



<p>Coronavirus Ad Hoc Committee July 28, 2020 – 4:00 PM Zoom Meeting</p>
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Yvonne McBride District 3	Paul Livingston District 4	Joe Walker District 6	Dalhi Myers District 10	Chakisse Newton District 11
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- 1. **Call to Order**
- 2. **Approval of Minutes**
  - May 12, 2020 [PAGES 2-16]
  - May 19, 2020 [PAGES 17-21]
  - June 2, 2020 [PAGES 22-29]
- 3. **Adoption of Agenda**
- 4. **Coronavirus Relief Fund Requirements [PAGES 30-43]**
- 5. **Subrecipient Agreement for Coronavirus Relief Funds [PAGES 44-62]**
- 6. **Relief Grant Program**
- 7. **Adjournment**



Coronavirus Ad Hoc Committee  
 May 12, 2020 – 2:00 PM  
 Zoom Meeting  
 2020 Hampton Street, Columbia, SC 29204

Yvonne McBride	Paul Livingston	Joe Walker	Dalhi Myers	Chakisse Newton
District 3	District 4	District 6	District 10	District 11

Committee Members Present: Paul Livingston, Chair; Yvonne McBride, Dalhi Myers and Chakisse Newton

Others Present: Jim Manning, Allison Terracio, Ashiya Myers, Ashley Powell, John Thompson, Leonardo Brown, Kimberly Williams-Roberts, Michelle Onley, Dale Welch, Clayton Voignier, Trina Walker, Larry Smith, Brittney Hoyle-Terry and Dwight Hanna

- Call to Order** – Mr. Livingston called the meeting to order at approximately 2:00 PM.

Dr. Linda Bell, DHEC Chief Epidemiologist, emphasized that they are continuing to respond with their COVID-19 control efforts. As of May 11, they have received 7,792 reports of confirmed COVID-19 cases in South Carolina. In Richland County, there are 1,119 cases and 57 deaths. One of the main initiatives now, in addition to the ongoing investigative efforts to identify cases and their contacts, is to dramatically expand the availability of testing in communities statewide, and in a number of areas in the Midlands. They are working with their healthcare partners and systems, and making great efforts to ensure that providers have personal protective equipment, in order to be able to provide testing and care. As well as the laboratory collection samples that go along with that, to allow us to expand testing and to make that as widely available as possible. Then to follow up on the data, on the individual level (case reports from people who need our information about the measures they can take to prevent spread and protect their families and communities), but to also use the data to help identify potential gaps where there is a need for additional testing. They have a goal to test, per month, 2% of the population in South Carolina, which be approximately 110,000. Another area they are focusing on is addressing the health disparity to make sure they reach the most vulnerable populations, who are at highest risk of suffering from complications should they become infected. She reminded us that we all generally share the risk of being exposed, if we are not practicing the prevention measures, but the risk for complications of infection are affecting specific groups more severely (i.e. older individuals, chronic underlying health problems, African-Americans). They are working hard to reach out to those populations to make sure they are informed and protected. They are also moving to schedule pop-up clinics, in addition to those fixed clinical, ambulatory care settings.

Ms. McBride stated she was concerned, in terms of the cases in Richland County, based on the newspaper article. The County has the highest number of COVID-19 cases in the State. She knows the County has not been directly involved, in terms of the process used to identify testing, and getting information out to the community. She inquired about how the County can get more data, based on zip codes, so that as we work with DHEC, and others, to do planning for addressing the COVID-19 issues.



Dr. Bell responded they are making their disease reports, by zip code, available. They want to help people interpret that zip code level data. For example, when she looks at the data, she notes that some of the areas where a larger number of cases are reported (i.e. 29223 and 29229) need to be further examined to determine if there more disease activity or does it mean the individuals in those zip codes have more access to being tested. They have also conducted a gap analysis to evaluate access to care. They are looking at the distance of travel from where individual reports have been tested, and where their home address is. They are also looking at the prevalence of co-morbid conditions in different areas. By doing the gap analysis they can identify and make decisions about where it is most beneficial to provide testing that does not already exist. The zip code data is available on the DHEC website ([scdhec/covid-19](https://scdhec/covid-19)). They are also reporting the available testing sites. They want to encourage the providers to make testing available through their routine primary healthcare setting, in addition to the mobile clinics and pop-up sites. Again, with the federally qualified healthcare centers they are working to do more to make sure that they have access to PPEs and testing supplies, so they can provide services in those medical homes.

Ms. McBride stated, from a policy level, she would like to see the County working closer with DHEC, given the number of cases we have in Richland County.

Dr. Bell stated if the County can give DHEC more information about what they have in mind, from a policy level, they would be happy to have that support from the County level.

Ms. McBride responded, from a policy level, what types of policies, programs and services can the County put in place to help address the COVID-19 cases, and help with the leveling off of the cases.

Dr. Bell responded the testing piece is important, but from a policy level, it is also emphasizing the recommendations that we have in the community as a whole. Everything that we can do to help businesses follow the recommended guidelines for social distancing, for providing services, and serving patrons in a safe environment, making sure employees and employers are practicing the protective measures with the use of masks and making hand sanitizer available.

Ms. Newton stated one of the matrix she has been looking at is the 14 days of sustained decrease of COVID cases. She requested Dr. Bell to clarify the matrix, where we stand in South Carolina, and in Richland County.

Dr. Bell responded they are not looking at an absolute number. It is based on positive cases reported to DHEC. Most of what they are providing, and people are focusing on is the total number of positive cases over time. They are reporting that out by day. If you look at the shape of the epidemiologic curve, they want to see a sustained downward trend. When they are looking at the curve now, they are seeing a plateau of cases that we have been watching for approximately a week. What they would like to see is a significant downward trend, and to what level is unknown. What they do not know is what level of disease we are ultimately we are going to be living with. This is a novel infection. We only have the experience of a few months, even internationally. The first cases were identified in December in China. It is looking like this is not going to be one of these novel viruses that comes and goes like we previously saw with the severe acute respiratory syndrome and the Middle Eastern respiratory syndrome, which popped up and then went away. The current level of transmission suggests that this is something we will be living with like the seasonal flu. Whether or not this occurs seasonally, or whether we have a low level of transmission on a regular basis, those things are unknown, and to what level. If we have confidence that we adequately testing the population, and that level declines to some significantly lower level, and stays there for about 14 days, then that gives us reassurance that we adequately testing, and have adequate control measures in place because it is not going up.



Ms. Newton stated, for clarification, it does not sound like we are at that significant downward trend yet. She inquired if we are at the beginning of that, or just leveling off and waiting for a greater decrease in infection rate.

Dr. Bell responded what they are watching now, as they have been monitoring the curve, at a certain level of testing, and are rapidly increasing testing, we are saying that we are doing everything we can to ramp up testing, so we actually expect the number to go up. What they are going to monitor is the proportion of the total tests performed, and are positive over time. If the proportion of positives goes down, but the total volume of tests increases that is an indicator that we are doing an effective job at widely and finding fewer people in the population who are positive. It gets to be a paradox where we are not at a plateau anymore, we have gone up, but we have gone up with better indicators that the proportion of the positives in the population is a smaller number. When they get to that high level of testing, they want to see a drop down from that level that is sustained without increases, hotspots or outbreaks. She did not have the data specific to Richland County, but she can follow-up with the requested information.

Ms. D. Myers stated, for clarification, Dr. Bell said the statewide goal is for DHEC to test 2% of the population each month. To the extent that Richland County leads the State, does Dr. Bell consider that amount of testing would be sufficient for us, as policymakers, or should we be supplementing the testing.

Dr. Bell noted the reason Richland County is higher, compared to the rest of the State, is because it is one of the biggest metropolitan areas in the State. You have to look at the cases per 100,000 population, which gives you a better comparison with other communities. Therefore, Richland County's numbers are higher is because of population density. Another reason is because there are far more physicians and hospitals than in the rural areas. The accessibility to testing exists. You are already testing more people because of the healthcare providers in the Midlands. The fact that there are so many more cases in Richland may be, in part, a function of the fact that good testing has been going on. We need to look at the percent positive in the Midlands (i.e. are we finding only the sickest people, or are we adequately sampling people that are less sick). When we look at that, we can better answer if testing in the Midlands is sufficient. They know there are zip codes adjacent to each other where there are marked difference in access to care.

Ms. D. Myers inquired, if we are bringing 100% of the people back to work, should our goal be testing of a larger percentage than 2%. She is requesting guidance on where the County should be setting a policy goal for testing, which would be separate and apart from what DHEC is doing. If you compare our numbers to Charleston and Greenville, Richland County's numbers are far outstripping them. She understands the geography is different, but given that we have to combat the fear, as well as the reality. Do we need to look at ways to get more than the 2%, per month, tested, so we get people back into the stream of commerce without the fear factor?

Dr. Bell responded you need to analysis how many people we should test. She is not necessarily recommending the 2% population. One of the reasons that measure was chosen is because that is being reported for all states. Therefore, it is a basis of comparison for us with other states. Whether we test 2% of the population is not the best way to assess whether or not we are reaching the right people. You can stand up a testing event, and reach some number. We do not want to pat ourselves on the back for having reached some number unless we understand we have actually provided the services where they were needed. Testing is not the measure by which we can assure any safety. We really want to focus on testing people who are sick, and their contacts, and testing those in congregant settings. If we begin testing everyone in the population, especially for the purpose of returning to work, you have to ask yourself well what happens if they then become exposed and are sick. How often are you going to retest



people who are not sick? We do not want people to get a false sense of security because they tested negative, and not practice personal protection measures. She noted, again, we need to assess the gaps in the communities to make sure we are doing an adequate sampling across geographic areas, racial and ethnic groups, socioeconomic status, and access to care.

Ms. D. Myers stated, for clarification, testing has to be a part of the mix. What she is asking is, do we have a different standard that we need to be looking at than, for example, York County, which has not experienced the level of virus infection. She wants to ensure that we are doing what we need to be doing to supplement and support what DHEC is doing. From a Richland County standpoint, her goal is to move the needle in a positive direction. She inquired if there is a continuum on which there is something more than 2% that a County that has experienced the level of impact like Richland County might want to look at more closely.

Dr. Bell responded that she does not have a number to give. She does not think there is anything different that you need to do strategically because the strategy is to assure that adequate testing sites are available to provide those, who need the services, testing. We want to focus on those who are sick, and are outside of a hospital setting. The strategy, and approach, we have is the same in every community. The challenge is finding out where to put the services. The magic number might be different from one community to the next, depending on where they have come, in terms of testing that has already been performed. What is the level of community transmission going on, if we have higher rates of disease that means we are going to be testing more sick people in one community than to the next. She does not want people to lose sight of the prevention measures. She is rather alarmed that only 10% of the people in businesses and stores had no masks. From a policy perspective, reinforcing what we can do to prevent disease is equally important as finding disease that is already present.

Ms. D. Myers inquired, from a policy perspective, if Dr. Bell views it as a responsibility of the policy maker to urge, and in some ways using coercive methods to get people to maintain those nose and mouth covers, while out in public.

Dr. Bell responded we do not want people to think if they have on a mask they can go into a large social gathering. It has to be the social distancing, in addition to the masks, because the masks are not 100% effective, especially those that are not medical quality.

Ms. D. Myers inquired, with regard to bringing people back into the workplace, in particular our building, would you suggest some form of staggered working hours and the continuation of working from home for those people who could. Even observing all of the good guidance, in regard to physical distancing, nose and mouth coverings, washing your hands, and using hand sanitizer, what should we be thinking through with regard to bringing people back into the building, and welcoming the public?

Dr. Bell responded the guidance has to be site specific, and has to be specific to the type of service or business. For the County Administration Building, controlling ingress and egress, so that you do not have people walking in and out of the same door. You can attempt to control the number of people coming into the building at one time. Then, when you have people waiting in line to get certain County services, making sure they are waiting in a safe area, and they are spaced away from other individuals. You could set up appointments, so you do not have a large number of people in one space, at one time. When possible, there is signage that recommends that people use masks, and potentially provide masks and hand sanitizer stations. Businesses should find a way to space people out to limit the contact time they are in close proximity. For those providing services, install shields to protect workers so they do not have to wear a mask for an 8 hour day.



Ms. Terracio stated, let's say we have a steady downward curve of new cases, we are testing at an appropriate level, and we see a recurrence. She keeps hearing that we may have an opening and closing situation. She inquired as to what that might look like, and how will we know when we should be concerned about a strong resurgence.

Dr. Bell responded it is our responsibility in public health to investigate individual cases and to also investigate clusters of cases to see if we can identify connections. If there are social networks or common settings they have shared, so we can attempt to take measures to prevent ongoing spread associated with a common exposure. Some of the things to watch for are, we may see some big jumps in testing in a community where the community may just see the jump in the number, but they may not be aware that we tested a nursing home that had 300 beds where all of the residents and employees were tested and 50% of the people were positive. We are aware that happened in a congregant setting and we can address that, even though those findings are concerning, it does not mean the community as a whole is at risk. We also know there is testing in correctional facilities, and there could be high numbers of positives. Those are the sort of things that make the numbers jump up artificially. What we need to be on top of is if we see community connections. If we interview cases and they say we all attended some particular function, then we would do an intensive contact investigation to identify the people that participated in that activity to let them know they are potential contacts and that they need to go into quarantine, monitor for symptoms, and seek testing. There are differences in what the data tell us depending on where the test results were performed. If we are doing a big community testing event, and we identify a lot of positives, those positives would not be associated with that testing event. Positives are reported by their address. It is by interviewing them, finding out where they have been and who they have been in contact with, will help us address potential outbreaks and red flags.

Ms. Terracio stated, for clarification, what Dr. Bell is describing is contact tracing. She inquired if we are taking steps now, and how can Richland County be a positive part of the process of ensuring that we have enough people to do timely contact tracing.

Dr. Bell stated they are getting a very positive response from community volunteers, healthcare providers, retired public health professionals, and students to assist with contact tracing. They are working now to get them trained with some just in time training, and already prepared learning initiatives that explain what contact tracing and interview process is. It is not difficult for people who are accustomed to working with people. In fact, they are recruiting teachers, community leaders, and those that are accustomed to working as a leader in the community. It is connecting the data to get access to who the positives are, so they can help with that. In Richland County, we are getting a good number of volunteers, and much of the contact tracing can be done by phone, so it does not have to be Midlands specific.

Ms. McBride noted Dr. Bell talked about when we get ready to bring employees back to work, and there have been national guidelines on the leveling off of the number of cases. She inquired how we determine at what point it is safe to bring employees back to work.

Dr. Bell stated there is not a number. What we want is to create a safe environment. Regardless of disease transmission in the community, because we are continuing to see relatively high levels of disease transmission, but we are bringing people back to work. The focus has to be on the prevention measures, not the disease activity in the community. Since we are doing the relaxing in restrictions and re-openings, we need to focus on the safe workplaces regardless of disease activity in the community. We want to see a significant downward trend, and we want to see that persist for at least 14 days. In the meantime, people are coming back to work. While they are doing that, and there is a high level of disease activity, we want to make sure they recognize the importance of wearing masks. We want to people to



understand they can still become infected and spread the infection, even if you are not in the category of those most at risk. To the extent that we can be successful in getting everybody to be community-minded, the more rapidly we will get to the downward trend. As people continue to participate in behaviors that are not recommended, we are going to see high levels of disease activity. It is the prevention behaviors that we need to stress, regardless of disease activity in the community.

Dr. Carr, Midlands Technical College, noted the Spring Semester just ended. The college went completely online immediately after Spring Break. Almost all of the employees are working from home, with isolated people coming into the office and the custodial staff cleaning regularly. Almost all of the summer classes will be online, and they hope to be able to bring those students that use heavy equipment or have to be on site back to campus by June 26<sup>th</sup>. They are awaiting guidance from the clinical partners for the healthcare students. The Fall Semester will offer a combination of online and in-person classes. The sizes of the classes will be limited to a safe number, and schedules managed so there are not a large number of students in buildings at the same time. They also plan to have the custodial workers to know what the schedules are, where students are, and leaving enough time in between that they can come through and clean between students.

Ms. D. Myers inquired if they have done any in depth analysis of what the budgetary difference has been in having everyone online.

Dr. Carr responded they had some initial costs in moving online. They had to provide equipment to some of the instructors, and they purchased cameras to enable the instructors to videotape themselves doing demonstrations. She does not believe there has been any decrease in what they normally spend.

Mr. Livingston inquired about graduation for the students.

Dr. Carr responded, with the exception of two programs, all of the students who were supposed to graduate at the end of the Spring Semester were able to complete their necessary classes, and they have officially graduated. They are continuing to work with some students who needed to be on campus. The graduation has been rescheduled until December, in hopes that they can hold an in-person graduation. The ceremony will include students from the Summer and Fall.

Mr. Vince Ford, PRISMA Health, stated they are engaged in the middle of the COVID-19 crisis. They have stood up a few testing sites across their footprint (Richland County, Greenville, and Sumter). He stated that 171 tests were administered in Eastover, and 448 tests were administered at Lower Richland. They have been working with the local school districts to provide answers about graduations. Most of the school districts were challenged with whether they wanted to do a virtual or in-person graduation. They are continuing to work with homeless shelters. Having men and women who are in transition, and are moving about all day long throughout the County, could be problematic. Early in the process they worked with the City of Columbia to have them open up Finlay Park restrooms. Even though there was a curfew not all of the men and women were going into the shelters, so they need to have access to a restroom facility. There were a large number of prisoners and correctional personnel that tested positive. About two weeks ago, Mr. Brown contacted them to administer a test a juvenile at the Alvin S. Glenn Detention Center. Finally, they are in the process of standing up an additional childcare facility, in anticipation of things opening back up. The childcare facility would be staffed by Richland One and YMCA and would be available for PRISMA team members, Columbia Free Med, Hampton Street Dental Clinic, and First Responders employees. They are in the process in developing the MOA.

Ms. McBride stated zip code 29223 is one of the areas that has been identified as having the highest number of COVID-19 cases. She inquired if there are any plans to do testing in 29223.



Mr. Ford responded the goal is to determine where testing sites could be. PRISMA Health staff is in the process of analyzing “hotspots” and where there are higher risks, so they can provide testing. An additional plan is soon to come out. He does know that there are other healthcare providers that are assisting with testing. He stated that Mr. Brown has been in constant contact with them, and he has kept them informed.

Ms. Newton inquired if he knows the frequency of which these pop-up tests will be available, or is it purely in response to the data, in terms of where the hotspots are. Additionally, testing is very important. We have seen different amounts of turnaround, in terms of when people are getting their results back. She inquired about the anticipated turnaround for results in future testing.

Mr. Ford responded that it depends on the labs being used. In some cases, it will take a couple days, but obviously the sooner people know the better. The clinical staff is determining where the hotspots are, and they are trying to standup the testing sites. They want to spread it out across the County, and put it in place where they can maximize the opportunity to provide testing. The dates and times for future testing will be shared with Mr. Brown, so he can provide them to Council members.

Dr. Geter, Benedict College, stated they are like most institutions in the nation and caught behind the 8-ball of this pandemic, but are doing their best. Benedict has an Emergency Management and COVID-19 Task Force that has been on the ground running. They have been in contact with the Governor’s Office and trying to adhere and follow the rules and policies, as we can. They went to virtual courses after Spring Break. Arrangements were made to provide many of the students with laptops and Internet. Summer session will be conducted online. In addition, they are going to offer a virtual cyber camp this Summer. The plan is to have in-person graduation in the Fall. It has not been decided how they will handle classes in the Fall.

Dr. Gerard stated some tests could be received back the same day. It depends on what they are screening for and where the screening took place. The Strategic Task Force met this afternoon, and they are looking at the critical population and making sure we are covering all the areas and places that need to have testing. They are also going to people that do not have the ability to walk or drive to a test center. He stated right now they are focusing on the Eau Claire, Eastover, and Hopkins area. He was not a part of the afternoon meeting, to discuss further strategy for doing the antigen testing and serological testing. The serological testing will tell us who is positive, or was positive that did not know about it, and who may or may not have immunity.

Ms. McBride inquired if plans are underway for antibody testing.

Dr. Gerard responded right now the market has been flooded with those kind of tests. He stated there are approximately 70 of them, and only about 5 are approved. There are 3 phases: you find out if you have the antibody, if you were positive, and treating someone with the serum. Then, there is testing of antibody levels and antibody level reactivity, if you want to be a candidate. The biggest thing is for us, from a public health standpoint, is going to some of the higher risk places and testing people to find out how many people had it and did not know it. They are coming up with the serology plan that will wrap soon after we make sure we have covered the sufficient population in the State for the antigen testing, see who is currently infected, and do the appropriate contact tracing. He stated what he tells you now may not be true in 30 minutes because things are changing rapidly.

2. **Adoption of Agenda** – Ms. Newton requested to add an update on the COVID-19 relief grants, and an “Other Items” category for topics that may come up that we do not have a home for on our agenda.





Ms. Newton moved, seconded by Ms. McBride, to adopt the agenda as amended.

In Favor: McBride, Livingston, Myers and Newton

The vote in favor was unanimous.

3. **Approval of Minutes**

- a. April 16, 2020 – Ms. Newton moved, seconded by Ms. McBride, to approve the minutes as submitted.

In Favor: McBride, Livingston, Myers and Newton

The vote in favor was unanimous.

4. **Criteria/Standards for “Opening”**

- a. **Data (Source, Type, Etc.)**
- b. **Phased-In Approach**
- c. **All or Nothing Approach**

Mr. Brown stated the idea behind the criteria and standards for opening was to give the committee an opportunity to weigh in on what they would like to see opening under. We have heard from Dr. Bell, and may have seen the White House’s guidance on opening. There are different people, who have different thoughts about what standards they want to see, which will allow them to decide how they want to open, and when they want to open. As you think about how you may want to open, and when you might want to open, what type of data do you believe you want to utilize, if any at all, to make your determinations as to when, and how you might open. Where would the data come from? What type of data would it be (i.e. percentage increase/decrease).

Ms. McBride stated she finds this somewhat confusing with how she sees the process working. She think it should be based on scientific research data. She would like to have the best practices and guidance present to her, and then look at it to make a determination. To have a non-scientist to come up with a criteria is not prudent. She is not comfortable with coming up with suggestions without having scientific or public health information provided.

Ms. D. Myers inquired if staff has asked for the CDC guidance. She has been reading that the White House got this guidance that went from “soup to nuts”, but for politics reasons they held it. She also read the CDC has said it will provide individual guidance to municipalities and states that request it. She suggested that staff request the information, if they have not already. The CDC has a hotline available for municipalities to see guidance. It would give her a lot more comfort when looking at things to suggest. She would like the committee to consider if it would be helpful to have a neutral person, who is a medical professional, to assist Richland County walk through these questions. She thinks it is very dangerous for us to say that 2% is the right number, given the deadliness of this disease. She would like to have an expert, who is looking uniquely at Richland County, to be providing us guidance, and helping staff through this on a daily basis. Maybe we need a temporary epidemiologist.

Ms. McBride stated she is not comfortable with some of the responses we have received. Therefore, she supports Ms. D. Myers suggestion to have a neutral person provide expert guidance.



Ms. Newton stated, from her perspective, we do want a scientific standard, so the standard is objective, whether we are working with an outside epidemiologist or someone else. She is under the impression this is something that staff has been investigating for a while. While staff is coming to the committee for feedback, it would be helpful to her if they gave a thumbnail sketch of the different guidance they have been looking at, and if there was any guidance that seemed particularly appropriate for the context of Richland County.

Mr. Brown responded members of the team have looked at various standards. They have looked at the Federal Guidelines by the CDC, World Health Organization and DHEC. Much of the information talks about some level of reduction, but it does not necessarily give a must or shall. They can reach out to the Federal Government, and determine which resources may be available from a non-South Carolina standpoint, to help guide this body with additional information. A lot of what they have looked at, people are making decisions and are re-opening on some phased approach. Staff has some ideas of a phased approach, and some ideas of what data may look like, but that is based on the same information we heard reported by Dr. Bell. They will go back and look for some other data sources.

Ms. D. Myers requested staff to ask the CDC about the guidance it wanted to put forward, and they said they would provide on a case by case basis. There are standards in there that tell us what to do in situations. Fortunately, they are non-partisan.

Ms. Newton inquired, as Mr. Brown has been investigating this and preparing an outline of a plan, has there been a particular set of standards he has deferred to that has informed his thinking now. While she wants staff to get the information from the CDC, at the same time she wants to acknowledge the work he has already done, and if there is other information that he would like to share that the committee can be thinking on.

Mr. Brown stated some of the information is listed out, as a part of the agenda. Those are the areas staff thought would be a good combination of best practices, and what we have seen from other areas across the country. We thought the information here would help guide you to have a conversation, which would help us better determine, based on what we have seen, how we would apply that locally to meet the County's version versus what it would look like in another county.

Ms. Newton stated there are a lot of questions behind each item. Even if you look at a phased in approach, what determinations has the county made about who they might recommend phasing in, following the specific health standards. The health standards are going to tell how, but they are not going to tell you who.

Mr. Livingston inquired if Mr. Brown's assumption was to have the committee provide their thoughts on a phased in approach.

Mr. Brown responded his idea was, for example, we believe a phased in approach would be a best approach; however, we did not want to assume Council felt as if a phased in approach was the best approach. Again, it was to have a dialogue to make sure we were on the right track, as we thought about what we believe should be happening, and marry that with what the policymakers want to see happen.

Ms. Newton stated, from her perspective, she feels like we are flipping this process on its head. While she thinks it is great, and necessary, for us to have a discussion as a body, in terms of what we would like to see about some of these things, there are things that staff would recommend, based on their previous research. Therefore, instead of pretending that you do not have thoughts about these things, it would be helpful if you said, these are specific standards we looked at. We thought this standard seems most



applicable to Richland County and/or we blended these standards together because that seemed like a best practice for a county our size. We think these are the key areas we need to look at. This is the approach we specifically recommend that you take. How do you, as a body, feel about our recommendations, as it relates to this criteria? Later, you can say, we made those recommendations based on “XYZ” standard, once we took a look at the CDC guidelines.

Ms. McBride inquired if Ms. D. Myers made a motion.

Ms. D. Myers stated she was specifically asking that we request staff to do those two things.

Mr. Manning stated he thinks it is important, and he agrees with Ms. D. Myers that there are two CDC recommendations. There is the public one, and then there is the second one that got pushed back. He stated it is the unpublished set that we would like to see. Secondly, he would suggest the committee not make a motion, but give direction to staff, because if it becomes a motion then we will have to wait for it to go Council. He is concerned that we hire a professional County Administrator to do the work, and guidance with things like, we want a phased in approach. At the same time, with nimbleness, and as quickly as this is moving, being guarded over how much we do not empower the Administrator to conduct the work of the County with getting an expert, and then nothing happens until it is brought back to committee, and ultimately is forwarded to Council for approval. He is concerned about us not handcuffing the County Administrator by a parliamentary process.

Ms. D. Myers stated, unless Ms. McBride disagrees, she agrees with Mr. Manning’s comments. We do not want to hamstring the process, but we want it to be clear that it is the sentiment of the committee that we need an expert helping us. There are CDC guidelines, and that guidance will tell us a lot of what you are trying to figure out to lead the County back to work. She would suggest we seek that particular guidance. If the committee thinks we do not need that she is willing to yield to the will of the committee, but in this context because there is so much at stake, and Richland County has been the leader in a bad way, she would like some guidance. In her personal opinion, she thinks a staged opening, where there is some staggering to it, seems to make a lot of sense, but she is not an expert.

Ms. McBride stated she has sent out emails, she has mentioned in Council, and this committee that you need an expert. This is a new area and we need expertise in helping us make our decisions. She does not think that is something that is different from many other counties and cities nationwide.

Mr. Brown stated, to Ms. McBride’s point, that is one of the reasons why he tried to make sure that he reached out, at least for the purpose of this meeting, and had those medical and public health officials on the line. He also understands the request to go beyond that. One the things he wanted to share with the body is, as Richland County is going to have some kind of plan that it is going to roll out to its employees and the community, it was important that the body be given an opportunity to speak to what they believe that plan would entail, rather than him deciding what he thought the plan should entail, and giving it to body, without the body having the ability to be out in front and give guidance. If developing the plan, and presenting the plan, should come first he is okay with that, as well.

Ms. Newton stated she was not asking that Mr. Brown come to us with a complete plan that was signed, sealed, delivered, and ready for us to vote up or down. Nor was it a suggestion that we move forward in the absence of data. It was an acknowledgement that were probably some broad strokes of what your current thinking was that could be outlined and would be a bit more expansive than the list of words she sees on the agenda. For example, if you said “XYZ” Standard suggests that a phased in approach is best for businesses, we want to get your feedback. What that could include would be....staggering work schedules, etc.



Ms. D. Myers stated her comment was not to say Mr. Brown’s approach was misguided. She liked his approach. She thinks what he is hearing is this is an area that is so unique, and the stakes are so high that we need the kind of expertise that we do not possess in Richland County. She is reluctant to offer her opinion. She has been following best practices, but she does not know if those practices have taken into the account the situation on the ground that is similar enough to Richland County to make it a best practice for us. In this context, it is a dangerous mistake to move forward without tailor made epidemiological guidance for the County. The expertise exists in the United States, and we can get it from the CDC, then find an epidemiologist that is qualified to assist the County with crafting something. She appreciates what Mr. Brown is trying to do because it is always more helpful to have some input on the front end.

Ms. McBride stated she appreciates Mr. Brown efforts to bring in the different public health officials, which was one of her requests. On this particular case, she thinks we need to look at the guidance from the experts, and then have a recommendation brought forward. We will respond and have input, but it will be input based on factual information.

5. **Facility Up Fits/Modifications**

- a. **Barriers (Screens, Cubicles, Etc.)**
- b. **Hand Sanitizer/Hand Washing Stations**

6. **Screening and Testing** –

7. **Employees**

a. **Face Mask Covering**

- b. **COVID-19 Relief Fund Update** – Mr. Brown stated we are just past the first review phase of the program. We have some preliminary information, and once the information becomes final they will be able to give you a more robust and documented overview.

Ms. A. Myers stated there were 819 applications started, but not submitted. Of those, 374 applications were completed. There have been 58 applications from community organizations or non-profits, and 317 applications from for profit entities, with a current Richland County business license. Both the non-profit committees and the small business committees have completed their first round of meetings, and they anticipate disbursements being mailed out on May 21<sup>st</sup>. This is will allow staff and the Accounts Payable Department the appropriate time to enter the data necessary to complete the payment process. There are a couple things we have to go back to get from applicants because we did have some applications missing the appropriate information/documentation. Awards notices will be mailed following verification of award amounts. For our non-profit grants, we received a total of \$952,931.98 in requests. The average request was \$33,436. The largest amount of populations to be served were categorized as “Other” but that included the combination of the categories on the applications of senior citizens, residents without health insurance or paid leave, part-time, seasonal workers, individuals experiencing homeless and healthcare workers. Relative to our small business grants, the data is a little more comprehensive. The largest amount of applicants were either 1 to 2 years in operation, or 3 to 5 years in operation, combined. But overall, the largest category was over 11 years, with 37% of applicants. The highest percentage for the type of business that we have gotten applications have been salon and beauty shops, followed closely by retail or service industries. Following that applicants by association, which are our minority groups, we



received were a minority, of some sort. Then it was broken down further into either non-minority woman, minority woman, or disabled veteran. We are seeing about a 1% change, in terms of employees, prior to and after COVID-19, with most of applicants saying they will be using funds to retain their employees and/or rehire.

Ms. D. Myers stated Ms. A. Myers gave an average number for the amount requested by the non-profits, but not those for profit. She inquired what that number is.

Ms. A. Myers responded she does not have that number readily available, but she can provide that number. Most of them requested the maximum. There were very few that requested a specific number.

Ms. D. Myers inquired what the maximum is.

Ms. A. Myers responded it is \$10,000.

Ms. D. Myers stated, for clarification, there is no tailoring there. They did not say rental assistance for this month, or next month. Just requested \$10,000.

Ms. A. Myers responded in the affirmative.

Ms. D. Myers inquired as to when all the approved applications will be brought back before the body.

Ms. A. Myers responded she will coordinate that with the Budget and Grants Department to see when the information will be available.

Mr. Livingston stated, for clarification, what body are we referring to.

Ms. D. Myers responded she meant Council.

Ms. Newton requested the update in writing.

Ms. McBride stated she did not understand the checks being cut, and then we are reviewing the applications.

Ms. A. Myers responded, pending the final review by the committee of the amounts to be disbursed, we will follow through with disbursement, with the anticipated date for disbursement being May 21<sup>st</sup>.

Ms. McBride inquired if we have met the cutoff date.

Ms. A. Myers responded Council approved a rolling deadline. The committee is reviewing the applications every 14 days, as they come in. The first deadline was last week.

Ms. McBride inquired, of the 317 applications for small businesses, how many are we anticipating to fund.

Ms. A. Myers responded that information has not been provided yet.



Ms. Newton stated she is curious, now that we have gone through the first round of this process, are there lessons learned about the process that we have using, questions that we have been asking, or different ways we might administer this, so that we can improve upon the process for our constituents.

Ms. A. Myers responded that is not a question she can answer with any level of certainty. She can reach out to the Budget and Grants Office for any feedback they have received.

Mr. Hayes stated one of the things they have found is the initial time to review, which was estimated to be 4 days, was not enough due to the volume of applications we received. Going forward, we are trying to build in a couple of extra days so the reviewers have accurate amount of time to review the applications, so the scoring is not only fair, but consistent and follows all the guidelines. The GCS and OSBO offices have assisted with reviewing the applications before the committee.

Ms. McBride inquired if there has been any input, in terms of the questions, or the problems the individuals had in trying to complete the application.

Mr. Hayes responded, if there is a question, there is an email set up that is monitored, and members of his staff reaching out to the applicant.

Ms. McBride stated she has heard about some concerns that the process was complicated, and particularly in one area.

Mr. Hayes responded, when Administration did the application, they did simply it, but obviously this is trial and error, so if there is something that we can change going forward, they would be willing to take a look at it.

Mr. Livingston inquired if those applicants applying for the maximum \$10,000, will get the \$10,000, or is the committee reviewing the applications and making suggestions on an award.

Ms. A. Myers responded, to her understanding, they will award a percentage. Even if they are not going to get the \$10,000, if they are eligible for an award, and they get approval, they will get a percentage of that.

Ms. D. Myers stated she received several queries as to the need to demonstrate a loss for 6 months related to COVID-19. She inquired if that was actually a question.

Ms. A. Myers responded there is not a question that asks them to provide 6 months' worth of losses. The application requests average weekly revenue prior to COVID, the average monthly revenue prior to COVID, and the current weekly and monthly revenue. We do request them to provide a brief description of how COVID-19 has adversely impacted their operations, but there is not a request for 6 months' worth of data.

Ms. D. Myers stated something in the application is making them think they have to show some level of loss for a period of 6 months. It may not be phrased exactly that way, but that is the sentiment of the applicants she has heard from.

Ms. A. Myers noted some of the questions are required to be included on the application, in order for us to receive any form of Federal reimbursement. She will look through the guidelines



to see if they are getting any of the miscommunication about a 6 month window for loss, and make changes so we are much clearer.

- c. **Other Items** – Ms. Newton stated the health experts addressed testing quite a bit, in terms of what PRISMA Health, DHEC, etc. are doing. She inquired if there is anything in addition we, as Richland County, are doing as it relates to testing. Whether that is testing for citizens, or staff.

Mr. Livingston responded he is not aware of anything specifically that we are doing. He thinks it is important for us to figure out a way to interact with DHEC, and others, and figure out what role we could play to enhance the probability of testing in our community. Whether it means we have to provide some additional resources. We need to look at a means of how we can address the issue for Richland County.

Mr. Brown stated employee-related testing would fall under the overall plan for how we would look at re-opening. He has had some conversations with Mr. Vince Ford about their plans for potentially bringing additional testing resources to the community. Mr. Ford has not provided any additional details related to how, and when, they might put those testing sites out. At this time, we have not identified available funding to immediately provide an additional level of testing beyond what is being provided by the outside resources. As we are looking at what testing possibilities may exist, and who we can partner with. He did have a conversation a while ago, with the Mayor related to an IGA they had, if Richland County decided to go in and purchase testing, and utilizing the provider the City had identified. As we go through this process of understanding how we want to test, where we want to test, and what additional support we want to provide to the community are additional considerations to take into account, if we partner with other agencies. Employee-wise has not been decided. There are certainly different thoughts on that, but he does not know what the updated CDC guidance is. From the community standpoint, he has heard Council talk about wanting to be able to do that. There is still a limited supply of testing right now, but we are working with other partners to make them aware that we want to be involved in that process.

Mr. Livingston stated, when we talk about the possible resource person to help, this is something that resource person can help us with too.

Ms. D. Myers requested to set some dates for the committee to meet, and some targets for us to have updates, so we can begin to move in a more systemic way to figure out how we are going to reopen the County, and what that means for the broader citizenry.

Mr. Livingston stated he would get some dates and times out to the committee members, so a fixed schedule can be established.

Ms. McBride stated Dr. Bell and others mentioned the health disparities. She inquired about how we get the message out to those communities that are having the health disparities. Dr. Bell mentioned a special message that we could use for various communities.

Mr. Livingston responded we had discussed sending postcards.

Mr. Brown stated, in reference to those health disparities, and those zip codes referenced, we can get the information about available resources to those individuals.



Ms. McBride stated her issue was getting a message to the communities that they can listen to about social distancing, hand cleanliness, etc.

8. **Adjournment** – The meeting adjourned at approximately 4:31 PM.





Coronavirus Ad Hoc Committee  
 May 19, 2020 – 3:00 PM  
 Zoom Meeting

Yvonne McBride	Paul Livingston	Joe Walker	Dalhi Myers	Chakisse Newton
District 3	District 4	District 6	District 10	District 11

1. **Call to Order** – Mr. Livingston called the meeting to order at 3:00 PM.
2. **Adoption of Agenda** – Ms. Newton moved, seconded by Ms. D. Myers, to adopt the agenda as amended to include an update on the grant process.

In Favor: McBride, Livingston, Walker, Myers and Newton

The vote in favor was unanimous.

3. **Potential collaboration with PRISMA for COVID-19 Response** – Mr. Livingston stated Mr. Brown was to follow-up with PRISMA regarding a conversation Ms. D. Myers had. There was some potential for us to collaborate on somethings that would be beneficial to us.

Mr. Brown stated he had a conversation with PRISMA Health. As a part of the conversation, there were a few things that PRISMA seemed in favor of facilitating or assisting the County with, as we work to respond to COVID-19. The thought was before any specific steps, or decisions were made, we wanted to bring it to the committee to discuss them being the County’s conduit/local expert to help guide us through the process of reopening, and apply CDC guidelines, in a way that reflect what we need to focus on. Some of those things included a joint partnership with additional testing. The testing outline would include both the public and employees. PRISMA did talk about being a potential supply chain for the County by utilizing their supply chain to help facilitate the County receiving PPE-related items to supply to the County’s employees. PRISMA seemed willing to participate and facilitate those areas where the County might not have a strength in.

Ms. D. Myers stated she was surprised at the depth that PRISMA is willing to go to support Richland County. The Chair of PRISMA’s Coronavirus Task Force was offered to the County to assist us with our planning. She was gratified that they were so willing to partner. Given Richland County’s number of positive cases, it is imperative that we lead on this, and model how you partner with medical experts to get this stuff done.

Ms. McBride thanked Mr. Brown for following up on this. She has been on this for the last six weeks about getting an outside consultant, and working with PRISMA. The other entity that she wanted to involve was the University of South Carolina. She is thinking about the overall planning and opening up of the County, she was looking at the statistical data. She stated the University of South Carolina is doing a really good job on planning how they are going to open the school back up. It may benefit us to have a conversation with them.

Mr. Brown responded they did reach out to them, and they had a conflict, at that time, so they will reach back out to them. The more help in this area is certainly helpful.

Ms. McBride stated, when we get ready to open up, she would like to look at a chart, in terms of Richland County’s data. She was beginning to feel disillusioned, but she feels better now that we have reached out to PRISMA.

Mr. Livingston stated one of the things we might want to do is to focus on a few things, and what it is we want to get from the University of South Carolina.

Mr. Brown requested Dr. Ossmann to speak to the County's ability to work with PRISMA to apply the guidelines that have been put in place by PRISMA, as we think about what reopening may look like for the County, and what steps we need to consider.

Dr. Eric Ossmann stated where PRISMA Health can help the County the most is serving as a subject matter expert and decision support for various aspects of the reopening plan. There are probably a number of different guidance documents that are helpful to elected officials. The CDC has put together a fairly tight package of guidance documents. He would probably start with that document, and work through some specific issues. One of the challenges that everybody is experiencing is the workplace screening challenge, and how to do that across all your facilities on a consistent basis.

Mr. Brown requested Dr. Ossmann to provide the committee with a brief bio, and why it is beneficial for him to help facilitate this process.

Dr. Ossmann stated he is an emergency physician by training. He is the Chief of Preparedness at PRISMA. Prior to that he was the Chief of Service at Duke, and the Chief of Preparedness, as well. He also spent a number of years at the CDC, and was the subject matter expert for the Pandemic Preparedness Task Force for Acute Care.

Mr. Livingston stated one of our concerns is that we realize we have the highest number of patients in the State, and we want to make sure we do something that is unique to Richland County.

Dr. Ossmann stated some of the challenges that counties and municipal governments are facing is screening at the workplace, and how to do it consistently. The other is serving as a subject matter expert back to the business and faith-based community. He inquired as to what the primary challenge the County is facing with regard to reopening (i.e. personnel, equipment, etc.)

Mr. Brown responded from a County operations standpoint it would be protective equipment, processes/protocols in place that allow people to feel safe, and personnel. Thus some of the questions around proper equipment, screening and testing protocols, and ultimately what it looks like to encourage people to begin coming back and doing business and working at the County.

Dr. Ossmann stated the key thing is to do screening for everyone that is coming into the facility. It looks like the County is using the CDC guidance to screen people at the door, and using an oral or touchless thermometer. The screening process gives the employees and people coming to do business at the County some sense of security that there is a process in place. One of the challenges that different groups have faced with the screening process is how do you close the loop. For example, if one of the employees come in and have a temperature of 100.5, and they are sent home. Then, you have to figure out a way to close that loop, so you are aware of what their medical evaluation was. If they come back in 2 days, you have a degree of comfort that they were appropriately evaluated, and they are safe to return to the workplace. As far as equipment goes, he inquired if the County had any luck with the County EMD supplying PPEs for the screeners.

Mr. Brown responded they believe, at this point, for those people doing the screening we have that type of equipment available. He noted the people on the call have not reviewed the document Dr. Ossmann is referring to. There were questions about whether the document has expert level input, or is the information in the document reflective of the information that should be in there before Council considers it. He believes the County would need more infrared thermometers, and some other supply issues we would have to work through. The larger question would be whether or not, as a part of the screening protocol, if they cannot come into the facilities, how do you do that?

Ms. Newton stated her initial understanding was that we were having a conversation about whether we wanted to partner with PRISMA for guidance and counsel to help assist us to make sure we were making appropriate plans as we move forward with COVID-19. At this point, we appear to be having a more technical, in the

weeds conversation, about specific aspects of how we might reopen, but we have not had a broad conversation. She is happy to have all the expert guidance we can have, but she just wonders if we need to have the broader conversation first, and come back with those broader recommendations opposed to talking about individual items. Secondly, in addition, to the issues Mr. Brown raised, one of the things we need to think about is that we do not just serve people at 2020 Hampton Street. We have staff and team members that interact with public, at many different levels. We also have millage agencies that might be looking to us for guidance.

Mr. Livingston stated the intent was to talk about the partnership, and what the partnership could bring.

Ms. McBride inquired, once we get the protocols in place, how do we determine when we are ready to open back up.

Dr. Ossmann responded the White House came out with some general guidance in April regarding the plan for opening up. Most of the States have proceeded at a somewhat different rate, including South Carolina. One of the gating criteria that was laid out, and is still appropriate, is that you would have a two-week decrease in the number of new cases and/or decrease in influenza-like illnesses. The hospitals would have appropriate surge capacity in place, and you have testing to test all of the First Responders and healthcare providers that need it. South Carolina's epidemic curve has been interesting. In April, we assumed that it would peak and then start to quickly fall off. What we have seen is that it peaked and dropped off a little bit, and has remained relatively flat, with a slight downward trend. All of the other aspects of the gating are in place, meaning you have appropriate levels of testing at the health system, and for any of the First Responders that require it. You have adequate PPE and bed capacity in the health system. You have not had a significant drop off, over the last two weeks, but you have had a flattening. That is probably a reassuring sign.

Ms. McBride inquired if the flattening is for South Carolina, or for Richland County.

Dr. Ossmann responded it is for both.

Ms. McBride stated we have not been able to get the data, other than the numbers that are coming in each day, so she is not sure if that is Richland County, and why our data is so different from the other counties.

Dr. Ossmann stated what we have seen is, in Richland County, there was an initial peak that occurred in the second and third of April, and then a decrease. For the last four weeks, it has been relatively flat.

Ms. McBride inquired, as we plan our strategy, will we be looking at particular zip codes.

Dr. Ossman responded we do look at zip code level data from community testing, and we have the healthcare analytics team looking at that and figuring out where to test. He is not sure if that plays into opening. You would probably open based on the overall County data.

Ms. McBride stated there are certain areas where there is public housing, and the citizens do not have transportation. She inquired if there will be testing done in those areas to address those concerns.

Dr. Ossmann responded they partnered with DHEC to identify areas that are underserved. They are using all the large data they have access to in order to draw up lists. We then work with the National Guard and DHEC to make sure that we are distributing testing across the State. If there are specific concerns over an area that anyone feels is being missed, they are open to that, and trying to redirect testing to those particular areas.

Mr. Livingston stated, based on the discussion, what are some of the areas that PRISMA could collaborate with the County on.

Dr. Ossmann responded primarily helping with some subject matter expertise on the plans, being able to provide some decision making support, and being able to redirect testing where appropriate. Most of those things fall under the area of high level support to the County. The other areas they can be helpful in is assisting with the PPEs, through the EMD, reviewing protocols and being able to route people into the healthcare system, where appropriate.

Ms. Newton stated there are a lot of issues in the County. We have talked about reopening, testing, supply chains, and PPEs. From her perspective, she wants to be explicit that, as we look at what the needs are in the County, and the data, she would like for the partnership to say, “Based on the things we are seeing, we think there needs to be a lot more people wearing masks. Is there something the County can do to distribute masks?” She wants to make sure we are helping our citizens as much as we can, and to ensure that we do not inadvertently structure our partnership so that focuses primarily on the touch points that happen inside County buildings, but that we are also looking at using the data to figure out how we might do other things to help with COVID-19.

Mr. Brown stated one of the things they wanted to establish, from the committee standpoint, was a path forward, utilizing PRISMA in the way that Dr. Ossmann has communicated, and not limiting it to those particular things, because as a subject matter expert, we would be open to other areas they would bring to our attention. Based on our previous meetings, it would be appropriate to confirm the County would be taking an official step forward.

Ms. D. Myers thanked the Administrator and Dr. Ossmann. She is in favor of having some expertise guiding us on when we need to be asking people to wear face coverings, limit the number of people in places, and guide all of our constituent agencies and internal departments in who should be coming to work, and when. If we can provide some assistance to external entities that would great. She is in favor of moving forward with the assistance of PRISMA, as a partner and guide, in this important endeavor.

Mr. Livingston stated the focus needs to be on the data from the University of South Carolina, and helping us to understand citizen behavior, and what we need to do to influence citizen behavior.

Ms. D. Myers inquired if we are presenting this to Council, as a recommendation of the committee.

Mr. Livingston stated we will move forward with some form of collaboration. Mr. Brown will report out to full Council, in case Council members have some concerns.

4. **COVID-19 Relief Fund Update** – Mr. Brown stated there is a committee that has reviewed, and is in the process of going through to recommend specific awards for the small business side. On the grant side, there is also a committee that is going through the process. There were a few questions that came up with the submissions. There were people, as grantees, which submitted some requests that did not reflect direct assistance to individuals. They are working with the grant committee to ensure that any award, on the non-profit side, which are to be direct assistance related that they have the copious structure to reflect direct assistance. We expect some awards to be happening soon, and he will have a report out to tell you how many people we are awarding in the first round, and at what amount.

Ms. McBride inquired about the makeup of the committee.

Mr. Brown responded the non-profit committee is made up of TetraTech, and internal and external components. On the small business side, you have a similar committee set up like the discretionary grant program.

Ms. McBride inquired if it is possible for us to get a report on TetraTech, and what they are doing.

Ms. D. Myers inquired if the small business grants that are being made have to be voted on by Council.

Mr. Brown responded that he was not aware there was an additional vote process. His understanding was that the grant program was set up in the same way the discretionary grant program was set up. He does not believe that process involves a vote of Council.

Ms. D. Myers stated Council takes action on the discretionary grants during the budget process.

Mr. Brown stated that was not in the program that was submitted.

Ms. D. Myers stated, during that time, she specifically asked if it would come back for a vote, and Mr. Walker recused himself. She does not know how we can disburse money without a vote from the people that are supposed to be authorizing disbursements.

Mr. Brown stated we need to add to the process the potential awards. They would then come back to Council, and Council would determine whether or not to submit those awards.

Ms. D. Myers stated it would be similar to when we approve contracts. The individual allocations have to have a vote of Council, so that checks can be authorized.

Ms. McBride stated it would be more like the discretionary grant process where the individual amounts are provided for Council to vote on.

Mr. Brown stated we have not awarded any funds, at this point, so we have not acted outside of that, so we can amend the process.

Ms. D. Myers inquired if they have a list of awardees that could be brought before Council at today's Council meeting, so we do not hold up the money being distributed.

Mr. Brown responded he has not received a list of potential awardees. A part of the delay was that they assisted individuals with applying for the funds.

5. **Adjournment** – The meeting adjourned at approximately 4:05 PM.



Coronavirus Ad Hoc Committee  
 June 2, 2020 – 3:00 PM  
 Zoom Meeting  
 2020 Hampton Street, Columbia, SC 29204

Yvonne McBride	Paul Livingston	Joe Walker	Dalhi Myers	Chakisse Newton
District 3	District 4	District 6	District 10	District 11

Committee Members Present: Paul Livingston, Chair; Yvonne McBride, Dalhi Myers and Chakisse Newton

Others Present: Jim Manning, Allison Terracio, Ashiya Myers, Ashley Powell, John Thompson, Leonardo Brown, Kimberly Williams-Roberts, Michelle Onley, Dale Welch, Clayton Voignier, Brittney Hoyle-Terry, Angela Weathersby, Tyler Kirk and Christine Keefer

1. **Call to Order** – Mr. Livingston called the meeting to order at approximately 3:00 PM.
2. **Adoption of Agenda** – Ms. McBride moved, seconded by Ms. Myers, to adopt the agenda as published.

In Favor: McBride, Livingston, Myers and Newton

The vote in favor was unanimous.

3. **Coronavirus “Blue Ribbon “Resiliency” Committee (Discussion)**
  - a. **Goals**
  - b. **Objectives**
  - c. **Membership**
  - d. **Selection Process**

Mr. Livingston stated there was some discussion, at a previous meeting, about a Coronavirus Resiliency Committee like the Blue Ribbon Ad Hoc Committee, which would include community stakeholders. He wanted to have a discussion to determine if the committee wants to move forward with the creation of the committee.

Ms. Newton stated, as a person that joined Council after the formation of the Blue Ribbon Committee, it would be helpful to her to be provided a brief overview of how the committee has worked in the past, so she can apply it to this situation.

Mr. Livingston stated the committee consisted of citizens, who were directly impacted by the 2015 Flood, Council members, and community stakeholders.

Mr. Manning stated, in addition, there was a 36-member committee that looked at the transportation needs. The committee initially took up the matter of the bus system, and culminated in the referendum.

Coronavirus Ad Hoc Committee  
 June 2, 2020



There also was a group made up of environmentalists, home builders, and developers that came up with 21 recommendations, which led to 20 ordinance/policy changes. Finally, there was a committee made up of two (2) Council members, two (2) Administrative Staff members, and two (2) City of Columbia representatives that worked on business licensing issues.

Ms. D. Myers noted, having served on the Blue Ribbon Committee, there were constituent organizations that were very helpful.

Ms. Newton stated, for clarification, this board would serve in an advisory capacity to Council. Based, on the information shared, it seems like it would be a good thing to do, as this is a pandemic that has left no corner of our community untouched. To the extent that we have formal feedback mechanisms, so those in the community can reach out to us, in addition the constituents that reach out to us on an individual basis.

Mr. Livingston stated what we need to consider now is the process we want to use to come up with specific goals/objectives, and also the selection of members (i.e. specific expertise, etc.).

Ms. McBride stated she is supporting the suggestion of a committee. We initially talked about having a committee, but because of the timing, we had to organize the ad hoc committee. The other component was that we wanted to ensure there was Council representation on the committee. The other component was that this committee would be different from the transportation committee. She noted that it is going to be important to engage people with expertise to provide resources and advice. In addition, to utilize the existing committee.

Mr. Livingston suggested setting a specific date to have members of this committee to make recommendations about potential participants.

Melissa Nolan, a professor at the University of South Carolina, stated she would love to assist the County with their efforts.

Ms. McBride stated we already have PRISMA and the University of South Carolina on board. She would suggest we engage the United Way and DHEC.

Mr. Livingston inquired about a suggested size for the committee. At some point, he would like to share the individuals/groups we would like to consider for the committee and start reaching out to them. For example, we could have a deadline of Friday to submit names, and then we can have a discussion about those names/agencies. In the meantime, we can start working on some objectives/goals. He noted that Ms. D. Myers has been talking about those already, so we should be able to pull those together with relative ease.

Ms. Newton stated we have talked about public health participation, and she believes they absolutely need to be there. She would also like to suggest having some members from the non-profit community who serve a broad swath of our community, and see situations on the ground. We also would probably have some kind of business representation, as well.

Mr. Livingston suggested he work with Ms. D. Myers regarding the goals of the committee. People who have specific objectives or membership requirements they think we want to achieve, submit those to Ms. D. Myers or himself.

Ms. McBride stated she would like to also have us consider the format, and she will submit something regarding that.

Coronavirus Ad Hoc Committee  
June 2, 2020



Mr. Manning stated, for clarification, Mr. Livingston requested committee members to make recommendations, but he would suggest including full Council. Additionally, until he had some idea of what the mission of the group is, he would have no idea what name or organization to submit for consideration.

Mr. Livingston responded he will send something out to Council regarding the goals/objectives of committee, so the Council members will know who to suggest to serve on the committee.

4. **Council COVID-19 Guidance, Recommendations and Requirements for Citizens/Businesses in the unincorporated areas of the County** – Mr. Livingston stated we know there are CDC regulations, and other regulations, but he inquired if Council wanted to make a statement about what we would like to recommend or suggest for the citizens of Richland County.

Ms. McBride inquired if we had a group looking into recommendations coming from small businesses.

Mr. Livingston responded in the affirmative. This is more about deciding whether we want to say to businesses, “Please make sure you do social distancing” or whether we want to communicate anything to citizens in the unincorporated area.

Ms. McBride stated she thinks we wanted to communicate, but, in terms of what we were going to communicate, would be based on our research using the public health standards. Her understanding was that once the research was done, we would review it and make recommendations of what Council thought was the appropriate message to provide to the businesses.

Ms. D. Myers stated she is concerned with timing. A lot businesses are reopening, and need some idea of what the County recommends, if anything. She looked at the recommendations that were provided by staff and noted that they did not have any public safety included. Most of it dealt with our employee core, and the Richland County facilities. She would like to see some recommendations, from staff, as to what we would recommend for businesses to prevent the spread of this virus. As we all know, has been peaking in the wrong direction in Richland County, and the State. She would like to see us put some timelines around it, and give staff some clear guidance as to what we are expecting back.

Mr. Livingston stated, for clarification, Ms. D. Myers is referring to businesses and the public.

Ms. D. Myers responded in the affirmative.

Mr. Livingston requested to task staff with that, and whatever kind of input Council needs to provide, we will provide to finalize something as soon as possible.

Ms. McBride stated she thought that was already done. She was waiting on the report of the recommendations.

Mr. Livingston responded that was done with the focus on our staff, and the public coming to our facilities, not so much in terms of the public and businesses operating outside of the County.

Ms. McBride stated she was under the assumption we were looking at Richland County, and the small businesses, as well as staff.

Mr. Brown stated, in those conversations, the strategy you see within the plan, are consistent with, when you are out in public to wear face coverings, whether for employers or entities in the community. The





same guidance also applies to how you maintain your cleanliness, with both internal and external agencies. The guidance for social distancing is also consistent across internal and external agencies. His understanding is that Council may have had some thoughts on some additional guidance specific to certain areas that may have not been routinely addressed by CDC and DHEC. He thought one of the conversations that was trying to be addressed was whether or not Council, or the County, would strongly encourage to wear face coverings, while out in public. Whether there would be some type of specific level of requirements versus general guidance.

Mr. Livingston stated there was a perception that the community and businesses need to hear something specific from Council. The idea was for Council to draft something and send it out, in terms of recommendations and requirements.

Ms. McBride stated she was under the assumption that we were looking at best practices, and based on the space, you can only have so many citizens within a restaurant. These restaurants should mark a distance of 6 feet, and all the workers need to wear masks or put up shields. She was looking for best practices, based on our research, to come back before us. Then, we would look at those things and find those that were most practical, and was in the best interest of Richland County.

Mr. Livingston stated we can easily ask staff to bring back those best practices, and then we can decide what we want to send out to our citizens and businesses.

Ms. D. Myers stated, like Ms. McBride, she thought that was what was in the works. If we are asking staff to bring back to us guidance for Richland County, and not just the Richland County owned facilities, she would request that we put some guidance around what areas we are looking at, because obviously we were not clear enough the last time. And, a timeframe around what we would like for them to do. They may not be able to do everything within a timeframe, but we can certainly have some goals set as to what we are looking for. We are getting to a point now where businesses are opening back up, and people are walking around as if there is no pandemic. She thinks there is an urgency that is not tracking with our activity.

Ms. McBride stated she thought that was the purpose of us hiring TetraTech, and to help us develop these types of strategies. She is a little disappointed. It seems that each time we are repeating, and then having to come up with new things rather than a comprehensive plan. She assumed that getting the consultants, and working together, we would come up with a comprehensive plan.

Mr. Livingston stated let's move forward and request the Administrator to come up with some best practices, as it relates to information to the public and businesses regarding the pandemic, in terms of recommendations and requirements from Council.

Mr. Manning stated one thing he is concerned about, in this conversation, is that he has received in one of the multitude of packets, for the Council to review, a potential six (6) week opening plan for the County. He thinks we need to be very guarded about putting out a plan for people in unincorporated Richland County, and how they do, and the way, they do business that (a) that would be ahead of us having our own plan, and (b) anything, in the plan we put out for them, would not be totally consistent with the plan for the County.

Mr. Livingston inquired if Mr. Brown felt he had enough information to determine where we are trying to go on this item.



Mr. Brown responded he believes he can look at the resource library we have provided for the body, pull out the best practices, and provide the body with the best practices and recommendations.

Ms. D. Myers stated, there are some best practices that would be applicable to people inside a building, but might not apply to a public park. Since Richland County operates those parks, she would expect that some of what we are doing is going to be in coordination with the parks, library and other agencies that are different from what we operate. It is not just us taking people's temperatures, engaging in social/physical distancing, and wearing face coverings, but are there spaces that are different from the spaces that Richland County operates where people need a different kind of guidance. She does not believe those nuisances are reflected in the document we have received. She is requesting that not only do you pull things out from the document provided, but look at best practices for all the spaces that would be impacted in unincorporated Richland County.

Mr. Brown stated, from what he is hearing, it would be a part of what would be our next maturation. We would go and involve all of those other areas that are impacted by what Richland County Council (i.e. parks). His understanding is the parks are generally under the jurisdiction of the Recreation Commission, so we would be in partnership with the Recreation Commission to determine what their plans were, so we could understand, from their perspective, what they thought was in the best interests of the people they serve. He requested some consideration, or thought, as to, if the Recreation Commission has best practices, or guidance, which may be slightly different than the County. For example, what if they do not recommend or have any guidance on face coverings, whereas, as an organization, Richland County does, for outside agencies. He inquired if that is something where we would see ourselves recommending that, and saying this is Richland County's position on it. In other words, how do marry our thoughts and guidance with those of the other agencies, which we may not have jurisdiction over, but we are impacting them, and they are impacting us.

Mr. Livingston responded we look at those differences, and Council will decide what they think should happen. We cannot demand what these agencies do, but we can still provide our perspective.

Ms. D. Myers stated she would agree with that, and would also point out, for those constituent agencies, that are labeled "Richland County", to the extent that, if something goes wrong, and there is no guidance, or inconsistent guidance, and there are events that occur in those spaces, the entity ultimately sued will be Richland County. The taxpayers will then be who is on the hook for that. She would be careful with the freedom we are giving agencies to decide. Her concern is, if there is no guidance, and someone said the lack of guidance allowed space for people to come in uncovered and spread what they knew was a deadly virus, there might actually be lawsuits based on this. She thinks it is important for us to look at all of the spaces that touch, and concern, people in Richland County, and put the best guidance out, from the County's standpoint, both morally and legally, to make sure we are doing the best that we can do to give guidance. She would suggest that we are in coordination with those, but remember where the obligation lies, at the end of the day.

Ms. McBride stated she would like to support what Ms. D. Myers stated, and that we must remember we would be providing guidance.

5. **County Reopening** –Mr. Brown stated Council had expressed on a couple of occasions the opportunity to engage members of the local public health and medical space. In our most recent conversation with Dr. Ossmann, as he reviewed our rough draft plan, he thought that we would be somewhere in between Phase I and Phase II. One of the questions received was, from a professional standpoint, what they thought about where Richland County stood within its plan. The other thing he wanted to point out, there is, and has been for a while now, a thought that was projected, related to using data, to determine



when organizations may be ready to reopen on some level. As he listened to Dr. Ossmann, and others, have this conversation, early on, in the conversation about the peak of the virus, and then the downfall of the virus, there were some initial thoughts of how things would go. The guidance that was given was, going forward, after you hit your peak, and you think about reopening, you should consider looking at a trend of so many days (i.e. 14 days) of downward positive tests. Since then, there has been some movement, in terms of what focus an organization should utilize in terms of its metrics. Positivity rate has been a much more robust part of that conversation. One of the things he would say, as you think about the guidance you are going to provide for the community, and your staff, that, at this point, if we only utilize a 14-day downward trend, as the data driven metric that will determine when we can open back up, he is concerned, as the County Administrator, that may be a long time from now. It does not seem that a 14-day downward trend will be happening anytime soon. We are not on a downward trend, in terms of positive cases, by themselves. Looking at the flat number, you do not see a downward trend. He is going to be asking for some consideration, as to other metrics, coupled with the single number that we could utilize, but not just utilizing that as a single driver. If we do that, he is afraid we will not be opening up for quite some time. He requested Dr. Ossmann to provide information, and communication, about looking at the solid positive numbers, in conjunction with looking at the positivity rate, as an additional criteria, to be utilized.

Ms. D. Myers stated, it seems to her, the change in the CDC recommendation was political, and not epidemiological. She would like some insight into that, as we are weighing whether or not that is how we should be making changes here at Richland County.

Dr. Ossmann introduced Dr. Scott Sasser, who is the lead physician for PRISMA, in the Midlands, and is leading the response

Dr. Sasser stated they appreciate the opportunity to have, and to contribute, to the conversation, as we partner with you, as we move forward in the community, across the Midlands, and the Upstate.

Dr. Ossmann noted that he believes Mr. Brown has had discussions with Dr. Nolan about this, as well, but early on in the pandemic, when the initial phased reopening plans came out, the prediction was that you would get a sharp curve, and sharp curve down. You would eventually reach a point with very few cases in the community, but what we have seen is you get a sharp curve up, then cases came down, and we have been relatively flat for the last 4 weeks, in South Carolina, and Richland County. Then, with a slight uptrend in the last several days. Some of that uptrend in the number of cases is due to the fact that we are testing at a much greater rate than we were. There is probably also an uptrend of cases, as we relax social distancing, and some of the non-pharmaceutical interventions that were in place in March/April, which was really keeping people apart. He thinks we are operating off of new and evolving information, so while the phased requirements for reopening seem applicable in March, he does not think the data has gone in that particular direction to make that component useful. He thinks there are many parts of the document that can be used, but the gating has not turned out to reflect what is actually happening with the virus. He does think it is important to look at some other gating criteria, as well. Much to your points, the reopening could be a long way off if we do not adjust the gating criteria appropriately. Some of the things they are looking at, inside the acute care health system, are the number of patients we have in the hospital, the number of patients we have in the ICU, and their capacity to care for additional patients. Our numbers have been relatively flat since the beginning of May. Meaning, in the Midlands, we are usually ranging between 40 – 50 patients in the hospital each day that has COVID. That is not 40 – 50 new admissions, but a total census of 40 – 50. We feel comfortable, at that level, that we can continue to provide care in the community for things that are non-COVID, and we can manage a reasonable number of new COVID patients coming in the door. The other thing that is helpful, is to look at the positivity rates. Meaning, how many tests are positive compared to the total number of tests. That number is



controlled for the number of tests that you do. He thinks, as we test more people, the number becomes more and more reliable. In addition, targeting testing in the communities where we know there are a few factors at work. For example: under testing, lack of routine healthcare resources, and areas where we know, based on prior testing, there is a high positivity rate. This was a point of collaboration they discussed with Mr. Brown, and his team. Dr. Nolan was brought into the conversation. He thinks that will be a fruitful relationship, moving forward. Based on that, he thought the steps taken in Phase I and II, which were presented in the draft plan, were very good. The challenge was really with the gating criteria, and where we were as far as the disease course. That is why we are maybe shifting the focus away from the absolute decline in the number of cases, for a two-week period, and focusing on elements that are more objectively measured.

Ms. D. Myers inquired about the status of where we are, as a County, in terms of productivity, working the way we are working now. In essence, what is the level of loss productivity, or loss man hours, as a result of the emergency nature we got people out of the facilities, and the lag in providing necessary equipment for them to effectively complete their day-to-day tasks. Secondly, in so far as the recommended gating criteria, staff has clearly had conversations with the doctors and the team from the University of South Carolina; therefore, what is the Administrator recommending, as a hybrid reopening criteria, rather the 14-day limitation? Thirdly, where are we in terms of standing up testing around Richland County? She stated she is not going to feel comfortable giving staff the green light reopening the Richland County facilities with the testing at its current status, which is why she keeps saying we need to stand up some type of testing. She knows there are going to be people that push back and say you cannot test everybody. There are counties across the United States that are doing a better job of testing, and she would like to see us doing that so we know where we need to be quarantining people. Lastly, in the best of all possible worlds, as Administrator, when would he like this reopening to take place?

Ms. McBride stated she has concerns about the testing. The testing is as good as the areas you test in. She is concerned that some of the hot spots are not being tested. She inquired how we get to those communities that need to be tested. While she would consider some type of hybrid reopening, it is so important that we test, and we test in the right areas, so we can get a more accurate response to the testing. Until we are able to do that, she maintains that she has concerns.

Mr. Brown responded Ms. D. Myers and Ms. McBride raised a good point about testing. He has also had conversations with Dr. Ossmann, and we have discussed the process for getting those testing sites requested. Council will be hearing from him, regarding those areas. We will be going through the process that we have in place locally, as well as, trying to get some additional opportunities we have discussed with our internal team with DHEC.

Mr. Livingston stated what would be helpful for him is to come up with a reasonable goal for testing, so we have something to shoot for, and we know where we are moving to.

Ms. McBride stated, if we are going to test in communities, we have to find the means of getting the word out. In several areas, she knows they have tested, but they did not have the people coming out because they did not know about the testing. There has to be a different type of messaging that will reach out to the communities. She stated that is going to be very important, if we are going to get people to come out to be tested. We also have to think beyond the drive-thru testing because many people do not have cars, so we have to take the test to the communities.

Mr. Brown stated he wants to open in an environment where employees feel as though their best interest are being looked after. He also wants to be cognizant of what the policymaking body's



expectations are of when we will reopen. He does not have a specific thought, right now. He wanted to communicate to the committee, if we were following the guidance that it would be a 14-day downward trend, that the way things are looking now, it does not look like that is going to be anytime soon, based on the numbers. He was trying to inform the committee how that could delay any opening, if we were going to utilize that as a metric.

Mr. Livingston responded that we should look at the percentage of positive rate, the number of patients in ICU, and some of the other metrics Dr. Ossmann mentioned to come up with what we think might be the best factors to use.

Ms. D. Myers stated she will follow-up and restate the questions in writing, so that Mr. Brown will have them, in order to respond. She thinks they are critical, from a path forward standpoint, in terms of getting a vote to move past where we are now with Richland County.

6. **Update: Council Coronavirus Economic Relief Program** – Mr. Livingston inquired if there were any objections to getting this information at the regular Council meeting.

Ms. McBride inquired if it is necessary to take action in the Council meeting, or is that just an update.

Mr. Livingston stated, based on the conversation, at the last meeting, Council expected Council action to approve awarding.

Ms. McBride stated she has a number of questions, but we are out of time.

Mr. Livingston directed her to proceed with her questions.

Ms. McBride stated she does not know who made the decisions, and who is reviewing the grants. She read the report, but then it was confusing because it appears they have an advisory group reviewing the grants.

Ms. A. Myers responded the committee make-up was included in the documents, when Council approved the grant program in April. Both of the committees are made up of employees, to include, members from our Community and Government Services Department, Grant Management Department, and TetraTech.

Ms. McBride stated she read it as TetraTech was reviewing it, and making decisions.

Ms. D. Myers noted that she also is a little confused because she specifically recalls saying she agreed with the make-up of the committee, but her recommendation was that there be Council representation on the vetting committee, and she does not say that.

Mr. Livingston responded that he remembers information about the make-up of the committee, but he does not remember the part about Council representation.

7. **Adjournment** – The meeting adjourned at approximately 4:02 PM.

# CARES Act Funding

Coronavirus Relief Fund (CRF)

**Putting the Pieces of  
the Puzzle Together**

# Agenda

- **Identify the Components of the CARES Act Directly Impacting Richland County**
- **Describe the Coronavirus Relief Fund (CRF)**
- **Describe what the State is Doing**
- **CARES Act Eligibility Requirements**
- **Obvious Concerns**
- **Key Dates**
- **Questions & Discussion**

# CARES Act Funding

## CARES Act Funding Pass-through Entities

FEMA

HUD

HHS

DOJ

Treasury

## Current or Planned Implementing Programs

COVID-19 PA

CDBG-CV

Provider Relief Fund

CESF

State of South Carolina

CRF

**IN PROCESS**  
Submission follows modified Public Assistance process. 1<sup>st</sup> round of PA Project Applications will be submitted to FEMA/SCEMD by 08-15-2020.

**PARTIALLY AVAILABLE**  
County has received initial allocation of \$957,993. Awaiting Federal Register to be released for instructions on how to access additional funding.

**APPLIED FOR**  
EMS has received \$350,648.91 in grant funding. Richland County providers have received \$68,930,470.

**APPLIED FOR**  
Sheriff's Office has applied and received \$487,360 in grant funding. Coroner's Office is in the application process for this grant.

**IN PROCESS**  
SC has developed their program. It is different than we expected in that the County is NOT getting a direct allocation, unlike Greenville County which received \$91.3M.



## Regarding CRF Distribution, this is What the Federal Government Said

The CARES Act provided \$1,996,468,642.30 to the State of South Carolina for disbursement to local governments. The County is currently waiting on the information to be released from the Department of Administration as well as the County's allocation.

*Per Coronavirus Relief Fund Frequently Asked Questions Updated as June 24, 2020, page 7:*  
"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% of the \$1 billion it received, or \$450 million, to local governments within the State with a population of 500,000 or less."

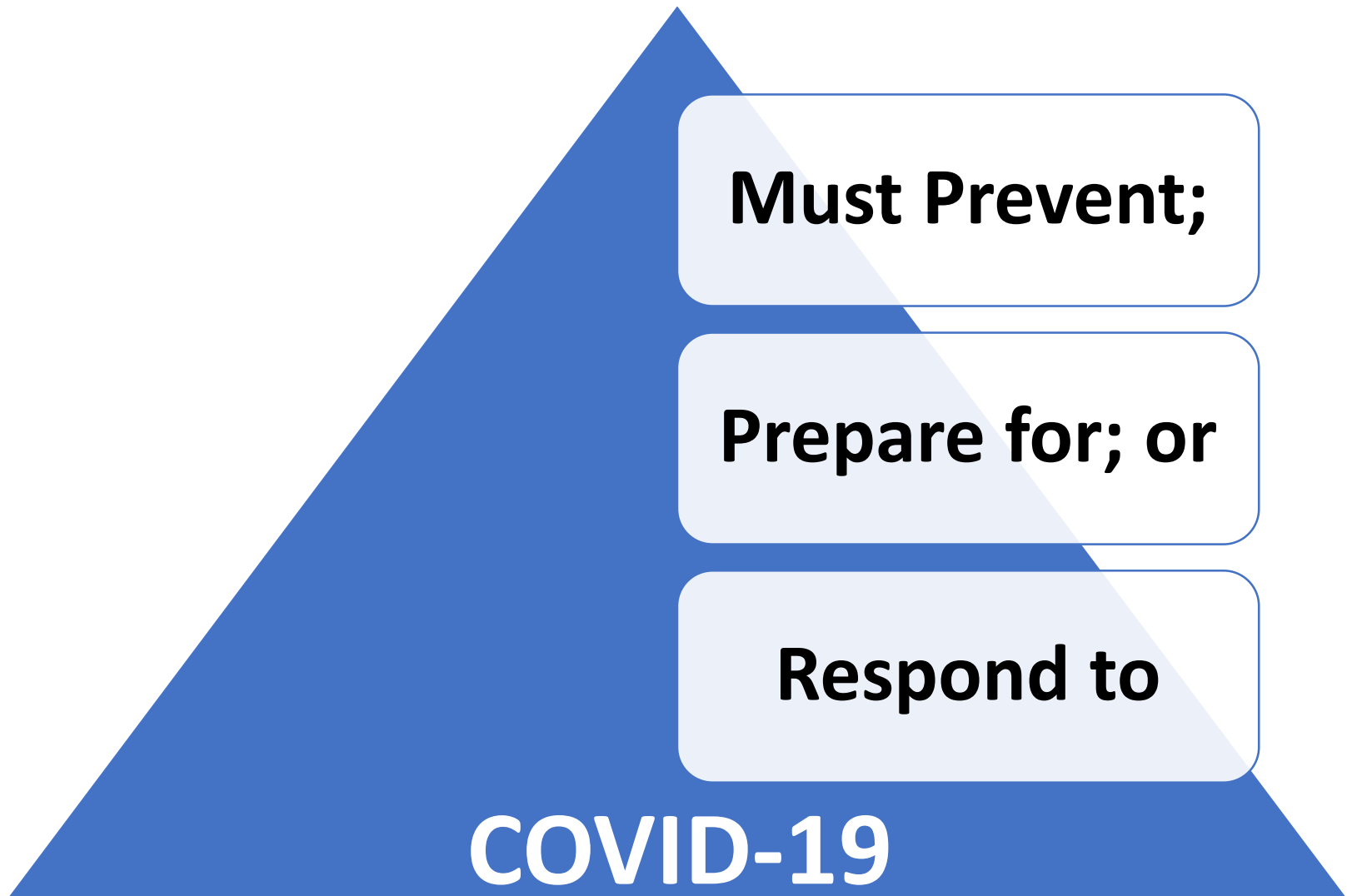
# What the State is Doing

- **The CARES Act provided \$1,996,468,642.30 to the State of South Carolina for disbursement to local governments. The CRF will be administered by the SC Department of Administration (DOA).**
- **On June 25<sup>th</sup>, the General Assembly enacted a joint resolution (Act 142) to authorize expenditures of the first \$1.3B of the CRF.**
- **Phase I provides reimbursement of expenditures incurred March 1, 2020 through June 30, 2020 that were necessary for the response to the COVID-19 public health emergency.**
- **Expenses for July 1 forward will be considered by the General Assembly at a later date.**

# How the State Decided to Distribute the \$1.3B

- **Unemployment Trust Fund - \$500M**
- **State and Local Government Expenditures - \$270M**
- **State Department of Education - \$222.7M**
- **Hospital Relief Fund - \$125M**
- **Broadband - \$50M**
- **Statewide Testing & Monitoring - \$42.4M**
- **PPE Stockpile & Supply Chain Plan - \$16.8M**

# Generally, what activities are eligible for CARES Act Funding?



# Three Primary Criteria that MUST be Met for an Expense to be Eligible

- **Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);**
- **Were NOT accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act); and**
- **Were incurred during the period that begins March 1, 2020 and ends on December 30, 2020.**

# Specifically, what is eligible?

- **There are 6 potential categories to apply:**
  - **Medical Expenses**
  - **Public Health Expenses**
  - **Payroll Expenses**
  - **Compliance Expenses**
  - **Economic Expenses**
  - **Other COVID-19 Related Expenses**

# How to Choose between FEMA PA & CRF?

- To maximize available funds for the State, the County **MUST** submit FEMA PA eligible expenses to EMD
- EMD will pay the approved federal and non-federal (local match) shares on payment as they are processed through the FEMA PA program for Phase I expenses
- IF DOA determines an expense submitted through CRF is FEMA PA eligible, it will be returned to the County to be submitted in the FEMA PA program
- **Activities not eligible under FEMA PA should be prioritized when submitting to the CRF SC Cares Salesforce platform.**

# Examples

## Activities to submit to CRF

- Public telemedicine capabilities (labor will be FEMA PA)
- Medical supply acquisition and distribution for non-emergency protective measures
- Public safety measures related to reopening of public spaces/facilities
- COVID dedicated payroll expenses (regular time, items such as hazard pay/premium pays that are not in pre-disaster policies)
- Distance learning
- Telework capability improvement
- Provide paid sick and medical leave
- Care of homeless populations
- Provision of grants to small businesses
- Government payroll support program
- Unemployment insurance costs

## Activities to submit to FEMA PA

- Public medical facility expenses
- Establishing temporary medical facilities
- Testing
- Emergency medical response
- Communication and enforcement
- Medical supply acquisition and distribution
- Disinfection of public areas
- Technical assistance
- Public safety measures
- Quarantining
- COVID Payroll Expenses (primarily overtime only, and must be in alignment with pre-disaster pay policies)
- Food delivery to vulnerable populations to enable compliance with COVID-19 public health precautions
- Maintaining prisons and jails



# Obvious Concerns

- **Under the State’s distribution model, we do not see how the State’s approach “will ensure equitable treatment among local governments of all sizes.”**
- **A pot of \$270M is all the County can compete with against all the other counties of the State AND the State itself. The State makes all the final decisions of who gets what out of that pot of money. The remainder of the \$1.6B is completely under the control of the State.**
  - **Again, Greenville County has already received a direct allocation of \$91.3M from the Federal Treasury Department.**
- **Based on the Federal formula contained in their June 24<sup>th</sup> FAQ, Richland County should have received a direct allocation of @\$77M.**
- **Furthermore, there is no assurance from the State that any costs not paid for by the County by June 30, 2020 will ever be even considered for reimbursement (no guarantee of a Phase 2).**
- **Furthermore, small businesses were amongst the hardest hit due to mandatory shutdown. Our initial high level swag is the impact in Richland County is @\$40-60M of eligible small business losses. Unless the County had been willing to pay upfront this huge sum in grant money AND had paid all the grant awards by June 30, 2020, there would still be no guarantee the County would be reimbursed by the State because the State decides who gets what money from the \$270M pot.**

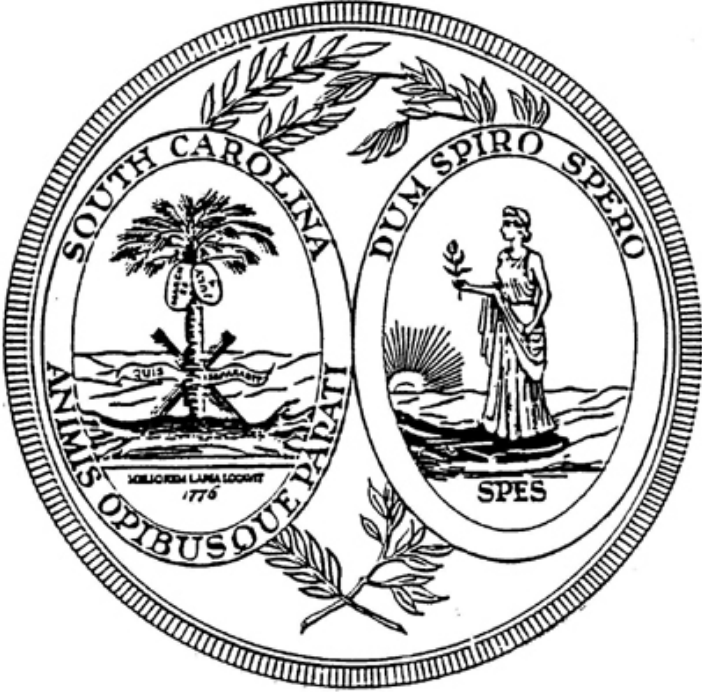
# Key Dates and To Dos

- **Phase I of the State CRF program covers expenditures between March 1, 2020 to June 30, 2020.**
- **Phase I submission is due August 15, 2020.**
- **For the State to cover the FEMA PA 25% local match, the County's FEMA PA submissions MUST be submitted also by August 15, 2020. There is no guarantee funding for the local match will be available after Phase I.**
- **The State has asked each jurisdiction to submit a projection of eligible expenses covering to the remainder of the year (July 1, 2020 to December 30, 2020). This is also due August 15, 2020.**
- **No specific word on when Phase II will be due (or if there will be a Phase II). It is funding dependent and up to the General Assembly.**

# In Closing

- Discussion
- Questions

**SUBRECIPIENT AGREEMENT**  
**FOR**  
**CORONAVIRUS RELIEF FUNDS**



**Between**  
**STATE OF SOUTH CAROLINA**

**And**

**Richland County**  
**(Subrecipient)**

## SUBAWARD INFORMATION

The following information is provided pursuant to 2 C.F.R. 200.331(a)(1):

- Subrecipient's name (must match the name associated with its unique entity identifier): Richland County
- Subrecipient's unique entity identifier (DUNS): \_\_\_\_\_
- Federal Award Identification Number (FAIN): \_\_\_\_\_
- Catalog of Federal Domestic Assistance (CFDA) Number: 21.019
- Federal Award Date: March 27, 2020
- Subaward Period of Performance Start and End Date: March 1, 2020 through December 30, 2020
- Amount of Federal Funds Obligated by this Agreement: TBD
- Total Amount of Federal Funds Obligated to the Subrecipient by the pass-through entity to include this Agreement: TBD
- Total Amount of the Federal Award committed to the Subrecipient by the pass-through entity: TBD
- Federal Award Program Description:

*The State of South Carolina has received funds pursuant to the CARES Act. The CARES Act established the Coronavirus Relief Fund (CRF) and the State of South Carolina received an allocation of funds from the CRF under section 601(a) of the Social Security Act, as added by section 5001 of the CARES Act. The State of South Carolina has elected to distribute funding from the CRF to eligible subrecipients. Subrecipients may include, but are not limited to state agencies, municipalities, counties, higher education institutions, technical colleges, hospitals, and special purpose districts within the State of South Carolina. Subrecipients may request reimbursement for expenditures made as a result of COVID-19 pursuant to the procedures defined in this Agreement or subsequently defined in program policies and procedures or guidance issued by the State. Requests will be reviewed by the State of South Carolina for eligibility before reimbursements are issued.*

- Name of Federal Awarding Agency: Department of Treasury
- Name of pass-through entity: State of South Carolina
- Contact Information for pass-through entity:
  - Name: Gaines, Brian
  - Phone: 803-734-2280
  - Email: [sccares@admin.sc.gov](mailto:sccares@admin.sc.gov)
- Award is for Research & Development (R&D): No
- Indirect Cost Rate for federal award: Not applicable to the Coronavirus Relief Fund

**THIS AGREEMENT** entered this 17 day of July, 2020 by and between the State of South Carolina, (herein called

the “Grantee”) and Richland County (herein called the “Subrecipient”). The foregoing Grantee and Subrecipient shall sometimes be referred to herein individually as the “Party” and collectively as the “Parties”.

WHEREAS, on March 13, 2020, the President of the United States issued a Proclamation on Declaring a National Emergency Concerning the COVID-19 Outbreak; and

WHEREAS, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress and signed into law by the President of the United States on March 27th, 2020; and

WHEREAS, the CARES Act established the Coronavirus Relief Fund (CRF) and the State of South Carolina received an allocation of funds from the Coronavirus Relief Fund under section 601(a) of the Social Security Act, as added by section 5001 of the CARES Act; and

WHEREAS, the CARES Act provides that payments from the Coronavirus Relief Fund may only be used to cover costs that (1) are necessary expenditures incurred due to the public health emergency with respect to 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 local government; and (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020; and

WHEREAS, in order to provide funds for the Subrecipient to pay necessary expenditures it has or will incur due to the COVID-19 public health emergency, the Parties have agreed that the State of South Carolina shall provide reimbursements for eligible expenses as described herein to Subrecipient.

NOW, THEREFORE, the Parties mutually agree as follows:

## **I. AGREEMENT TERM**

### **A. Initial Agreement Term**

This Agreement shall become effective on the 17 day of July, 2020 and end on the 30th day of December, 2020.

### **B. Renewal Terms**

1. **Written Renewal.** This Agreement may only be renewed by action evidenced in writing and executed by both Parties.
2. **Renewal Terms.** Contingent upon extensions for the expenditure of CRF provided by the Department of Treasury, this Agreement may be renewed at the end of the Initial Term, as evidenced by written approval of both Parties, for up to two (2) additional terms of six (6) months. The exercise of the option to renew under this provision shall be with the understanding that all terms and conditions remain in full force and effect unless this Agreement is specifically amended.

## **II. ACTIVITIES & ELIGIBLE EXPENSES**

### **A. Activities**

The Subrecipient will be responsible for administering all COVID-19 response activities on its own behalf and in a manner satisfactory to the Grantee and consistent with any standards required as a condition of providing these funds. Allowable activities must be directly tied to response and recovery activities related to COVID-19 and must be allowable pursuant to the Coronavirus Relief Fund requirements. Costs that are determined unallowable pursuant to a federal audit are subject to repayment by Subrecipient.

### **B. Eligible Expenses**

The State of South Carolina will only reimburse Subrecipient for eligible expenses. The State of South Carolina

will not reimburse for costs incurred for any purpose other than those specified in this Agreement as eligible expenses. Failure to comply with provisions of this Agreement, or failure to perform activities as specified in this Agreement, will result in required corrective action up to and including financial consequences. A financial consequence may be imposed for non-compliance in accordance with 2 C.F.R. 200, including but not limited to costs being disallowed, withholding of federal funds, and/or termination of the Agreement.

Eligible expenses will be dependent on the federal funding source, and shall be contingent on approval from the State of South Carolina. Eligible Expenses are listed under Attachment A.

### **III. NOTICES**

Notices required by this Agreement shall be in writing and delivered via mail (postage prepaid), commercial courier, or personal delivery or sent by facsimile, email, or other electronic means. Any notice delivered or sent as aforesaid shall be effective on the date of delivery or sending. All notices and other written communications under this Agreement shall be addressed to the individuals in the capacities indicated below, unless otherwise modified by subsequent written notice.

Grantee Name: Gaines, Brian

Phone Number: 803-734-2280

Email: [sccares@admin.sc.gov](mailto:sccares@admin.sc.gov)

Subrecipient Name: Richland County

Phone Number:

Email: [brown.leonardo@richlandcountysc.gov](mailto:brown.leonardo@richlandcountysc.gov)

### **IV. REPORTING & PAYMENT PROCEDURES**

- A. This is a cost-reimbursement Agreement, subject to the availability of funds.
- B. Grantee will reimburse the Subrecipient only for Eligible Expenses.
- C. Eligible Expenses are listed in Attachment A – Eligible Expenses.
- D. Grantee will review any request for reimbursement by comparing the documentation provided by the Subrecipient against the allowable costs outlined in this Agreement and pursuant to the federal funding agency requirements.
- E. By signing this agreement, Subrecipient agrees to provide any reporting that the Grantee determines is required, including but not limited to projected expense reporting from July 2020 through December 2020 due by August 15, 2020.

### **V. TERMS & CONDITIONS**

The following requirements are applicable to all activities undertaken with CRF funds.

#### **A. Compliance with State and Local Requirements**

Subrecipient acknowledges that this Agreement requires compliance with the regulations of the State of South Carolina and with all applicable state and local orders, laws, regulations, rules, policies, and certifications governing any activities undertaken during the performance of this Agreement.

#### **B. Compliance with Federal Requirements**

Subrecipient acknowledges that Fund payments made by Grantee to Subrecipient are not considered to be grants but are “other financial assistance” under 2 C.F.R. 200.40. This Agreement requires compliance with certain provisions of Title 2 C.F.R. 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (“Uniform Guidance”). Subrecipient agrees to comply with all other applicable Federal, state and local laws, regulations, and policies governing the funds provided under this Agreement. Subrecipient further agrees to utilize funds available under this Agreement to supplement rather than supplant funds otherwise available.

During the performance of this Subrecipient Agreement, the Subrecipient shall comply with all applicable federal laws and regulations, including but not limited to the provisions in this Agreement and the required federal provisions. Violations of law will be referred to the proper authority in the applicable jurisdiction.

Contracts awarded by Subrecipient under this Agreement shall comply with all applicable Federal laws, regulations, executive orders, Department of Treasury policies, procedures, and directives. With respect to any conflict between such federal requirements and the terms of the contract and/or the provisions of state law and except as otherwise required under federal law or regulation, the more stringent requirement shall control. The Subrecipient must comply with all applicable Federal law, regulations, executive orders, Department of Treasury policies, procedures, and directives. The Subrecipient shall comply with all federal requirements including, but not limited to, the following:

- Fund payments are considered to be federal financial assistance subject to the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507).
- Subrecipients are subject to a single audit or program specific audit pursuant to 2 C.F.R. 200.501(a) when Subrecipient spends \$750,000 or more in federal awards during their fiscal year.
- Fund payments are subject to 2 C.F.R. 200.303 regarding internal controls.
- Fund payments are subject to 2 C.F.R. 200.330 through 200.332 regarding subrecipient monitoring and management.
- Fund payments are subject to Subpart F regarding audit requirements.
- NOTE: The CRF is not subject to the regulations pursuant to 2 C.F.R. 200.318-326.

Subcontracts, if any, shall contain a provision making them subject to all of the provisions stipulated in this Agreement, including but not limited to 2 C.F.R. 200.303, 2 C.F.R. 200.330-332, and 2 C.F.R. Part 200 Subpart F.

With respect to any conflict between such federal requirements and the terms of this Agreement and/or the provisions of state law and except as otherwise required under federal law or regulation, the more stringent requirement shall control.

#### C. Hold Harmless

Subrecipient shall hold harmless, defend and indemnify the Grantee from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Subrecipient’s performance or nonperformance of the services or subject matter called for in this Agreement.

#### D. Indemnification

Subrecipient shall indemnify, defend, and hold harmless the State of South Carolina, its officers, agents and employees, and the Federal awarding agency, from any claim, liability, loss, injury or damage arising out of, or



in connection with, performance of this Agreement by Subrecipient and/or its agents, employees or sub-contractors, excepting only loss, injury or damage determined to be solely caused by the gross negligence or willful misconduct of personnel employed by the Grantee. It is the intent of the parties to this Agreement to provide the broadest possible coverage for the Grantee. Subrecipient shall reimburse the Grantee for all costs, attorneys' fees, expenses and liabilities incurred with respect to any litigation in which Subrecipient is obligated to indemnify, defend and hold harmless the Grantee under this Agreement.

#### E. Misrepresentations & Noncompliance

Subrecipient hereby asserts, certifies and reaffirms that all representations and other information contained in Subrecipient's application, request for funding, or request for reimbursement are true, correct and complete, to the best of Subrecipient's knowledge, as of the date of this Agreement. Subrecipient acknowledges that all such representations and information have been relied on by Grantee to provide the funding under this Agreement.

Subrecipient shall promptly notify Grantee, in writing, of the occurrence of any event or any material change in circumstances which would make any Subrecipient representation or information untrue or incorrect or otherwise impair Subrecipient's ability to fulfill Subrecipient's obligations under this Agreement. Subrecipient further certifies that Subrecipient has disclosed to Grantee all insurance proceeds and other funds received from governmental sources.

#### F. Workers' Compensation

Subrecipient shall provide Workers' Compensation Insurance coverage for all of its employee involved in the performance of this Agreement.

#### G. Insurance

Subrecipient shall carry sufficient insurance coverage to protect Agreement assets from loss due to theft, fraud and/or undue physical damage and, as a minimum, shall purchase a blanket fidelity bond covering all employees in an amount equal to cash advances from Grantee.

#### H. Grantee Recognition

Subrecipient shall insure recognition of the role of the Grantee in providing services through this Agreement. All activities, facilities and items utilized pursuant to this Agreement shall be prominently labeled as to funding source. In addition, the Subrecipient will include a reference to the support provided herein in all publications made possible with funds made available under this Agreement.

#### I. Amendments

Grantee or Subrecipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, signed by a duly authorized representative of each organization, and approved by the Grantee's governing body. Such amendments shall not invalidate this Agreement, nor relieve or release the Grantee or Subrecipient from its obligations under this Agreement.

Grantee may, in its discretion, amend this Agreement to conform with Federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both Grantee and Subrecipient.

#### J. Suspension or Termination

Grantee may suspend or terminate this Agreement if the Subrecipient materially fails to comply with any terms

of this Agreement, which include (but are not limited to), the following:

1. Failure to comply with any of the rules, regulations or provisions referred to herein, or such statutes, regulations, executive orders, and Federal awarding agency guidelines, policies or directives as may become applicable at any time;
2. Failure, for any reason, of the Subrecipient to fulfill in a timely and proper manner its obligations under this Agreement;
3. Ineffective or improper use of funds provided under this Agreement; or
4. Submission by the Subrecipient to the Grantee reports that are incorrect or incomplete in any material respect.

This Agreement may also be terminated for convenience by either the Grantee, in whole or in part, by setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if in the case of a partial termination, the Grantee determines that the remaining portion of the award will not accomplish the purpose for which the award was made, the Grantee may terminate the award in its entirety.

#### K. No Obligation by Federal Government

The Federal government, Department of Treasury, and any other federal agency or pass-through entity providing financial assistance to a recipient are not a party to any transaction between the recipient and or its contractor. The Federal government or any other federal agency or pass-through entity providing financial assistance are not subject to any obligations or liable to any party for any matter relating to a contract.

#### L. Compliance with Federal Law, Regulations, and Executive Orders

Subrecipient, contractors, and subcontractors are required to comply with all Federal laws, regulations, executive orders, applicable Federal agency policies, procedures and directives.

#### M. Program Fraud & False or Fraudulent Statements or Related Acts

Recipients, subrecipients, and contractors must comply with 31 U.S.C. Chapter 38, Administrative Remedies for False Claims and Statements, which shall apply to the activities and actions of recipients, subrecipients, contractors, and subcontractors pertaining to any matter resulting from a contract.

#### N. Debarment / Suspension and Voluntary Exclusion

1. Non-Federal entities and contractors are subject to the debarment and suspension regulations implementing Executive Order 12549, Debarment and Suspension (1986) and Executive Order 12689, Debarment and Suspension (1989) at 2 C.F.R. Part 180 and the Department of Homeland Security's regulations at 2 C.F.R. Part 3000 (Nonprocurement Debarment and Suspension).
2. These regulations restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs and activities. A contract award must not be made to parties listed in the SAM Exclusions. SAM Exclusions is the list maintained by the General Services Administration that contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. SAM exclusions can be accessed at [www.sam.gov](http://www.sam.gov).

## VI. ADMINISTRATIVE REQUIREMENTS

#### A. Financial Management

The Subrecipient agrees to comply with and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. The Subrecipient's accounting system to record expenditures must be established and maintained in accordance with generally accepted accounting standards.

#### B. Duplication of Benefits; Subrogation

To maximize the benefit of all funds received by the state of South Carolina, all state agencies, higher education institutions, and local government entities shall be directed to coordinate expenditure reimbursements through and in consultation with the Department of Administration and the third-party grants administrator. State entities, including institutions of higher education, shall submit to the Executive Budget Office (EBO) a detailed budget plan for any funding received related to COVID-19, regardless of the source. Additionally, all entities, including local governments and hospitals/medical providers, shall submit to the EBO information sufficient to identify other COVID-19 related funding they are receiving, regardless of the source, and provide a detailed account of how the funding is being used.

Subrecipient shall not carry out any of the activities under this Agreement in a manner that results in a prohibited duplication of benefits as defined by Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155) and in accordance with section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 132 Stat. 3442), which amended section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155). The Subrecipient shall carry out the activities under this agreement in compliance with the Grantee's procedures to prevent duplication of benefits.

If the Subrecipient receives duplicate benefits from another source for projects related to this disaster, the Subrecipient must refund the benefits provided by the Grantee to the Grantee. The Grantee may also recover the amount to be repaid, or any part thereof, by deductions from any Coronavirus Aid, Relief, and Economic Security Act (CARES Act) funding which were to be paid to Subrecipient.

Under Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, any entity that has received or is entitled to receive federal disaster assistance is liable to the United States for the repayment of such assistance to the extent that such assistance duplicates benefits available for the same purpose from another source, including insurance and other federal programs.

Subrecipient must execute and deliver a Duplication of Benefits and Subrogation Agreement ("Duplication of Benefits Certification"), in the form attached hereto as Attachment B. Subrecipient shall comply with all terms and conditions of the Duplication of Benefits Certification, including, without limitation, Subrecipient's obligation to promptly notify the Grantee of any insurance proceeds or other disaster assistance received.

#### C. Documentation & Recordkeeping

As required by 2 C.F.R. 200.331(a)(5), the State of South Carolina, appropriate state agencies as designed by the State of South Carolina, or any of their authorized representatives, shall have the right of access to any records, documents, financial statements, papers, or other records of the Subrecipient which are pertinent to this Agreement, in order to make audits, examinations, excerpts, and transcripts. The right of access also includes timely and reasonable access to the Subrecipient's personnel for the purpose of interview and discussion related to such documents. The right of access is not limited to the required retention period but lasts as long as the records are retained.

All recipients, subrecipients, successors, transferees, assignees, contractors, and subcontractors must

acknowledge and agree to comply with applicable provisions governing access to records, accounts, documents, information, facilities, and staff.

#### D. Record Retention

Recipients, subrecipients, successors, transferees, assignees, contractors, and subcontractors shall retain sufficient records, which may include, but are not limited to financial records, supporting documents, statistical records, and all other records pertinent to the Agreement to show compliance with the terms of this Agreement, as well as the compliance of all subcontractors or consultants paid from funds under this Agreement, for a period of three (3) years from the date of submission of the final expenditure report. Recipients, subrecipients, successors, transferees, assignees, contractors, and subcontractors must give the State of South Carolina, or any of its authorized representatives access to, and the right to examine and copy, records, accounts, and other documents and sources of information related to the federal financial assistance award and permit access to facilities, personnel, and other individuals and information as may be necessary, as required by applicable regulations and other applicable laws or program guidance.

#### E. Internal Controls

Subrecipient must comply with 2 C.F.R. 200.303 and establish and maintain effective internal control over the Federal award that provides reasonable assurance that the Subrecipient is managing the award in compliance with Federal statutes, regulations, and the terms and conditions of the award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States or the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

#### F. Personally Identifiable Information

Subrecipient must comply with 2 C.F.R. 200.303(e) and take reasonable measures to safeguard protected personally identifiable information, as defined in 2 C.F.R. 200.82, and other information the Grantee designates as sensitive or the Subrecipient considers sensitive consistent with applicable Federal, state, local, and tribal laws regarding privacy and obligations of confidentiality.

#### G. Client Data

Subrecipient shall maintain client data demonstrating client eligibility for services provided. Such data shall include, but not be limited to, client name, address, income level or other basis for determining eligibility, and description of service provided. Such information shall be made available to Grantee monitors or their designees for review upon request.

#### H. Disclosure

Subrecipient understands that client information collected under this Agreement is private and the use or disclosure of such information, when not directly connected with the administration of Grantee's or Subrecipient's responsibilities with respect to services provided under this Agreement, is prohibited unless written consent is obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian.

#### I. Monitoring & Compliance

Grantee shall monitor the activities of Subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Monitoring of Subrecipient shall include:

1. Reviewing financial and performance reports required as required by Grantee.
2. Following-up and ensuring that Subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to Subrecipient from Grantee detected through audits, on-site reviews, and other means.
3. Issuing a management decision for audit findings pertaining to the Federal award provided to Subrecipient from Grantee as required by 2 C.F.R. 200.521 Management decision.

Depending upon Grantee's assessment of risk posed by Subrecipient, the following monitoring tools may be used by Grantee to ensure proper accountability and compliance with program requirements and achievement of performance goals:

1. Providing subrecipients with training and technical assistance on program-related matters; and
2. Performing on-site reviews of Subrecipient's program operations;
3. Arranging for agreed-upon-procedures engagements as described in 2 C.F.R. 200.425(c) Audit services.

Grantee shall verify that Subrecipient is audited as required by 2 C.F.R. Part 200 Subpart F—Audit Requirements when it is expected that Subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 2 C.F.R. 200.501 Audit requirements.

Grantee may take enforcement action against noncompliant Subrecipient as described in 2 C.F.R. 200.338 Remedies for noncompliance of this part and in program regulations.

#### J. Close-Outs

Subrecipient shall close-out its use of funds under this Agreement by complying with the closeout procedures in 2 C.F.R. 200.343. Subrecipient's obligation to Grantee shall not end until all close-out requirements are completed. Activities during this close-out period shall include, but are not limited to: making final payments, disposing of program assets (including the return of all unused materials, equipment, unspent cash advances, program income balances, and accounts receivable to Grantee), and determining the custodianship of records. Notwithstanding the foregoing, the terms of this Agreement shall remain in effect during any period that Subrecipient has control over funding provided under this Agreement.

#### K. Audits & Inspections

All Subrecipient records with respect to any matters covered by this Agreement shall be made available to Grantee, the Federal awarding agency, and the Comptroller General of the United States or any of their authorized representatives, at any time during normal business hours, as often as deemed necessary, to audit, examine, and make excerpts or transcripts of all relevant data. Any deficiencies noted in audit reports must be fully cleared by Subrecipient within 30 days after receipt by the Subrecipient. Failure of Subrecipient to comply with the audit requirements will constitute a violation of this Agreement and may result in the withholding of future payments.

Subrecipients that expend \$750,000 or more in total federal assistance (all programs) in a single year must have an audit conducted in accordance with 2 C.F.R. Part 200, Subpart F—Audit Requirements. Subrecipient shall have an annual audit conducted in accordance with current Grantee policy concerning subrecipient audits and 2 C.F.R. 200 Subpart F – Audit Requirements. Subrecipient may be required to submit a copy of that audit to the Grantee in accordance with the Uniform Guidance. This may be provided to Grantee by email at [sccares@admin.sc.gov](mailto:sccares@admin.sc.gov).

## L. Reporting & Payment Procedures

### 1. Indirect Costs

If indirect costs are charged, Subrecipient will develop an indirect cost allocation plan for determining the appropriate Subrecipient's share of administrative costs and shall submit such plan to Grantee for approval, in a form specified by Grantee.

### 2. Payment Procedures

Grantee will pay to the Subrecipient funds available under this Agreement based upon information submitted by the Subrecipient and consistent with any approved budget and Grantee policy concerning payments. With the exception of certain advances, payments will be made for eligible expenses actually incurred by the Subrecipient, and not to exceed actual cash requirements. In addition, the Grantee reserves the right to liquidate funds available under this contract for costs incurred by the Grantee on behalf of the Subrecipient.

Subrecipients should maintain a financial file with copies of back-up documentation for all paid eligible expenditures made by the Subrecipient during the eligible period. Documentation of expenditures will be reviewed and verified upon receipt by Grantee.

- a. Subrecipient must accurately track all costs related to COVID-19.
- b. Subrecipient must track COVID costs within their systems for the purpose of requesting reimbursement. Subrecipient must provide any reporting that the State determines is required. Expenditures related to COVID must be reported to Grantee upon request.
- c. Requests for reimbursement from the Coronavirus Relief Fund should include only paid expenditures. Purchase Orders that have been established but not paid will not be reimbursed until after the expenditure is complete.
- d. Expenses that are covered by insurance, reimbursed by other federal programs, or that were already included in the FY-2020 budget prior to March 1, 2020 are not eligible.
- e. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency are not eligible.
- f. Requests for reimbursement must be submitted in the Salesforce grants management platform as designated by the Grantee. All fields should be completed.
- g. All reimbursement requests will go through an approval process and funds will be reimbursed up to 100% depending on the total amount of claims and the funds available. A reimbursement of 100% is not guaranteed. Any requests for \$250,000 or more may go through additional review and action.
- h. Deadlines – Subrecipient is required to submit periodic invoices to Grantee for reimbursement.
  - i. Subrecipient may submit a maximum of one (1) request per month on a rolling basis through 8/15/2020 for the first round of CRF funding. The first round of funding may encompass expenses incurred through 6/30/2020.
  - ii. If the General Assembly allocates additional funding, additional communication will be provided by the Grantee defining the request process and deadlines.
- i. Subrecipient shall be required to document all equipment purchases, as well as maintain inventory

of all assets acquired with use of CRF.

- i. Subrecipient shall be required to provide documentation to the State regarding inventory, assets, and disposition activities upon request.
- j. Each subsequent request should not be cumulative and should not repeat any expenditure previously requested.
- k. Expenditures from a prior month for which reimbursement was never requested may be included in a future month's request.
- l. All requests are subject to audit and additional documentation must be provided upon request.

### 3. Progress Reports

The Subrecipient must submit regular Progress Reports to the Grantee in the form, content, and frequency as required by the Grantee. Grantee may require the Subrecipient to provide Grantee with quarterly status reports.

## **VII. PERSONNEL & PARTICIPANT CONDITIONS**

### A. Hatch Act

Subrecipient must comply with provisions of the Hatch Act of 1939 (Chapter 15 of Title V of the U.S.C.) limiting the political activities of public employees, as it relates to the programs funded.

### B. Conflict of Interest

Subrecipient must comply with applicable provisions of Title 8, Chapter 13 of the South Carolina Code of Laws, known as the State Ethics Act. Subrecipient shall maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

## **VIII. ATTACHMENTS**

All attachments to this Agreement are incorporated as if set out fully. In the event of any inconsistencies or conflict between the language of this Agreement and the attachments, the language of the attachments shall control, but only to the extent of the conflict or inconsistency.

This Agreement contains the following attachments:

- Attachment A – Eligible Expenses
- Attachment B – Duplication of Benefits Certification

## **IX. SEVERABILITY**

If any provision of this Agreement is held invalid, the remainder of the Agreement shall not be affected thereby and all other parts of this Agreement shall nevertheless be in full force and effect.

## **X. WAIVER**

Grantee's failure to act with respect to a breach by the Subrecipient does not waive its right to act with respect to

subsequent or similar breaches. The failure of the Grantee to exercise or enforce any right or provision shall not constitute a waiver of such right or provision.

**XI. ENTIRE AGREEMENT**

This agreement constitutes the entire agreement between the Grantee and the Subrecipient for the use of funds received under this Agreement and it supersedes all prior or contemporaneous communications and proposals, whether electronic, oral, or written between the Grantee and the Subrecipient with respect to this Agreement.

**XII. ELECTRONIC SIGNATURE**

In the event that the State of South Carolina shall execute this Agreement by the use of an electronic signature, such electronic signature shall create a valid and binding obligation by the State of South Carolina.

**XIII. EXECUTORY CLAUSE**

This Agreement is subject to availability of Federal assistance under the CARES Act Coronavirus Relief Funds. The State of South Carolina shall have no liability under this Agreement (including any extension or other modification of this Agreement) to provide funding to any Subrecipient beyond funds appropriated or otherwise lawfully available for this Agreement, which shall include funds made available to the State of South Carolina from the Federal Government.

**XIV. SIGNATURE AUTHORITY**

The following specific officers/officials, or their authorized designees, are required to sign this Agreement on behalf of the of Subrecipient. Note: If this Agreement is signed by a designee, a duly authenticated delegation of authority evidencing the signer’s authority to execute the Agreement for and on behalf of the Subrecipient must be attached to the Agreement for review by Grantee.

Copies of this Agreement may be obtained through the grants management software platform.



IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first written above.

**Signed:** \_\_\_\_\_

**Chief Executive Officer or equivalent**

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Chair of Governing Board, if applicable**

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**STATE OF SOUTH CAROLINA**

**Signed:** \_\_\_\_\_

**Its Duly Authorized Agent**

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **ATTACHMENT A – ELIGIBLE EXPENSES**

Eligible expenses are subject to approval by the State of South Carolina and are contingent on allowability under the respective funding sources. Eligible expenses are those incurred for response and recovery activities as a result of the COVID-19 emergency. The State of South Carolina will review all expenses submitted for reimbursement. Reimbursement shall only be made for eligible expenses that are directly tied to response and recovery activities related to COVID-19. Expenses must be allowable pursuant to the CRF and Department of Treasury requirements. Expenses listed below is nonexclusive, and additional Federal funding sources may include additional eligible expenses.

### **Eligible Coronavirus Relief Fund (CRF) Expenses**

The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that—

- Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- 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
- Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

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

- 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.
- 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.
- 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 COVID19 public health emergency.

- 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.
- 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.
- Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

**ATTACHMENT B – DUPLICATION OF BENEFITS CERTIFICATION**

In consideration of Subrecipient’s receipt of funds or the commitment of funds by the Grantee (collectively, the “Grant Proceeds”), Subrecipient hereby assigns to Grantee all of Subrecipient’s future rights to reimbursement and all payments received from any grant, subsidized loan, or insurance policies of any type or coverage or under any reimbursement or relief program related to or administered by the Federal Emergency Management Agency (“FEMA”) or the Small Business Administration (“SBA”) (singularly, a “Disaster Program” and collectively, the “Disaster Programs”) that was the basis of the calculation of the reimbursement costs to the extent such reimbursements paid or to be paid by the Grantee to the Subrecipient under the CARES Act Coronavirus Relief Funds , and that are determined in the sole discretion of Grantee or Federal awarding agency, to be a duplication of benefits (“DOB”) as provided in this Agreement.

The proceeds or payments referred to in the preceding paragraph, whether they are from insurance, FEMA or the SBA or any other source, and whether or not such amounts are a DOB, shall be referred to herein as “Proceeds,” and any Proceeds that are a DOB shall be referred to herein as “DOB Proceeds.” Upon receiving any Proceeds that would result in a DOB, Subrecipient agrees to immediately notify the Grantee. The Grantee will make a determination if such additional amounts constitute a DOB. Grantee may also notify the Federal awarding agency of such additional amounts. If some or all of the Proceeds are determined to be a DOB, the portion that is a DOB shall be paid to the Grantee.

Subrecipient agrees to assist and cooperate with the Grantee in recouping DOB Proceeds, which may include, but are not limited to, providing additional documentation, giving depositions, producing records and other evidence, testifying at trial and any other form of assistance and cooperation reasonably requested by the Grantee. Subrecipient further agrees to assist and cooperate in the attainment and collection of any DOB Proceeds that the Subrecipient would be entitled to under any applicable Disaster Program.

If requested by the Grantee, Subrecipient agrees to execute such further and additional documents and instruments as may be requested to further and better assign to the Grantee, to the extent of the Proceeds paid to Subrecipient under the Program, any amounts received under the Disaster Programs that are DOB Proceeds and/or any rights thereunder, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by the Grantee to consummate and make effective the purposes of this Agreement.

If Subrecipient hereafter receives any DOB Proceeds, Subrecipient agrees to promptly pay such amounts to the Grantee, if Subrecipient received Proceeds in an amount greater than the amount Subrecipient would have received if such DOB Proceeds had been considered in the calculation of Subrecipient’s award. Once the Grantee has recovered an amount equal to the DOB Proceeds paid to Subrecipient, the Grantee will reassign to Subrecipient any rights assigned to the Grantee pursuant to this Agreement.

Subrecipient acknowledges that in the event that Subrecipient makes or files any false, misleading, or fraudulent statement and/or omits or fails to disclose any material fact in connection with the funding under this Agreement, Subrecipient may be subject to civil and/or criminal prosecution by federal, State and/or local authorities. In any proceeding to enforce this Agreement, the Grantee shall be entitled to recover all costs of enforcement, including actual attorney’s fees.

Subrecipient: Richland County

Signed: \_\_\_\_\_

Its Duly Authorized Agent

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**From:** [noreply@salesforce.com](mailto:noreply@salesforce.com) on behalf of [Brian Gaines](#)  
**To:** [LEONARDO BROWN](#); [Paul Livingston](#)  
**Subject:** Subrecipient Agreement Amendment  
**Date:** Friday, July 24, 2020 2:21:00 PM  
**Attachments:** [AMENDMENT BY GRANTEE TO SUBRECIPIENT AGREEMENT 072320.pdf](#)

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Since recently making the Subrecipient Agreement For Coronavirus Relief Funds (“the Subrecipient Agreement”) available to subrecipients, the Department of Administration has received several inquiries from governmental entities concerning the “Hold Harmless” and “Indemnity” clauses in Section V of the agreement.

The Department of Administration has determined that, with respect to subrecipients that are governmental entities, it is appropriate at this time to amend the Subrecipient Agreements to remove both the “Hold Harmless” and “Indemnity” clauses. This Amendment is being issued pursuant to Section V.I of the Subrecipient Agreement, which authorizes the Department, in its discretion, to make certain changes to the Agreement “to conform with Federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons.” The Amendment is applicable to all governmental subrecipients, including those who have already signed and returned a Subrecipient Agreement, as well as those who have not yet done so. This Amendment is immediately effective and does not require signature and execution by subrecipients.

Except for the removal of the “Hold Harmless” and “Indemnity” clauses, there are no other changes being made in this Amendment. Additionally, please note that this Amendment does not apply to non-governmental subrecipients.

To view the Amendment, please click on the link below.

Thank you,  
South Carolina Department of Administration

**AMENDMENT BY GRANTEE TO  
THE SUBRECIPIENT AGREEMENT FOR  
CORONAVIRUS RELIEF FUNDS**

Pursuant to Section V.I of the Subrecipient Agreement For Coronavirus Relief Funds (“Subrecipient Agreement”), the Grantee amends the Subrecipient Agreements of those Subrecipients that are governmental entities (state agencies, institutions of higher learning, including technical colleges, counties, municipalities, special purpose districts, and public hospitals) as follows:


**Section V.C “Hold Harmless” is hereby deleted in its entirety. Section V.D “Indemnity” is also hereby deleted in its entirety.**

This Amendment does not apply to non-governmental Subrecipients.

Except for the deletion of Sections V.C and V.D as described in this Amendment, the Subrecipient Agreement of each governmental Subrecipient is otherwise unaffected and shall continue in full force and effect in accordance with its terms. This Amendment in no way alters or diminishes each Subrecipient’s existing contractual and legal responsibility to promptly repay funds if costs are disallowed by federal law or determined unallowable pursuant to a federal audit.

This Amendment is made by the Grantee this \_\_\_\_\_ day of July 2020.

**STATE OF SOUTH CAROLINA**

Signed:   
**Its Duly Authorized Agent**

**Printed Name:** Brian J. Gaines

**Title:** Director, Executive Budget Office