



Lafayette County Small Business CARES Relief Program Phase III Released 10/14/2020

**Includes PPE, Cleaning Supplies/Services, and
Physical Improvements to Business**

COVID@LafayetteCountyMO.com

The cap has been increased for a total of \$10,000.00. Funds received for additional submissions, if approved, will be added to the previous received amount for a total award grant of \$10,000.00. If a small business has not applied for the grant, they may do so at this time.

The Lafayette County Commission recognizes the negative impact that COVID-19 has had on small businesses in our County. We have established a grant relief program in order to assist you during these difficult times. We have tried to make this an easy process, requiring a short application and receipts. We care about each business, please feel free to contact us if you need assistance with this process.

Lafayette County has received Coronavirus Relief Funds to distribute to eligible entities for necessary expenditures incurred due to the public health emergency. 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 October 31, 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 based on availability. Applications and supporting documentation is required for review and approval. All grants are processed on a first-come, first-review basis to qualified applicants.

To be eligible, businesses must meet the following requirements:

Available to for-profit, independently owned businesses or independently-operated franchises which are geographically located within the borders of Lafayette County, MO.

Must possess a current city, county, and state license or permit to operate, as applicable.

Must employ between 1 and 15 full-time employees or part-time employees, including owner.

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.).

Funds shall be used for operational needs such as cleaning supplies/services, PPE, physical improvements (partitions, sneeze guards, modifications to buildings, 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), IRS.

Any business in the unincorporated areas of Lafayette County must be in compliance with the Land Development Code, adopted 2016.

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

- Lending and investment institutions
- Sporting venues
- Non-profit entities- May apply under Community Service Program
- 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.
- Reimbursement to donors for donated items or services.
- Legal settlements.



Lafayette County CARES Small Business Relief Form

Phase III

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		Full-time	Part-time
		<small>(including owner, 15 or less)</small>			

Purpose of the grant (select more than one)	<input type="checkbox"/> PPE <input type="checkbox"/> Physical Improvements <input type="checkbox"/> Cleaning Supplies <input type="checkbox"/> Other (explain)
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Applicant Ownership

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

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

	Question					
1)	Amount previously received from Lafayette County CARES Small Business Relief Grant:	\$ _____				
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?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	YES	NO		
YES	NO					
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?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	YES	NO		
YES	NO					

THE COVID-19 IMPACT	Please Describe How COVID-19 Has Impacted the Business. <div style="border: 1px solid black; height: 300px; margin-top: 10px;"></div>
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SUPPORTING DOCUMENTATION

Please provide documentation which supports the business' losses. At a minimum, the following documents must be included (if not previously provided):

- * Please complete the W-9 and include it with your application - <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- * Copy of Valid Business License (City and County)
- * Receipts for paid expenses and/or plans, cost estimates for modifications

Additional documentation which may be required to verify your request.

CERTIFICATIONS AND SIGNATURE

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.

I confirm that my business is engaged in activities that are regulated within Lafayette County and I/we have a license/permit associated to that regulation.

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 LAFAYETTE, 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 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 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.

I hereby certify that the information provided, contained herein and attached hereto is accurate and correct to the best of my knowledge.

SIGNATURE

DATE

CITY OFFICIAL VERIFICATION (City Hall Use Only)

City Business License # _____

Is this license current and valid?

YES	NO

SIGNATURE

DATE

COUNTY APPROVAL (County Use Only)

Current on County Taxes - Business and Personal
County Merchant's License (if applicable)

COMMISSION APPROVAL (County Use Only)

Amount Approved: _____

Harold Hoflander, Presiding Commissioner

Date Approved

GRANT APPLICATION SUBMISSION

Please submit the application and required paperwork to:

Mail: Lafayette County Clerk
1001 Main Street
Lexington, MO 64067

Fax: (660) 259-6109

Email : COVID@lafayettecountymo.com