



COVID-19 FLEXIBLE RESPONSE ACCOUNT

AMERICAN RESCUE PLAN STATE FISCAL RECOVERY FUND

Dec. 31, 2021

Minnesota Management and Budget
400 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155
651-201-8000
info.mmb@state.mn.us
mn.gov/mmb

As requested by Minnesota Statute 3.197: This report cost less than \$1,000 to prepare, including staff time, printing and mailing expenses.

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording.

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Executive Summary

- The COVID-19 Flexible Response Account was created to pay expenditures eligible under federal guidance for the state fiscal recovery federal fund. The fund was established on July 1, 2021 with a beginning balance of \$425 million.
- Money in the fund is appropriated to the Commissioner of Management and Budget to be disbursed or transferred to state agencies, as necessary.
- The Commissioner of Management and Budget may authorize expenditures of \$2.5 million or less. An expenditure request in excess of \$2.5 million must be submitted to the Legislative COVID-19 Response Commission for review and recommendation before it can be authorized.
- Funds in the COVID-19 Flexible Response Account may be allocated until June 30, 2022, pursuant to [Laws 2021 1st Special Session, Chapter 12](#). Allocated funds are available until June 30, 2023. Any money in the fund that remains unallocated on July 1, 2022 cancels back to the state fiscal recovery federal fund.
- As of Dec. 31, \$90.4 million remains unauthorized in the fund. Legislative COVID-19 Response Commission authorizations total \$307.7 million. Additionally, \$26.8 million has been authorized as an expenditure of \$2.5 million or less.

Background

On June 30, 2021, the Legislature passed legislation creating the COVID-19 Flexible Response Account and appropriating \$425 million to the Commissioner of Management and Budget to be disbursed or transferred to state agencies, as necessary. The legislation also reestablished the Legislative COVID-19 Response Commission to review expenditures.

Members of the commission are the Senate majority and minority leaders, president, chair and ranking minority member of the Senate Finance Committee, House majority and minority leaders, speaker, and chair and ranking minority member of the House Ways and Means Committee.

Expenditure requests in excess of \$2.5 million must be submitted to the Legislative COVID-19 Response Commission for review and recommendation before they can be authorized. The commission has three days after submission to review a request and provide a positive recommendation, a negative recommendation, or no recommendation. If a majority of commission members from the Senate and a majority of commission members from the House of Representatives provide a negative recommendation on a proposed expenditure, the commissioner is prohibited from expending the money. If a majority of the commission members from the Senate or a majority of the commission members from the House of Representatives do not make a negative recommendation, or if the commission makes no recommendation, the commissioner may expend the money. The Commissioner of Management and Budget may authorize expenditures of \$2.5 million or less.

The Commissioner of Management and Budget must provide expenditure reports from the COVID-19 Flexible Response Account to the Legislative COVID-19 Response Commission on the last day of each month. The report must include the total amount of each expenditure, the purpose of each expenditure, and any additional information the Commissioner of Management and Budget determines is necessary to properly document each expenditure. This report includes accounting data through Dec. 31, 2021. Expenditures and commitments in SWIFT may lag the actual costs incurred due to delays in invoicing and payment processes with vendors.

Funds in the COVID-19 Flexible Response Account may be allocated until June 30, 2022, pursuant to [Laws 2021 1st Special Session, Chapter 12](#). Allocated funds are available until June 30, 2023. Any money in the fund that remains unallocated on July 1, 2022 cancels back to the state fiscal recovery federal fund.

Authorized Expenditures

Below is a summary of total authorized expenditures from the COVID-19 Flexible Response Account through Dec. 31, 2021. Table 1 highlights authorized expenditures in excess of \$2.5 million. Table 2 highlights authorized expenditures of \$2.5 million or less.

Table 1. Authorized Expenditures Over \$2.5 Million

(\$ in thousands)

Request #	Date	Agency	Description	Authorized	Expended
LCRC-1	8/4/2021	DPS	Violence Prevention Grants	\$ 16,800	\$ 44
LCRC-2	8/6/2021	MDH	Vaccine Incentives	\$ 13,800	\$ 6,375
LCRC-3	9/3/2021	Zoo	Continued Operations	\$ 11,495	-
LCRC-4	9/3/2021	DEED	Science Museum Operations	\$ 3,798	\$ 3,798
LCRC-5	9/3/2021	ADM	State Parking Facilities	\$ 3,000	\$ 706
LCRC-6	9/3/2021	ADM	Enterprise Planning	\$ 4,000	-
LCRC-7	9/3/2021	ADM	Workers Compensation	\$ 3,175	-
LCRC-8	9/3/2021	OHE	Workforce Stabilization	\$ 33,500	-
LCRC-9	9/3/2021	MDE	Education Partnerships	\$ 4,000	\$ 73
LCRC-10	9/3/2021	MDE	Pandemic Enrollment Aid	\$ 29,191	-
LCRC-11	9/3/2021	DHS	Sheltering I	\$ 10,000	\$ 223
LCRC-12	9/28/2021	MJB	Courts Backlog	\$ 9,961	\$ 1,117
LCRC-13	9/28/2021	BPD	Public Defense Backlog	\$ 3,945	-

Request #	Date	Agency	Description	Authorized	Expended
LCRC-14	9/28/2021	DHS	Sheltering II	\$ 15,000	-
LCRC-15	10/18/2021	MDH	Child & Youth Vaccine Incentives	\$ 12,200	\$ 437
LCRC-16	10/22/2021	MHFA	Emergency Rental Assistance Admin	\$ 7,000	-
LCRC-17	11/16/2021	AGO	COVID-19 Residual Work	\$ 3,571	-
LCRC-18	11/16/2021	MHFA	Exhausted Benefits	\$ 20,000	-
LCRC-19	11/23/2021	DHS	Emergency Nursing Facility Grants	\$ 50,000	-
LCRC-20	12/14/2021	DHS	Transition Children in Crisis	\$ 2,860	-
LCRC-21	12/14/2021	OHE	Nursing Assistant Initiative	\$ 3,425	\$ 2,135
LCRC-22	12/28/2021	MDH	Rapid At Home Testing Program, II	\$ 2,510	-
LCRC-23	12/28/2021	MDH	COVID Response Staffing	\$ 4,500	-
LCRC-24	12/28/2021	DHS	Food Support Grants	\$ 14,000	-
LCRC-25	12/28/2021	MDA	Expanded Meal Access	\$ 3,000	-
LCRC-26	12/28/2021	MDA	Hunger Relief	\$ 3,000	-
LCRC-27	12/28/2021	DHS	Child Care Stabilization	\$ 20,000	-

Table 2. Authorized Expenditures of \$2.5 Million or Less

(\$ in thousands)

Request #	Date	Agency	Description	Authorized	Expended
MMB-1	7/30/2021	MDH	Vaccine Incentives	\$ 2,500	\$ 2,500

Request #	Date	Agency	Description	Authorized	Expended
MMB-2	8/30/2021	DNR	Timber Permit Relief	\$ 1,000	\$ 338
MMB-3	8/30/2021	ADM	Small Business Development	\$ 960	\$ 3
MMB-4	8/30/2021	MDE	Girl Scouts ConnectZ	\$ 1,000	-
MMB-5	9/10/2021	MMB	State Employee Testing	\$ 1,500	\$ 8
MMB-6	9/17/2021	MMB	COVID-19 Response Accountability	\$ 2,016	\$ 210
MMB-7	9/17/2021	GOV	COVID-19 Response Staffing	\$ 900	\$ 106
MMB-8	10/13/2021	MNsure	ARPA Systems Implementation	\$ 1,969	-
MMB-9	10/18/2021	MDE	Early Learning	\$ 1,500	\$ 4
MMB-10	10/18/2021	MDE	Expanded Life Skills	\$ 1,000	-
MMB-11	10/27/2021	MDH	Emergency Staff Hospital Decompression	\$2,490	\$ 3
MMB-12	11/10/2021	MDHR	Enhanced COVID-19 Response	\$ 500	-
MMB-13	11/22/2021	OHE	Workforce Stabilization Grants Admin	\$ 1,500	-
MMB-14	11/24/2021	DMA	Emergency Training Costs	\$ 1,675	\$ 82
MMB-15	12/8/2021	MDH	Rapid At Home Testing Program, I	\$ 2,490	-
MMB-16	12/23/2021	MDH	COVID Antiviral Distribution	\$ 400	-
MMB-17	12/23/2021	MDH	Crisis Care Coordination Center	\$ 1,280	-
MMB-18	12/23/2021	MDVA	Homeless Veteran Service Navigator Prog.	\$ 200	-

Request #	Date	Agency	Description	Authorized	Expended
MMB-19	12/23/2021	ADM	Workers' Compensation Costs, II	\$ 750	-
MMB-20	12/23/2021	MMB	Increased Capacity for Ent. Leadership	\$ 544	-
MMB-21	12/23/2021	MMB	Single Audit	\$ 75	-
MMB-22	12/23/2021	Met C.	Study COVID Using Wastewater Data	\$ 600	-

Appendix A: COVID-19 Flexible Response Account Detail

COVID-19 Flexible Response Account Overview, July 1 to Dec. 31, 2021

(\$ in thousands)

Initial Fund Balance	Authorized	Remaining Unauthorized	Expended	Committed	Uncommitted
\$ 425,000	\$ 334,580	\$ 90,420	\$ 18,162	\$ 28,179	\$ 288,239

COVID-19 Flexible Response Account Detail

(\$ in thousands)

Request #	Agency	Description	Authorized	Expended	Committed
LCRC-1	DPS	Violence Prevention Grants	\$ 16,800	\$ 44	\$ 2,500
LCRC-2	MDH	Vaccine Incentives	\$ 13,800	\$ 6,375	\$ 4524
LCRC-3	Zoo	Continued Operations	\$ 11,495	-	-
LCRC-4	DEED	Science Museum	\$ 3,798	\$ 3,798	-
LCRC-5	Admin	State Parking Facilities	\$ 3,000	\$ 706	\$ 1,107
LCRC-6	Admin	Enterprise Planning	\$ 4,000	-	\$ 881
LCRC-7	Admin	Workers Compensation	\$ 3,175	-	-
LCRC-8	OHE	Workforce Stabilization	\$ 33,500	-	-
LCRC-9	MDE	Education Partnerships	\$ 4,000	\$ 73	\$ 1,904
LCRC-10	MDE	Pandemic Enrollment	\$ 29,191	-	-
LCRC-11	DHS	Sheltering I	\$ 10,000	\$ 223	\$ 9,777

Request #	Agency	Description	Authorized	Expended	Committed
LCRC-12	MJB	Courts Backlog	\$ 9,961	\$ 1,117	\$ 20
LCRC-13	BPD	Public Defense Backlog	\$ 3,945	-	-
LCRC-14	DHS	Sheltering II	\$ 15,000	-	-
LCRC-15	MDH	Child & Youth Vaccine Incentives	\$12,200	\$ 437	\$ 1,511
LCRC-16	MHFA	Emergency Rental Assistance Admin	\$ 7,000	-	-
LCRC-17	AGO	COVID-19 Residual Work	\$ 3,571	-	-
LCRC-18	MHFA	Exhausted Benefits	\$ 20,000	-	-
LCRC-19	DHS	Emergency Nursing Facility Grants	\$ 50,000	-	-
LCRC-20	DHS	Transition Children in Crisis	\$ 2,860	-	-
LCRC-21	OHE	Nursing Assistant Initiative	\$ 3,425	\$ 2,135	-
LCRC-22	MDH	Rapid At Home Testing Program, II	\$ 2,510	-	-
LCRC-23	MDH	COVID Response Staffing	\$ 4,500	-	-
LCRC-24	DHS	Food Support Grants	\$ 14,000	-	-
LCRC-25	MDA	Expanded Meal Access	\$ 3,000	-	-
LCRC-26	MDA	Hunger Relief	\$ 3,000	-	-
LCRC-27	DHS	Child Care Stabilization	\$ 20,000	-	-
MMB-1	MDH	Vaccine Incentives	\$ 2,500	\$ 2,500	-

Request #	Agency	Description	Authorized	Expended	Committed
MMB-2	DNR	Timber Permit Relief	\$ 1,000	\$ 338	-
MMB-3	ADM	Small Business Development	\$ 960	\$ 3	-
MMB-4	MDE	Girl Scouts ConnectZ	\$ 1,000	-	-
MMB-5	MMB	State Employee Testing	\$ 1,500	\$ 8	\$ 1,343
MMB-6	MMB	COVID-19 Response Accountability	\$ 2,016	\$ 210	\$ 1
MMB-7	GOV	COVID-19 Response Staffing	\$ 900	\$ 106	-
MMB-8	MNsure	ARPA Systems Implementation	\$ 1,969	-	\$ 83
MMB-9	MDE	Early Learning	\$ 1,500	\$ 4	\$ 656
MMB-10	MDE	Expanded Life Skills	\$ 1,000	-	-
MMB-11	MDH	Emergency Staff – Hospital Decompression	\$2,490	\$ 3	\$ 2,447
MMB-12	MDHR	Enhanced COVID-19 Response	\$ 500	-	-
MMB-13	OHE	Workforce Stabilization Grants Admin	\$ 1,500	-	-
MMB-14	DMA	Emergency Training Costs	\$ 1,675	\$ 82	\$ 1,425
MMB-15	MDH	Rapid At Home Testing Program, I	\$ 2,490	-	-
MMB-16	MDH	COVID Antiviral Distribution	\$ 400	-	-
MMB-17	MDH	Crisis Care Coordination Center	\$ 1,280	-	-
MMB-18	MDVA	Homeless Veteran Service Navigator Prog.	\$ 200	-	-

Request #	Agency	Description	Authorized	Expended	Committed
MMB-19	ADM	Workers' Compensation Costs, II	\$ 750	-	-
MMB-20	MMB	Increased Capacity for Ent. Leadership	\$ 544	-	-
MMB-21	MMB	Single Audit	\$ 75	-	-
MMB-22	Met C.	Study COVID Using Wastewater Data	\$ 600	-	-

Appendix B: Request Forms

- LCRC-20 DHS Transition Children in Behavioral Health Crisis
- LCRC-21 OHE Nursing Assistant Initiative
- LCRC-22 MDH Rapid At Home Testing Program, II
- LCRC-23 MDH COVID Response Staffing
- LCRC-24 DHS Food Support
- LCRC-25 MDA Expanded Meal Access
- LCRC-26 MDA Hunger Relief
- LCRC-27 DHS Child Care Stabilization
- MMB-15 Rapid At Home Testing Program, I
- MMB-16 MDH COVID Antiviral Distribution
- MMB-17 MDH Crisis Care Coordination Center (C4)
- MMB-18 MDVA Homeless Veteran Service Navigator Program
- MMB-19 ADM Workers' Compensation Costs, II
- MMB-20 MMB Increased Capacity for Enterprise Leadership
- MMB-21 MMB ARP SFRF Single Audit Costs
- MMB-22 Met Council Study Prevalence of SARS-CoV-2 Using Wastewater Data

American Rescue Plan (ARP) State Fiscal Recovery Funds (SFRF) Request Form

Please complete this form in accordance with the process instructions.

Agency/Point of Contact: Gertrude Matemba-Mutasa

Title of Request: Transition children with behavioral health crisis from Emergency Departments across MN

Date: 12/1/2021

Request Amount: \$ 2,860,000

Expenditure Time Period: 11/1/2021 to 6/30/2023

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

Hospitals around the State are experiencing significant disruptions in their functioning due to the influx of children with high behavioral health needs. The biggest concern is that hospitals are unable to transition these children to lower levels of care for a variety of reasons, including, but not limited to, diminished capacity in mental health residential facilities due to the workforce crunch and limited community based support systems. Since 11/17/21, DHS has been helping Fairview Hospital to transition children from their Emergency Department (ED) to appropriate levels of care. Fairview had 20 children in the hospital (ED and inpatient) who did not need hospital level of care, resulting in patients boarding in the hallways of the ED. Despite full involvement of DHS, by 11/26/21, we were successful in transitioning only 4 children out of hospital. It is worth highlighting, that DHS was able to secure placements for 12 children, but most of them fell through at the last minute due to staffing shortages and COVID related complications. We also noticed that each day we were transitioning children out of ED, new children continued to show up at the ED due to behavioral health concerns. Unfortunately, this situation is not unique to Fairview Hospital. HCMC, Allina Hospitals and Children's Hospital, have also reported the same struggles. Data generated from Medicaid claims, indicate that from January 1, 2020 to November 26, 2021, there were 6,762 individuals under 18 years of age who were treated for mental health emergencies in hospitals. From January 1, 2020 to November 26, 2021, there were 2,167 individuals under 18 years of age who were admitted to the Emergency Room for overdose diagnosis and treatment.

Based on our consult with stakeholders, here is our request:

Two temporary FTE for CSA (\$360,000 for FY2022-23): The task of transitioning children from ED (Emergency Departments) involves maneuvering of complicated systems while maintaining active contact with the family. Mental health professional and grant management experts well-versed in the medical eligibility and child development will be hired to perform transition related functions.

Stop-gap funds focused on children in crisis situations including but not limited to EDs: Two PRTFs are functional right now and three new PRTFs are on track of opening their doors in near future. Based on our consult with providers and review of the information submitted by them we believe that one time funding to accommodate transition of children from EDs and other places including but not limited to CABHH (Children and Adolescent Behavioral Health Hospital) will have meaningful, positive impact on the well-being of children and also open up beds across the continuum. We are requesting \$2,500,000 as stopgap funding to support this work. The funding will be distributed among operational PRTFs and will be furnished through reimbursement of the costs submitted by them in the realm of facilitating transition of children in the needed levels of care. Each PRTF will be eligible to access up to \$500,000, based on actual costs incurred during a 12 month period starting from the date of the grant award. PRTFs will have to be operational and accepting admissions prior to June 2022 to access these funds. Additional funds may be made available to the operational PRTFs, beyond \$500,000 if others are not able to accept admissions by June 2022. This funding will be exclusively focused on needs of children with behavioral health issues, in EDs and other facilities across the State.

Jodi Harpstead

Department Head Signature

Digitally signed by Jodi Harpstead
Date: 2021.12.03 07:45:49 -06'00'

12/3/2021

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Office of Higher Education/Commissioner Dennis Olson

Title of Request: Next Generation Nursing Assistant Training for High School and College Students

Date: 12/1/2021

Request Amount: \$ 3,424,933

Expenditure Time Period: 12/15/2021 to 12/31/2022 (no later than 6/30/2023)

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

Governor Walz has issued a call for high school and college health science students to be trained as nursing assistants. With state agencies (Minnesota State, OHE, MDE, DEED, MDH, DHS, DOLI, MNVA) working together, 1000 students will be trained, supported, and employed as nursing assistants. Training will begin as early as the end of December and will be offered at Minnesota State campuses and other training locations throughout the state. Staff and administrative support (from the Minnesota State HealthForce Center of Excellence or other agencies/organizations) has been included to oversee this training effort. (\$251,683) This work will have an initial push immediately with continuing work through 2022.

This funding request addresses several issues which are known to dissuade students from an interest in working as a nursing assistant:

- 1) Lack of awareness of the occupation and its importance: a marketing campaign tailored to the student population, parents, school counselors, teachers, and faculty. (\$500,000)
- 2) Training and certification costs: all training expenses will be covered including tuition, books/materials, scrubs, and the certification exam fee. A "Direct Pay" approach will eliminate up-front costs and the delays that result from tuition reimbursement models. A low-enrollment cohort model will allow trainings to proceed with any number of students which is especially important in rural Minnesota. (\$1,445,500)
- 3) Incentives: a system of incentives will be established to overcome the hourly wage differential when nursing assistant hourly rate of pay is compared to higher rates of pay at other entry-level jobs. (\$750,000)
- 4) Other support for students: gas cards (\$100,000) and a technology fund (\$100,000) are included to support students without the means to get to training or to access any online resources. A full-time "Student Success Coach" (\$87,750) will be able to provide tutoring, study sessions, resources, etc.

Lab equipment for up to 10 labs has been included for high schools that want to offer nursing assistant training but don't have the necessary equipment. (\$150,000)

Other costs of online technology/resources has also been budgeted (\$40,000)

Dennis W. Olson Digitally signed by Dennis W. Olson
Date: 2021.12.02 11:44:52 -06'00'

Department Head Signature

12/2/2021

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Minnesota Department of Health/Margaret Kelly

Title of Request: Rapid At Home Testing Program

Date: 12/22/2021

Request Amount: \$ 2,510,000

Expenditure Time Period: 12/28/2021 to 6/30/2023 (no later than 6/30/2023)

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

The Minnesota Department of Health is requesting \$2.51 million to continue and expand community based testing strategies. Since June 2020, we have been offering barrier free testing throughout the state, including testing in response to outbreaks, enhanced testing in congregate settings such as long term care, group homes, residential facilities, homeless shelters, and corrections. This fall we expanded availability of testing at K12 schools and child care facilities. In addition MDH continues to offer access to no cost barrier free testing throughout the state at community based testing locations with both PCR and rapid antigen tests.

Since early September 2021, new cases of SARS-CoV-2 have been increasing, from fewer than 5,000 cases per week during late July to more than 30,000 cases per week in mid-November. The statewide positivity rate (the proportion of tests that are positive) has increased during that same time period from about 5% and is now hovering around 9.1%. While we've seen a slight decline in cases over the last week, we are preparing for the Omicron wave that we anticipate will hit Minnesota within a matter of weeks.

Testing remains a key tool to slow the spread of the virus - particularly with the highly virulent Omicron variant. Up to 45% of cases are asymptomatic. People who develop symptoms are most contagious in the days prior to symptom onset. Given the current rates of community transmission, additional testing availability is critical to ensure barrier free and easy access. Particularly as Minnesotans are returning to the workplace in larger numbers and kids are back in school, Minnesotans must be able to continue to test regularly to identify cases early in order to take the proper precautions to slow the spread of the disease.

This funding will allow us to expand the state's testing program to include broader distribution of rapid over the counter tests - prioritizing those Minnesotans with the greatest barriers to accessing over the counter rapid tests. Funding will cover the costs of operating testing distribution sites, testing supplies, shipping and staffing costs.

Margaret Kelly

Digitally signed by Margaret Kelly
Date: 2021.12.22 15:35:31 -06'00'

Department Head Signature

Date

American Rescue Plan (ARP) State Fiscal Recovery Funds (SFRF) Request Form

Please complete this form in accordance with the process instructions.

Agency/Point of Contact: Minnesota Department of Health/Margaret Kelly

Title of Request: COVID Response Staffing

Date: 12/7/2021 **Request Amount:** \$ 4,500,000

Expenditure Time Period: 7/1/2021 to 6/30/2023 (no later than 6/30/2023)

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

The Minnesota Department of Health (MDH) requests \$4,500,000 to continue leading and coordinating the statewide COVID pandemic response. The state's response to the COVID-19 pandemic transitioned from a unified command structure with the State Emergency Operations Center (SEOC) to MDH on July 1, 2021. Prior to July 1, response leadership and support costs were paid by COVID-19 Minnesota Funds, which was a funding source supported by the state's general fund that provided broad allowability for payment of activities and costs. With the ending of that expenditure period on June 30, MDH was challenged to locate funding that could comprehensively address similar leadership coordination and response support expenses.

While MDH is in receipt of Federal awards from CDC to address pandemic response costs, there no longer exists a fully flexible funding source to pay for costs that are not easily separable into narrowly defined testing or vaccination response activities, let alone the ability to fund positions that are required for leadership, planning and support roles. Because the cooperative agreements managed by MDH require CDC approved work plans and are bound by restrictions that limit activities to testing or vaccination separately, pandemic response leadership and coordination positions that require ongoing activities not easily limited to or tracked by subject would be administratively prohibitive to be paid by singular, existing CDC funding sources and would present audit risk.

ARP funding of leadership and response coordination positions will provide required flexibility and financial support to positions and expenses required for coordinating and carrying out overall state COVID testing and vaccination response strategies, including within education and long-term care settings, and for persons of all ages and backgrounds. Activities requiring ARP funding include but are not limited to providing: response planning and leadership; case intake and data analysis; vaccine distribution strategy; fulfillment of vaccination record requests; communication and media support; coordination and management of the complex logistics of testing and vaccination; and contracting and administrative support.

Margaret Kelly Digitally signed by Margaret Kelly
Date: 2021.12.20 13:13:55 -06'00'
Department Head Signature

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Sarah Aughenbaugh, DHS, sarah.aughenbaugh@state.mn.us, 651-431-3825

Title of Request: Federal Recovery Funds for Food Support

Date: 12/17/2021

Request Amount: \$ 14,000,000

Expenditure Time Period: 1/3/2022 to 6/30/2023

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

Food support continues to be in high demand due to the public health and economic impacts of COVID-19. Minnesotans made more than 3.8 million visits to food shelves in 2020, surpassing the previous record set in 2019. Children represent 35.7% of food shelf visits in Minnesota, while senior visits were up 31% from 2019 to 2020. Relatedly, Minnesota has seen a 24% increase in the number of people participating in SNAP between February 2020 and June 2021. This increase is expected to persist throughout the pandemic and the subsequent recovery period. Even with this growth in case rates – across all geographies and demographic groups – we estimate that as many as half of eligible households are not enrolled in SNAP. Access to food ensures children and families have the resources to thrive in school, work, and their communities.

Minnesota faces an intense food security challenge: responding to immediate household food needs in the face of high COVID case rates and rising food costs. DHS and the Food Security Work Group are proposing this allocation of Fiscal Recovery Funds to address these presenting needs.

This proposal requests \$14 million to support immediate household food needs, as well as system capacity, to provide a nimble, fluid response to changing needs across emergency food response and SNAP benefit access.

Within the scope of this comprehensive food support proposal, grant funds would be made available to a diverse network of food resources such as food shelves, food banks, and meal programs, representing the efforts of community based organizations, Tribal Nations, and local units of government. Allowable uses of funds would include:

- Costs to purchase, produce, process, transport, store, and coordinate the distribution of nutritious food to needy individuals and families. This includes purchase of culturally connected food items to meet Minnesotans diverse needs
- PPE, hygiene supplies, cleaning and disinfecting to promote effective public health and COVID-mitigation strategies
- Technology to facilitate no-contact or low-contact food distribution and outreach models
- Outreach efforts to connect potentially eligible people to SNAP benefits and provide individual application assistance
- Training and technical assistance to support evolving food distribution models and effective outreach strategies for COVID safety and long-term public health approaches

Without these investments, Minnesotans will experience food hardship and insecurity due to the ongoing public health and economic impacts of COVID-19. To the greatest practical extent possible, investments will be structured to leverage funds from other levels of government. DHS authority for this proposal is derived from administration and oversight of SNAP, the Minnesota Food Shelf Program (MS 256.E34), The Emergency Food Assistance Program (7 CFR § 251), the Commissioner's authority to make contracts with and grants to entities and individuals using appropriated funds (MS 256.01, subd. 2(a)(6)), and the COVID-19 Flexible Response Account (2021 Minn. Laws. 1st Sp. Sess., Chapter 12, Article 5, Sec. 2).

Jodi Harpstead

Digitally signed by Jodi Harpstead
Date: 2021.12.20 12:12:52 -06'00'

Department Head Signature

12/20/2021

Date



American Rescue Plan (ARP) State Fiscal Recovery Funds (SFRF) Request Form

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Minnesota Department of Agriculture/Ashley Bress

Title of Request: Expanded Meal Access

Date: 12/17/2021

Request Amount: \$ 3,000,000

Expenditure Time Period: 12/15/2021 to 6/30/2023 (no later than 6/30/2023)

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

The need for food support continues to be in high demand due to the public health and economic impacts of the COVID-19 pandemic. Approximately 5 percent of Minnesota households (more than 200,000 people) report food insufficiency, and the proportion increases to nearly 10 percent of households with children. As cases increase and availability of food shifts with seasons and supply chain disruptions, prepared meals can be especially difficult for people to access. These challenges disproportionately affect those with limited mobility and ability to prepare their own food. Additionally, Minnesota has seen a 24% increase in the number of people participating in SNAP between February 2020 and June 2021. This increase is expected to persist throughout the pandemic and the subsequent recovery period. Access to food ensures that people have the resources to thrive in school, work, and their communities.

This proposal will provide food and meals to people experiencing increased food insecurity as a result of the pandemic. We estimate up to 1.5 million fully prepared meals will be made available as a result of this funding. Meals will be targeted towards populations such as the unhoused, adults 18-60 (including families for times when other Federal meals are not available), and individuals with disabilities. Meals will be incremental (not replacing a meal funded through another Federal program and in addition to meals that they would typically serve).

The MDA will administer the funds through a grant contract agreement with Second Harvest Heartland (SHH). SHH will identify and award subagreements to organizations that have the capacity to serve these populations and are able to tailor meals to cultural, religious, and dietary needs of the populations served. Preference will also be given to organizations that have demonstrated commitment to sourcing from Minnesota producers/processors, are invested in serving the BIPOC population at greater risk for hunger, have strong connections to the community, and demonstrated success in past prepared meal programs or past innovation.

SHH will make the funds available regionally across the state, based on a methodology similar to the formula used for The Emergency Food Assistance Program (TEFAP).

The request is inclusive of MDA's administrative costs needed to administer the funds and SHH's and any subawardees' costs to purchase, prepare, package, transport, and distribute the food.

Without these investments, Minnesotans will experience food hardship and insecurity stemming from the ongoing public health and economic impacts of COVID-19. To the greatest practical extent possible, these investments will be structured to leverage investments from other levels of government (e.g., local government commitments of Fiscal Recovery Funds or Federal reimbursement).

DocuSigned by:
Andra Vaukel
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Department Head Signature

12/17/2021

Date



American Rescue Plan (ARP) State Fiscal Recovery Funds (SFRF) Request Form

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Agriculture/Ashley Bress

Title of Request: Hunger Relief

Date: 12/17/2021

Request Amount: \$ 3,000,000

Expenditure Time Period: 12/15/2021 to 6/30/2023 (no later than 6/30/2023)

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

Demand for emergency food assistance hit an historic high during COVID-19, with 1 in 9 Minnesotans facing hunger during the height of the pandemic. Second Harvest Heartland (SHH) estimates that 1 in 10 Minnesotans, including 1 in 7 kids, are still facing hunger. Based on data from Hunger Solutions and Department of Human Services, there were over 3.8 million visits to food shelves in 2020 by adults, seniors, and children. SHH expects that demand will continue to increase through at least 2022. While demand for emergency food assistance has increased, so has the cost of purchasing, procuring, and delivering food.

This proposal will provide funding for SHH (on behalf of the other Feeding America food banks serving Minnesota) and The Food Group to purchase food (such as milk, meat, other protein, and produce) for distribution through food shelf partners and similar organizations across the state. These organizations may also use funding for investments in seeds and crops grown by emerging farmers through initiatives led by The Good Acre and other organizations that serve emerging farmers.

The proposal builds off the existing General Fund appropriation to SHH for produce, dairy, and meat and complements a prior Coronavirus Relief Fund (CRF) allocation that provided funding for SHH and The Food Group to purchase additional dairy and meat products and culturally appropriate food to meet client needs.

As a stipulation of the grant contract agreements, the MDA will: 1) require that 50% of the total food purchases be from Minnesota producers/processors, and 2) provide goals for culturally-appropriate food sourcing and purchases. This enables allocation to serve the dual purpose of supporting hunger relief and our agricultural community.

Consistent with the existing SHH General Fund appropriation and the Terms and Conditions of the ARPA award, this request includes actual administrative costs for SHH, The Food Group, and the MDA.

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Andra Vaukel
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Department Head Signature

12/17/2021

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Tikki Brown-Department of Human Services

Title of Request: Federal Recovery Funds for Child Care Stabilization

Date: 12/20/2021

Request Amount: \$ 20,000,000

Expenditure Time Period: 1/6/2022 to 6/30/2022

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

This request is for \$20M for payments to child care providers to help them remain operating and serving children while facing increased costs and staffing challenges related to the recent surge in COVID-19 cases and to follow public health guidance. The Child Care Stabilization Grants, funded through the American Rescue Plan Act, provide a structure to issue additional payments to eligible providers who are operating and serving children. DHS will immediately prepare to provide an application and then provider payments in order to distribute funds as quickly in 2022 as possible. Payments will provide flexible support for provider's emergency needs, including severe workforce shortages, increased costs to implement public health guidance, and costs of COVID related closures, while providing a bridge to more assistance through the Child Care Stabilization Grants and to potential vaccinations of young children.

As the backbone of our economy, child care allows critical workers to report to work. However, current COVID cases are at an all-time high, with potential exposures and cases in child care also on the rise and at a higher rate than experienced previously. The industry is experiencing the impacts of lost revenue and increased costs while also impacted by a disproportionate rate of worker vacancies and pandemic-related staffing limitations. (See Supporting Information attached.)

While the Child Care Stabilization Grant Program makes available significant new resources for child care programs, there are limitations in state statute that require at least 70% of the Base Grants be spent on *increased* compensation or benefits for staff. Planning for Financial Hardship Grants for providers who demonstrate extreme financial hardship is also underway, but not yet available. Increasingly, providers are reaching out to DHS and Children's Cabinet about the impact of this surge and are asking for more flexible financial support now. Health care systems are also voicing increased need.

This request assumes implementation using the existing Base Grants application process and most program requirements and allowable uses. Costs to administer would be covered by the Child Care Stabilization Grant Program (under 2021 Minnesota Session Laws, First Special Session, Chapter 7, Article 14, Section 21 and The American Rescue Plan (ARP) Act of 2021, Public Law 117-2) so all funds requested would be available to child care providers to continue to stabilize this already fragile industry and support workers, families and our economy. The Department's authority for this proposal is derived from its authority to administer the Child Care Stabilization Grant Program (2021 Minn. Laws 1st Sp. Sess. Ch. 7, Art. 14, Sec. 21), the Commissioner's authority to make grants to individuals and entities using appropriated funds (Minn. Stat. 256.01, subd. 2(a)(6)), and the COVID-19 Flexible Response Account (2021 Minn. Laws 1st Sp. Sess., Ch. 12, Art. 5, Sec. 2).

Jodi Harpstead

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Date: 2021.12.20 12:52:11 -06'00'

Department Head Signature

12/20/2021

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Minnesota Department of Health/Margaret Kelly

Title of Request: Rapid At Home Testing Program

Date: 12/8/2021

Request Amount: \$ 2,490,000

Expenditure Time Period: 12/8/2021 to 6/30/2023 (no later than 6/30/2023)

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

The Minnesota Department of Health is requesting \$2.49 million to continue and expand community based testing strategies. Since June 2020, we have been offering barrier free testing throughout the state, including testing in response to outbreaks, enhanced testing in congregate settings such as long term care, group homes, residential facilities, homeless shelters, and corrections. This fall we expanded availability of testing at K12 schools and child care facilities. In addition MDH continues to offer access to no cost barrier free testing throughout the state at community based testing locations with both PCR and rapid antigen tests.

Since early September 2021, new cases of SARS-CoV-2 have been increasing, from fewer than 5,000 cases per week during late July to more than 30,000 cases per week in mid-November. The statewide positivity rate (the proportion of tests that are positive) has increased during that same time period from about 5% and is now hovering around 10%. In addition, Minnesota was the second state in the country to identify a case of the Omicron variant. It is unknown how this new variant will impact Minnesota, but early data indicate it is more transmissible than other variants.

Testing remains a key tool to slow the spread of the virus. Up to 45% of cases are asymptomatic. People who develop symptoms are most contagious in the days prior to symptom onset. Given the current rates of community transmission, additional testing availability is critical to ensure barrier free and easy access. Particularly as Minnesotans are returning to the workplace in larger numbers and kids are back in school, Minnesotans must be able to continue to test regularly to identify cases early in order to take the proper precautions to slow the spread of the disease.

This funding will allow us to expand the state's testing program to include broader distribution of rapid over the counter tests - prioritizing those Minnesotans with the greatest barriers to accessing over the counter rapid tests. Funding will cover the costs of operating testing distribution sites, testing supplies, shipping and staffing costs.

Margaret Kelly

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Department Head Signature

Date



**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Minnesota Department of Health/Margaret Kelly

Title of Request: COVID Antiviral Medication Distribution

Date: 12/2/2021 **Request Amount:** \$ 400,000

Expenditure Time Period: 12/6/2021 to 6/30/2023 (no later than 6/30/2023)

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

The Minnesota Department of Health (MDH) requests \$400,000 for distribution of COVID antiviral medication. MDH has been informed that it will receive a supply of antiviral medication for distribution. While MDH anticipates that the majority of the new COVID antivirals will be sent directly to providers, it is anticipated that an amount will be sent to MDH for allocation development and distribution.

Several antiviral medication varieties are in the developmental and approval phase with the US Food and Drug Administration at this time. These medications assist people's immune systems in mounting a response to viral infections and can shorten the length and harm of symptoms and, importantly, reduce the ability of transmission and spreading to others.

These monies are being requested to prepare for and enable an immediate response once antivirals are received at the MDH warehouse. Due to the existing high-level of activity at the MDH warehouse, these funds are needed for hiring of an additional staff person to coordinate the distribution of received antiviral medications and other related treatments and cover costs of packaging and distribution.

Margaret Kelly Digitally signed by Margaret Kelly
Date: 2021.12.02 12:28:48 -06'00'

Department Head Signature

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Minnesota Department of Health/Margaret Kelly

Title of Request: Minnesota Critical Care Command Center

Date: 12/1/2021

Request Amount: \$ 1,280,000

Expenditure Time Period: 1/1/2022 to 6/30/2023 (no later than 6/30/2023)

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

The Minnesota Department of Health (MDH) requests \$1,280,000 to provide coordination of hospital bed availability for medical surge purposes across the state of Minnesota. As the state has experienced surges in COVID cases, there have been critical shortages of intensive care and medical surge beds for hospital patients. Instead of the time-consuming process of hospitals independently calling other hospitals to determine bed availability, the Crisis Care Coordination Center maintains inventory and location of available beds in the state and serves as a resource to hospitals requiring support in routing patients to needed beds.

Funding will support two medical surge resources:

1. Crisis Care Coordination Center. The Crisis Care Coordination Center (C4) coordinates availability of hospital beds among hospitals. During surges in COVID cases, hospitals experience critical shortages of intensive care and medical surge beds. Without C4, hospitals must independently attempt to find beds for waiting patients, which is time-consuming and delays critical care for seriously ill people. C4 maintains inventory and location of available beds in MN, allowing for more efficient patient transfers to appropriate levels of care. Key functions of C4 are to:
 - Monitor Intensive Care Unit (ICU) bed availability and acuity
 - Facilitate medical ICU transfer placement
 - Provide support for level-loading of multiple critical care patients
 - Provide critical care advice / support when required awaiting resources
2. Intensivist. Currently, requests for ICU beds are inconsistent and not vetted by a critical care specialist, an Intensivist. Intensivists provide clinical support to the C4 Hospitalist including secondary prioritization and care-in-place instructions until the patient gets assigned. Many regions in MN lack facilities that can provide advanced care and lack Intensivists. Patients are increasingly more ill during this surge and this makes the C4 support critical in serving the people of MN.

Margaret Kelly

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Department Head Signature

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Minnesota Department of Veteran Affairs - Andy Garvais

Title of Request: Homeless Veterans Service Navigator Program

Date: 12/1/2021 **Request Amount:** \$ 200,000

Expenditure Time Period: 12/1/2021 to 6/30/2023 (no later than 6/30/2023)

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

The Minnesota Department of Veteran Affairs (MDVA) is requesting funding to set up programming and administer case management services for the OPERATION: Opening Veterans to Every Resource (OVER) program. The goal of OPERATION: OVER is to serve former service members whose needs cannot be met through Veterans Administration (VA) programming, effectively filling a major gap in our community's homeless program services. The services to be provided include outreach, rapport building, and connections to mainstream resources within the Twin Cities 7-county metropolitan region. The resources are also intended to contribute to the stability of a former service members permanent housing with mental or chemical health support, financial or employment supports, or establishing long-term health care services.

Larry J. Herke

Department Head Signature

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12/1/2021

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Administration/Gary Westman

Title of Request: All Agencies COVID-19 Workers' Compensation Costs

Date: 12/1/2021

Request Amount: \$ 750,000

Expenditure Time Period: 3/4/2021 to 6/30/2023 (no later than 6/30/2023)

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

Minnesota amended its workers' compensation laws, adding a presumption for certain occupations that COVID-19 was deemed a presumptive occupational disease and covered under workers' compensation laws for illnesses that occur prior to December 31, 2021. This request seeks additional funds that allow for payment of workers' compensation claims for the occupations that continue to be covered by this law.

Occupations covered include licensed peace officers, firefighters, paramedics or emergency medical technicians, nurses or health care providers and workers, assistive employees in health care settings and corrections officers. Included in this claim are occupations with job titles that might not appear to fit the general description above. For example, in Corrections there are occupations that involve direct inmate supervision; these are considered corrections officers for purposes of applying the law.

State agencies with employees covered under the COVID-19 presumption are Corrections, Human Services, Natural Resources, Public Safety and the Minnesota Veterans Homes. These funds allow the Department of Administration (Admin) to pay claims directly when they meet the requirements of the law. This simplifies claim processing and limits the number of transactions required.

Earlier this year, Admin requested and received \$3,175,000 in ARP - SFRF funds for this purpose. The recent increase in COVID-19 cases as a result of new variants has corresponded with a increase in the number and severity of workers' compensation claims covered under the COVID-19 presumption. While the cost impact for future workers' compensation presumption claims continues to be difficult to forecast, current claims experience has caused Admin to revise upwards our claims estimates for FY 22 and FY 23. In FY22, we anticipate \$2.2M in workers' compensation costs for state agencies; in FY23, we anticipate \$1.1M in workers' compensation costs for state agencies; an increase of \$750,000 total over previous estimates. The estimates continue to be based on actual claim frequency and experience, and claim frequency has been increasing since August 2021. Admin will continue to monitor claim experience and will update estimates accordingly. There will also be additional claim costs after June 30, 2023. These costs will be for long-term COVID-19 claims that will involve claim payments into the future for 10+ years.

Lenora
Madigan

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Lenora Madigan
Date: 2021.12.01
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Department Head Signature

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Minnesota Management and Budget (MMB)/Britta Reitan

Title of Request: Increased Capacity for Enterprise Leadership

Date: 12/1/2021 **Request Amount:** \$ 544,000

Expenditure Time Period: 1/1/2022 to 6/30/2023 (no later than 6/30/2023)

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

MMB continues to serve a significant enterprise leadership role during the COVID-19 pandemic in the areas of emergency planning, continuity of government, communications, budgeting and financial management, data driven decision-making, and state employee human resources and labor relations. MMB has conducted many of these activities within existing staffing levels. For some MMB business units, the COVID-19 response is so consuming that it has displaced other core statutory responsibilities. Moreover, MMB recognizes there are additional unmet needs related to the communication of COVID-19 planning and response to the state government enterprise that MMB could fulfill with additional resources. As the state moves into year three of its COVID-19 response, MMB believes it is important to acknowledge this "new normal" by increasing staffing capacity in the agency so that the agency can lead the enterprise on both COVID-19 and non-COVID-19 issues. The proposal funds an existing two FTE dedicated to COVID-19 response in MMB's Business Continuity Unit and Budget Services Division. This will free up general fund resources so that MMB can hire two additional staff in these units for necessary non-COVID-19 functions. Additionally, this request funds an additional FTE dedicated to improving the enterprise communications strategy to state agency leadership and employees.

This proposal assumes the agency would receive ARP-SFRF dollars at the beginning of calendar year 2022 and hire these additional positions by March 1, 2022. The funding will provide critical staffing capacity as the agency continues to lead COVID-19 response activities while returning to its core leadership responsibilities generally unrelated to COVID-19. Leadership responsibilities where more resources are needed include: 1. Emergency planning and continuity of government (e.g., workplace safety and violence prevention; disaster response; and federal/state shutdown planning); and 2. Financial management (e.g., state fund and agency spending oversight; and budget and policy analysis of spending proposals). Additionally, this proposal funds a new position leading MMB's communication to state agencies, their leaders, and their employees as MMB continues to manage and quickly respond on behalf of the enterprise to the changing landscape of the pandemic and its impacts (e.g., vaccination and testing requirements, Occupational Safety and Health Administration guidance, return to office/workplace evolution, staffing shortages, and employee recruitment and retention).

Jim Schowalter Digitally signed by Jim Schowalter
Date: 2021.12.02 09:45:03 -06'00'

Department Head Signature

12/2/2021

Date

**American Rescue Plan (ARP) State
Fiscal Recovery Funds (SFRF)
Request Form**

Please complete this form in accordance with
the process instructions.

Agency/Point of Contact: Minnesota Management and Budget (MMB)/Britta Reitan

Title of Request: ARP-SFRF Single Audit Costs

Date: 12/1/2021 **Request Amount:** \$ 75,000

Expenditure Time Period: 7/1/2022 to 6/30/2023 (no later than 6/30/2023)

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

The Single Audit is the annual single, coordinated audit of the state's spending of federal dollars. The audit is required under federal law and regulations. In Minnesota, beginning in FY 2022, the Single Audit is conducted by the Office of the State Auditor (OSA). Prior to FY 2022, it was conducted by the Office of the Legislative Auditor. MMB pays OSA for their work from a general fund appropriation. State statute requires MMB to then bill agencies' federal programs for the cost. These receipts are deposited in the general fund to offset MMB's appropriation. As the recipient of American Rescue Plan State Fiscal Recovery Fund (ARP-SFRF) dollars on behalf of the State of Minnesota, MMB is required to pay the portion of the Single Audit bill attributable to all state enterprise spending in the ARP-SFRF. The first Single Audit bill containing an allocation to the ARP-SFRF will be invoiced in FY 2023. Without the funds requested in this proposal, MMB does not have an appropriation available to pay for the estimated costs of the ARP-SFRF portion of the Single Audit in FY 2023.

This proposal covers the estimated cost of the Single Audit attributable to ARP-SFRF spending by state agencies in FY 2021, which is audited by the OSA in FY 2022 and then billed back to the federal program in FY 2023. This cost estimate was provided by the OSA. This request ensures MMB has the funds available to pay the Single Audit bill as required under state statute. MMB intends to submit an ARP-SFRF supplemental budget request to cover Single Audit costs billed in FY 2024 through the end of the ARP spending eligibility period.

Jim Schowalter Digitally signed by Jim Schowalter
Date: 2021.12.02 09:45:50 -06'00'

Department Head Signature

12/2/2021

Date

American Rescue Plan (ARP) State Fiscal Recovery Funds (SFRF) Request Form

Please complete this form in accordance with the process instructions.

Agency/Point of Contact: Met Council Environmental Services

Title of Request: Determine and Report on the Prevalence SARS-CoV-2 and Variants using Wastewater Data


Date: 12/1/2021

Request Amount: \$ 600,000

Expenditure Time Period: 1/1/2022 to 6/30/2023 (no later than 6/30/2023)

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

As the development of the Delta variant in 2021 has shown, identifying, and monitoring of variants are needed to combat the pandemic and additional data on variant types and prevalence are needed. MCES has developed and proven its ability to determine and report the prevalence of SARS-CoV-2 and of some known variants through analysis of wastewater. It is working with the University of Minnesota Genomics Center to identify and develop sequencing based methods that would allow more complete and proactive variant identification and monitoring. Wastewater data allows one sample to cover a large part of the population. Monitoring of MCES's Metropolitan Plant wastewater influent allows one daily sample to provide aggregated information for 1.9 million people in the Twin Cities Metropolitan area. In addition, as prevalence levels and the degree of testing decreases, wastewater data will continue to provide complete information even when testing data becomes sparse. Under this request, we would continue to generate daily data on the prevalence of SARS-CoV-2 RNA and known targeted variants in the Metropolitan Plant influent and would continue to provide that data, with trend analysis, to the Minnesota Department of Health and we would continue working the University of Minnesota Genomics Center to develop, evaluate, and implement a more robust and proactive approach to monitoring for variants in wastewater.



Department Head Signature

12/1/2021

Date