

Phelps County

CARES Small Business Relief Program

The Phelps 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.

Phelps 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 maximum funds available is \$5,000 per business. Funds may only be used to cover costs that:

- are necessary expenditures for PPE incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) and have not been reimbursed under other programs;
- 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 locally-owned and independently-operated franchise, or non-profit organization geographically located within the borders of Phelps 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. purchase of added safety items, added expenses due to COVID-19, etc.).
- 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).

Please complete the attached application and provide applicable copies of required documentation.

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 funds are exhausted or until December 15, 2020.

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

- Lending and investment institutions
- Corporately Owned Chain Stores

Phelps 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 \$5,000)	\$	Number of Employees	Full-time	Part-time
Purpose of the grant (select all that apply)	PPE	COVID-19 Modifications	Other (explain)	
Applicant Ownership				
List all owners of the business. Attach a separate sheet if necessary.				
Owner Name	Title	Ownership %	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				
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) •IRS W-9 (completed) •Payment Documentation, may include: receipts, cleared checks, bank statements, credit card statements, etc. Must clearly document. Non-profits: •IRS W-9 (completed)				

CERTIFICATIONS AND SIGNATURE									
	I/We confirm that my business is engaged in activities that are regulated within Phelps 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 PHELPS 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 Phelps 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.								
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COUNTY APPROVAL (County Use Only)									
	<p>Current on County Taxes – Business and Personal County</p> <p>Merchant's License (if applicable)</p>								
COMMISSION APPROVAL (County Use Only)									
	<p style="text-align: center;">Amount Approved: _____ Date Approved: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Randy Verkamp, Presiding Commissioner</p>								
GRANT APPLICATION SUBMISSION									
	<p>Please submit the application and required paperwork to:</p> <p>Mail: Meramec Regional Planning Commission Fax: (573) 265-3550 Email: kellysb@meramecregion.org 4 Industrial Drive St. James, Mo 65559</p>								