



Buchanan County, Missouri

CARES Small Business Relief Program

Application period is June 1, 2020 through July 31, 2020.

The Buchanan County Commission recognizes the negative impact that COVID-19 has had on small businesses in its county. We have established a grant relief program in order to provide economic support to small businesses in connection with COVID-19 and as provided for the federal CARES Act. Every business is important to us. Buchanan County has received Coronavirus Relief Funds that it is making available, on an application basis, to eligible entities for necessary expenditures incurred due to the public health emergency. The small business grants to be awarded will be capped at \$5,000.00.

Funds may only be used to cover costs that:

- Expenditures related to business interruption caused by required closures by State or City Order related to the Coronavirus Disease 2019 (COVID-19),
- Expenditures associated with costs to operate businesses under State or City guidelines such as PPE and other modifications necessary to conduct business,
- Expenditures incurred during or to be incurred the period that begins on March 1, 2020 and ends on December 30, 2020.

The requirement that expenditures be incurred as a result the public health emergency means that expenditures must be associated with actions taken to respond to the COVID-19 public health emergency.

Program Eligibility

The program funds will be allocated to eligible and qualified small businesses based on availability of funds received by the County. Applications and supporting documentation are required for review and approval. All grants will be processed on a first-come, first-review basis to qualified applicants. Submission of an application does not guarantee approval for funds.

To be eligible, businesses must meet the following requirements:

- Must be a for-profit, independently owned business or independently operated franchise, geographically located within the borders of Buchanan County, MO.
- Must possess a current city, county, and state license or permit to operate, as applicable.
- *Must employ between 2 and 40 full-time or part-time employees. Owners are not included in employee count.*
- Must provide proof of a business hardship created by COVID-19 (i.e. business closure as defined by State or City Order, employee layoffs, purchase of added safety items, added expenses due to COVID-19, etc.).
- Must use funds for ongoing business operational needs, such as employee expenses, lease/mortgage payments, utilities, materials, supplies and services.
- Must be in compliance with local, state, and federal non-discrimination policy, and overall good standing with city and county service providers as of February 1, 2020 (e.g., current on utility bills, no liens or judgments from any governmental agency, and prior year(s) property taxes, state and federal taxes).
- Buchanan County may request additional information as necessary.

Please complete the attached application and provide applicable copies of required documentation by email or mail by July 30, 2020.

Email: COVID@buchmo.org

Mail: Buchanan County Commission
411 Jules Room 101
St. Joseph MO 64501

The following businesses will not be considered eligible to request assistance under the relief program:

- Lending and investment institutions
- Sporting venues
- Non-profit entities
- Corporately Owned Chain Stores

Nonexclusive examples of ineligible expenditures

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

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



Buchanan County CARES Small Business Relief Grant Application

PPP Restriction Removed

Application period: June 1, 2020 – July 31, 2020

Submission of an application does not guarantee approval for funds

Business Legal Name		DBA or Tradename (if applicable)	
Business Address		Business TIN (EIN, SSN)	Business Phone
		Primary Contact	Email Address
Total amount requested	\$	Number of Employees (not including owner, 2-40)	
		Full-time	Part-time
Purpose of the grant (select more than one)		<input type="checkbox"/> Employee Expenses <input type="checkbox"/> Lease/Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain)	
		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Applicant Ownership			
List all owners of the business. Attach a separate sheet if necessary.			
Owner Name	Title	Ownership %	TIN (EIN, SSN)
			Address
Question			YES
Question			NO
1)	Has the Applicant received a Paycheck Protection Program loan or similar program? If yes, applicant must provide documentation showing how the PPP funds were used.		<input type="checkbox"/>
2)	Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?		<input type="checkbox"/>
3)	Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?		<input type="checkbox"/>
PLEASE DESCRIBE YOUR BUSINESS			

THE COVID-19 IMPACT Please Describe How COVID-19 Has Impacted the Business.

SUPPORTING DOCUMENTATION
Please provide documentation which supports the business' losses. At a minimum, the following documents must be included: <ul style="list-style-type: none"> ➤ Copy of Valid Business License (City and County) ➤ Copies of Paystubs for Employee Relief (beginning March 1, 2020 to December 30, 2020) ➤ Copies of current utility bills (beginning March 1, 2020 to December 30, 2020) ➤ Copies of last rent/mortgage payment (beginning March 1, 2020 to December 30, 2020) ➤ Please complete the W-9 and include it with your application – https://www.irs.gov/pub/irs-pdf/fw9.pdf <p>Additional documentation which may be required to verify your request.</p>

CERTIFICATIONS AND SIGNATURE	
<input type="checkbox"/>	I certify expenses submitted have not been, and will not be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
<input type="checkbox"/>	I confirm that my business is engaged in activities that are regulated within Buchanan County and I/we have a license/permit associated to that regulation.
<input type="checkbox"/>	I acknowledge and agree that, to fullest extent permitted by law, I shall forever RELEASE, HOLD HARMLESS, DISCHARGE and AGREE TO DEFEND AND INDEMNIFY, the COUNTY of BUCHANAN, from any liabilities, claims, demands, or causes of action that they may hereafter have, without limitation, for personal, bodily, or mental injuries, property damages, economic losses, attorney's fees, or any other type of injury or damage arising out, resulting from, or in connection with, this application.
<input type="checkbox"/>	I agree to document and report economic impact achieved as a result of the program, including but not limited to, jobs created, jobs retained, increased sales, and access to capital.
<input type="checkbox"/>	I agree to provide additional documentation upon request to help verify the economic hardship suffered as a result of COVID-19, including tax returns, financial statements, and other financial data.
<input type="checkbox"/>	I hereby certify that the information provided, contained herein and attached hereto is accurate and correct to the best of my knowledge.
_____	_____
SIGNATURE	DATE

Verification (County Use Only)	
Business License # _____	Is the license current and valid? Yes No
Merchant's License (if applicable)	Yes No
Current on Taxes (Business and Personal)	Yes No

Amount Approved: \$ _____	Date Approved: _____	
_____	_____	
Lee Sawyer	Scott Burnham	Ron Hook

GRANT APPLICATION SUBMISSION	
Please submit the application and required paperwork by mail or email: Mail: Buchanan County Commission Email: COVID@buchmo.org 411 Jules Rm 101 St. Joseph MO 64501	