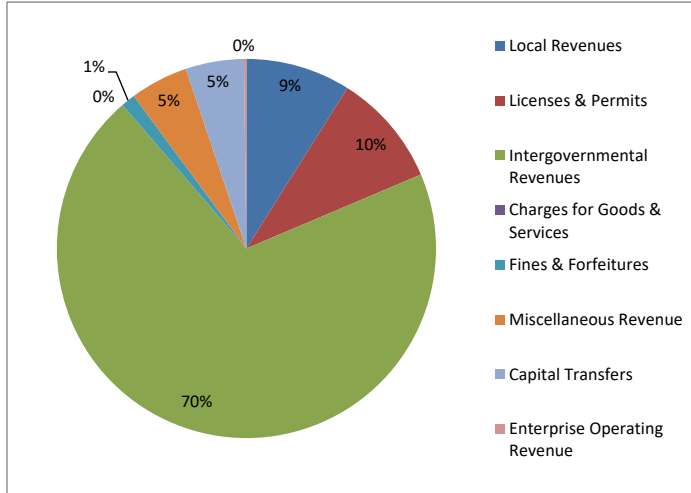
Write to Russell Gold at russell.gold@wsj.com and Melanie Evans at Melanie.Evans@wsj.com

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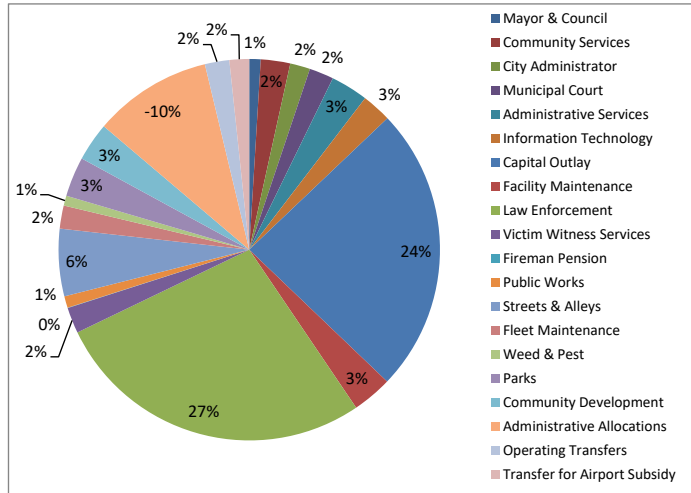
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**Fiscal Year Summary Report
July 1, 2019 thru June 30, 2020**

General Fund



Revenues	Projected	Actual	Difference (\$)	(%)
Local Revenues	\$ 906,900	\$ 920,009	\$ 13,109	101%
Licenses & Permits	\$ 966,800	\$ 994,474	\$ 27,674	103%
Intergovernmental Revenues	\$ 7,425,486	\$ 7,200,806	\$ (224,680)	97%
Charges for Goods & Services	\$ -	\$ 1,444	\$ 1,444	-
Fines & Forfeitures	\$ 125,000	\$ 123,918	\$ (1,082)	99%
Charges for Goods & Services	\$ 1,312,676	\$ 508,940	\$ (803,736)	39%
Capital Transfers	\$ 602,225	\$ 511,377	\$ (90,848)	85%
Enterprise Operating Revenue	\$ 20,000	\$ 21,218	\$ 1,218	106%
Total Revenues	\$ 11,359,087	\$ 10,282,186	\$ (1,076,901)	91%

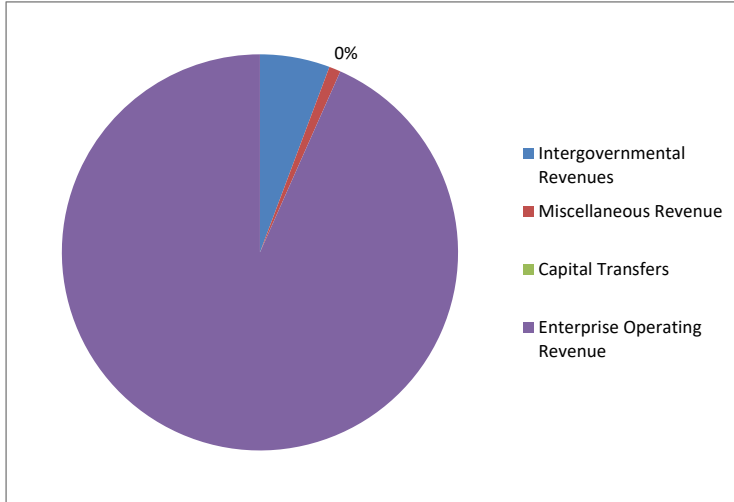


Expenses	Projected	Actual	Difference (\$)	(%)
Mayor & Council	\$ 128,810	\$ 111,221	\$ 17,589	86%
Community Services	\$ 290,000	\$ 287,250	\$ 2,750	99%
City Administrator	\$ 201,465	\$ 195,710	\$ 5,755	97%
Municipal Court	\$ 247,680	\$ 238,493	\$ 9,187	96%
Administrative Services	\$ 369,649	\$ 365,050	\$ 4,599	99%
Information Technology	\$ 302,954	\$ 289,038	\$ 13,916	95%
Capital Outlay	\$ 4,322,670	\$ 2,794,603	\$ 1,528,067	65%
Facility Maintenance	\$ 390,410	\$ 390,316	\$ 94	100%
Law Enforcement	\$ 3,551,290	\$ 3,149,888	\$ 401,402	89%
Victim Witness Services	\$ 252,865	\$ 252,785	\$ 80	100%
Fireman Pension	\$ 3,200	\$ 3,120	\$ 80	98%
Public Works	\$ 114,230	\$ 113,606	\$ 624	99%
Streets & Alleys	\$ 732,090	\$ 657,461	\$ 74,629	90%
Fleet Maintenance	\$ 257,340	\$ 225,249	\$ 32,091	88%
Weed & Pest	\$ 110,332	\$ 97,253	\$ 13,079	88%
Parks	\$ 447,650	\$ 388,207	\$ 59,443	87%
Community Development	\$ 397,845	\$ 376,356	\$ 21,489	95%
Administrative Allocations	\$ (1,268,612)	\$ (1,159,491)	\$ (109,121)	91%
Operating Transfers	\$ 239,000	\$ 239,000	\$ -	100%
Transfer for Airport Subsidy	\$ 268,219	\$ 192,141	\$ 76,078	72%
Total Expenses	\$ 11,359,087	\$ 9,207,256	\$ 2,151,831	81%

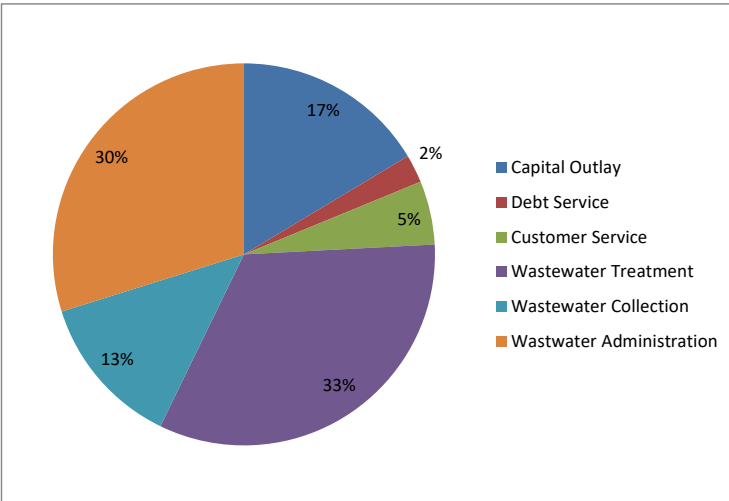
Difference \$ 1,074,930

**Fiscal Year Summary Report
July 1, 2019 thru June 30, 2020**

Wastewater Fund



Revenues	Projected	Actual	Difference (\$)	(%)
Intergovernmental Revenues	353,345	127,450	(225,895)	36%
Miscellaneous Revenue	232,282	21,231	(211,051)	9%
Capital Transfers	19,991	-	(19,991)	0%
Enterprise Operating Revenue	1,948,000	2,085,178	137,178	107%
Total Revenues	2,553,618	2,233,859	(319,759)	87%



Expenses	Projected	Actual	Difference (\$)	(%)
Capital Outlay	633,402	335,135	298,267	53%
Debt Service	49,000	48,658	342	99%
Customer Service	113,255	109,998	3,257	97%
Wastewater Treatment	754,460	674,637	79,823	89%
Wastewater Collection	342,160	264,708	77,452	77%
Wastewater Administration	661,341	609,488	51,853	92%
Total Expenses	2,553,618	2,042,624	510,994	80%

Difference **191,234**

Fiscal Year Summary Report
July 1, 2019 thru June 30, 2020

Fund	Revenue	Expenses	Difference
General Fund	\$ 10,282,186	\$ 9,207,256	\$ 1,074,930
Water Fund	\$ 3,057,670	\$ 2,684,023	\$ 373,647
Wastewater Fund	\$ 2,233,859	\$ 2,042,624	\$ 191,234
Sanitation Fund	\$ 2,408,724	\$ 2,285,278	\$ 123,446
Airport Fund	\$ 1,125,145	\$ 1,125,145	\$ (0)
Airline Minimum Revenue Guarantee	\$ 1,113,340	\$ 677,413	\$ 435,927
	\$ 20,220,922	\$ 18,021,738	\$ 2,199,184