



**Date:** July 7, 2020

**To:** Legislative Advisory Commission Members

Senator Paul Gazelka  
Senate Majority Leader

Senator Julie Rosen, Chair  
Finance Committee

Senator Bill Ingebrigtsen, Chair  
Environment and Natural Resources Finance  
Committee

Representative Melissa Hortman  
Speaker of the House

Representative Lyndon Carlson, Sr., Chair  
Ways and Means Committee

Representative Rick Hansen, Chair  
Environment and Natural Resources Finance  
Division

**From:** Myron Frans, Secretary Legislative Advisory Commission

**Subject:** URGENT REVIEW | #24 Coronavirus Relief Fund Request to Legislative Advisory Commission

This is a request to spend federal dollars received through the CARES Act as part of the Coronavirus Relief Fund for necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19). This request is submitted under M.S. 3.3005 subd. 4 and 5, which allows for a 10-day review.

Attached are the details of the federal fund review request. Details about this request were shared in a briefing for the Legislative COVID-19 Response Commission members and the chairs of the relevant House and Senate Finance Committees on July 7, 2020.

**Federal Fund Review Request**

**FY 2020**

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24. DNR Coronavirus Relief Fund Funding Request #1

\$590,000

**PROCEDURE FOR LAC REVIEW:**

We are requesting LAC members respond to the review request directly by email. If no request for further review is received from the six LAC members by Friday, July 17, 2020, I will approve the request for spending. To expedite the LAC review process during this critical time, LAC members may respond to this review request directly, recommending their approval or request for further review, instead of waiting the 10-day period.

**CC:** Bill Marx, House Fiscal Analysis Department  
Eric Nauman, Senate Lead Fiscal Analyst

**Coronavirus Relief / Health Care Response / COVID-19 Minnesota Funds Request Form**

Please complete this form in accordance with the process instructions.

**Agency/Point of Contact:** Mary Robison

**Title of Request:** DNR Coronavirus Relief Fund Funding Request #1

**Date:** 7/2/2020 **Request Amount:** \$ 590,000

**Expenditure Time Period:** 3/16/2020 to 6/30/2020

**Request Funding Source:**

- Coronavirus Relief Fund (if selected complete page 2)
- Health Care Response Fund
- COVID-19 Minnesota Fund

**Brief Summary of Request:** (Summary must be complete on this page with supporting information attached)

a. The intended purpose and expected results of the proposal, particularly as it relates to the state's response to COVID-19. We are requesting reimbursement for:

1. Unemployment costs resulting from not calling back seasonal staff in compliance with community response efforts. These costs allows income continuity for seasonal employees who could not return to work.
2. MNIT at DNR staff costs to implement the transition telework environment. MNIT Enterprise staff costs and related equipment requests will be included in MNIT's request for reimbursement, and are not included here.

b. The intended beneficiaries of the proposal and any implications for equity and inclusion

Beneficiaries are state employees and their families impacted by COVID-19.

c. How the request originated; who was involved in developing the request

This request was developed in collaboration between the CFO, Finance Director, Incident Managers, and key fiscal staff across the DNR. The CFO, Finance Director, and Incident Managers set direction and approach. Key fiscal staff reviewed expenses to ensure that reimbursement was only requested from the most appropriate federal funding source and that DNR did not request federal reimbursement for the same dollar twice.

d. The time-line for implementation (describe urgency if applicable)

Expenses are from the date that DNR's Incident Management Team (IMT) was established, March 16, 2020 projected through June 30, 2020.

e. What other existing or alternative funding sources (such as agency-specific federal grants) were considered for funding the request

Reimbursement for FEMA eligible expenses such as IMT salary costs and PPE supplies will be sought through the FEMA process. We are requesting reimbursement for MNIT@DNR staff that enabled the transition to telework. We assume that MNIT Central will request reimbursement for the laptops and routers deployed.

**Sarah Strommen** Digitally signed by Sarah Strommen  
Date: 2020.07.02 12:06:02 -05'00'  
Department Head Signature

7/2/2020  
Date

## Coronavirus Relief Fund (CRF) Categories

|   |  |
|---|--|
| <b>Medical Expenses</b>                       | <input type="checkbox"/> Costs incurred by public hospitals, clinics, and similar facilities   |
|   | <input type="checkbox"/> Establishing temporary public medical facilities and other measures to increase treatment capacity, including related construction costs  |
|   | <input type="checkbox"/> Testing, including serological testing  |
|   | <input type="checkbox"/> Emergency medical response expenses, including emergency medical transportation   |
|   | <input type="checkbox"/> Establishing and operating public telemedicine capabilities for COVID-19 related treatment  |
| <b>Public Health Expenses</b>                 | <input type="checkbox"/> Communication and enforcement of public health orders related to COVID-19.  |
|   | <input type="checkbox"/> 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 |
|   | <input type="checkbox"/> Disinfection of public areas and other facilities, e.g., nursing homes, in response to the COVID-19 public health emergency   |
|   | <input type="checkbox"/> Technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety   |
|   | <input type="checkbox"/> Public safety measures undertaken in response to COVID-19   |
|   | <input type="checkbox"/> Expenses for quarantining individuals   |
|   | <input type="checkbox"/> Contact tracing   |
|   | <input type="checkbox"/> Recovery planning projects or operating a recovery coordination office  |
| <b>Payroll Expenses</b>                       | <input type="checkbox"/> 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.   |
| <b>Compliance with Public Health Measures</b> | <input type="checkbox"/> Food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.   |
|   | <input type="checkbox"/> Facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.  |
|   | <input checked="" type="checkbox"/> Improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions  |
|   | <input type="checkbox"/> Providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions  |
|   | <input type="checkbox"/> Maintaining state prisons and county jails, including sanitation and the improvement of social distancing measures, to enable compliance with COVID-19 public health precautions  |
|   | <input type="checkbox"/> Care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions   |
| <b>Economic Support</b>                       | <input type="checkbox"/> Provision of grants to small businesses to reimburse the costs of business interruption caused by required closures   |
|   | <input type="checkbox"/> Expenditures related to a state, territorial, local, or tribal government payroll support program.  |
|   | <input checked="" type="checkbox"/> 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   |
|   | <input type="checkbox"/> Facilitation of livestock depopulation incurred by producers due to supply chain disruption   |
|   | <input type="checkbox"/> Programs designed to prevent eviction and assist in preventing homelessness due to COVID-19 public health emergency   |
|   | <input type="checkbox"/> Employment and training programs for employees that have been furloughed due to the COVID-19 public health emergency  |
|   | <input type="checkbox"/> Emergency financial assistance to individuals or families directly impacted by loss of income   |
| <b>Other</b>                                  | <input type="checkbox"/> Other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria. If this category is selected, please explain further here:   |

### CRF Fund Request Confirmations

- **Confirm that your CRF funding request meets federal guidance: (1) as a necessary expenditure to respond to the COVID-19 public health emergency, (2) is not accounted in the current biennial budget and (3) funds will be expended by December 30, 2020.**
- **Confirm that your CRF funding request does NOT include expenses that cover:**
  - The state's share of Medicaid costs
  - Damages covered by insurance
  - Payroll or benefits of employees whose work duties are not substantially dedicated to mitigating or responding to COVID-19
  - Costs reimbursed under other federal programs or funding sources
  - Reimbursement to donors for donated items or services
  - Workforce bonuses other than hazard pay or overtime
  - Severance pay
  - Government revenue replacement, including provision of assistance to individuals or businesses to meet tax obligations
- **Confirm that your agency will maintain records related to these expenses that will be sufficient to demonstrate that they are in accordance with the requirements of the CARES Act.**
- **Confirm that your agency has the approval of the lead of the selected work group to submit this proposal.**