1. CALL TO ORDER
2. INVOCATION
3. PLEDGE OF ALLEGIANCE
4. ROLL CALL
5. APPROVAL OF AGENDA
6. MEETINGS SCHEDULE
   ● Commission Session Monday, June 1, 2020 10:00 AM
7. HONORARY RESOLUTIONS
8. PUBLIC HEARINGS
9. COMMISSION SESSION
   ● 2020-150 C.A.R.E.S. FUNDS ACCOUNTABILITY/Commissioner Nolte
10. DISCUSSION ITEMS
    ● 2020 Sales Tax Revenue Update/County Treasurer
    ● Elimination, Reduction or Postponement of County Expenditures to Relieve Prospective Shortfalls in County Revenues/Commissioner Nolte
11. APPROVAL OF MINUTES OF PREVIOUS SESSIONS
    ● March 16, 2020 8:30 AM
    ● March 16, 2020 11:00 AM
    ● March 18, 2020 12:30 PM
    ● April 6, 2020 10:30 AM
    ● April 20, 2020 9:30 AM
    ● April 20, 2020 10:00 AM
    ● May 1, 2020 9:00 AM
12. WRITTEN REPORTS
13. EXECUTIVE SESSION(S)
14. RECESS/ADJOURNMENT
RESOLUTION
OF THE CLAY COUNTY COMMISSION
CLAY COUNTY, MISSOURI

2020-150

C.A.R.E.S. FUNDS ACCOUNTABILITY
COMMISSION

To protect Clay County taxpayers from unnecessary liability for repayment of National Coronavirus Aid, Relief, and Economic Security (CARES) Act funded expenses deemed to be non-compliant by the State of Missouri or the federal government, prior to the release of any funds distributed by Clay County to municipalities either wholly or partially in Clay County under CARES Act, the following two conditions must be met;

- All funds distributed by Clay County from the CARES Act expended by a city with a population over 40,000 as of the 2018 population data (see 2020-139), must be spent within Clay County with the exception of shared costs and materials.

- Any funds improperly expended by the City as determined by the Federal or State Government shall be repaid to the County by the City. Any city not adopting this provision must provide a signed MOU holding Clay County harmless. Any city not in compliance with one of these provisions, will be required to submit documentation and invoices for reimbursement of qualified expenses.

ADOPTED BY THE COUNTY COMMISSION OF CLAY COUNTY, MISSOURI, THIS _____ DAY OF __________________________, 20___.

APPROVED AS TO FORM AND LEGALITY:

__________________________________________  ________________________________
COUNTY COUNSELOR  PRESIDING COMMISSIONER

ATTEST:

__________________________________________  ________________________________
COUNTY CLERK  WESTERN COMMISSIONER

__________________________________________
EASTERN COMMISSIONER