

Dent County

CARES Small Business Relief Program

The Dent 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 assist you during these difficult times. Every business is important to us.

Dent 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. A total of \$800,000 has been set aside for small business reimbursements. The maximum funds available is \$50,000 per business. Funds may only be used to cover costs that:

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

The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency.

Program Eligibility

The program funds will be allocated to eligible and qualified small businesses and non-profits based on availability. 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. Please note that applications for funds are considered public information.

To be eligible, businesses must meet the following requirements:

- Must be a for-profit, independently owned business or independently-operated franchise, or non-profit organization geographically located within the borders of Dent County, MO.
- Must possess a current city, county, and state license or permit to operate, as applicable.
- Must provide proof of a business hardship created by COVID-19 (i.e. employee layoffs, purchase of added safety items, added expenses due to COVID-19, etc.).
- Must use funds for 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, and prior year(s) property taxes, state and federal taxes).
- Must be a business with 30 Full Time Equivalent (FTE) or fewer employees.

Please complete the attached application and provide applicable copies of required documentation. If your business is within city limits, please obtain the city's signed approval of your application before submittal.

Please submit completed application and required documentation by email, fax, or mail to:

kellysb@meramecregion.org

Meramec Regional Planning Commission
4 Industrial Drive St. James, MO 65559
Fax 573-265-3550

Applications will be accepted until December 10, 2020.

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

- Lending and investment institutions
- Sporting venues
- Corporately Owned Chain Stores

Nonexclusive examples of ineligible expenditures:

- Expenses for the State share of Medicaid
- Damages covered by insurance
- 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
- Reimbursement to donors for donated items or services
- Workforce bonuses, other than hazard pay or overtime
- Severance pay
- Legal settlements

REVENUE/INCOME REPLACEMENT IS NOT CURRENTLY A PERMISSIBLE USE OF FUND PAYMENTS.

Dent County CARES Small Business Relief Form

| | | | |
|----------------------------|--|----------------------------------|----------------|
| Business Legal Name | | DBA or Tradename (if applicable) | |
| | | Business TIN (EIN, SSN) | Business Phone |
| Business Address | | | |
| | | Primary Contact | Email Address |
| | | | |

| | | | | |
|---|----|---------------------|-----------|-----------|
| Total Amount Requested (maximum \$50,000 per business) | \$ | Number of Employees | Full-time | Part-time |
| | | (30 FTE or less) | | |
| Purpose of the grant (select all that apply) <input type="checkbox"/> Employee Expenses <input type="checkbox"/> Lease/Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain) | | | | |

Applicant Ownership

List all owners of the business. Attach a separate sheet if necessary.

| Owner Name | Title | Ownership % | TIN (EIN, SSN) | Address |
|------------|-------|-------------|----------------|---------|
| | | | | |
| | | | | |
| | | | | |

| QUESTION | YES | NO |
|---|-----|----|
| 1) Has the applicant received a Paycheck Protection Program loan or similar program? If yes, what amount? Use(s) of funds? _____ | | |
| 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? | | |
| 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? | | |

PLEASE DESCRIBE YOUR BUSINESS/NON-PROFIT

THE COVID-19 IMPACT

Please describe how COVID-19 has impacted the business/non-profit:

Business: Monthly Gross Revenues

| | | | |
|----------------|----|----------------|----|
| March 2019 | \$ | March 2020 | \$ |
| April 2019 | \$ | April 2020 | \$ |
| May 2019 | \$ | May 2020 | \$ |
| June 2019 | \$ | June 2020 | \$ |
| July 2019 | \$ | July 2020 | \$ |
| August 2019 | \$ | August 2020 | \$ |
| September 2019 | \$ | September 2020 | \$ |
| October 2019 | \$ | October 2020 | \$ |
| November 2019 | \$ | November 2020 | \$ |

| | |
|--|----------------------------|
| SUPPORTING DOCUMENTATION | |
| Please provide documentation which supports the expenses incurred by the business/non-profit. At a minimum, the following documents must be included: Businesses: •Copy of Valid Business License (City and County) •2019 Tax Record •2020 Profit/Loss Statement •IRS W-9 (completed) Non-profits: •2020 Bank Statements •IRS W-9 (completed) Both: Additional documentation which may be necessary to verify your request. •Copies of Paystubs for Employee Relief •Copies of current utility bills •Copies of last rent/mortgage payment | |
| CERTIFICATIONS AND SIGNATURE | |
| I/We confirm that my business is engaged in activities that are regulated within Dent County and I/we have a license/permit associated to that regulation. | |
| I/We acknowledge and agree that, to the fullest extent permitted by law, I shall forever RELEASE, HOLD HARMLESS, DISCHARGE and AGREE TO DEFEND AND INDEMINIFY, the COUNTY of DENT 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. | |
| I/We 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. | |
| I/We agree to provide additional documentation upon request to help verify the economic hardship suffered as a result of the COVID-19, including tax returns, financial statements, and other financial data. | |
| I/We hereby agree if these expenditures are deemed ineligible and grant funds have been provided to cover them, I/we agree to repay Dent County for the full amount of the grant. | |
| I/We hereby certify that the information provided, contained herein and attached hereto is accurate and correct to the best of my knowledge. | |
| I/We hereby certify that I/we have the authority to act on behalf of all members/owners. | |
| _____ SIGNATURE | _____ DATE |
| _____ SIGNATURE | _____ DATE |
| CITY OFFICIAL VERIFICATION (City Hall Use Only) | |
| City Business License # _____ | |
| Is the license current and valid? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ | |
| Signature | Date |
| COUNTY APPROVAL (County Use Only) | |
| Current on County Taxes – Business and Personal County | <input type="checkbox"/> |
| Merchant's License (if applicable) | <input type="checkbox"/> |
| COMMISSION APPROVAL (County Use Only) | |
| Amount Approved: _____ | Date Approved: _____ |
| _____ Darrell Skiles, Presiding Commissioner | |
| GRANT APPLICATION SUBMISSION | |
| Please submit the application and required paperwork to: | |
| Mail: Meramec Regional Planning Commission 4 Industrial Drive St. James, Mo 65559 | Fax: (573) 265-3550 |
| Email: kellysb@meramecregion.org | |