

## *Worth County*

### *CARES Small Business & Non-Profit Relief Program*

The Worth 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.

Worth 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. 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 September 5, 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 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 Worth 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:

amy@nwmorcog.org

Northwest Missouri Regional Council of Governments  
114 West Third Street, Maryville, MO 64468  
Fax 660-582-7264

**Applications will be accepted until 5 pm on November 20, 2020 (or until Worth County CARES funds are exhausted).**

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

## Worth County CARES Small Business & Non-Profit Relief Application

<b>Business Legal Name</b>		DBA or Tradename (if applicable)	
		Business TIN (EIN, SSN)	Business Phone
<b>Business Address</b>			
		Primary Contact	Email Address

Total Amount Requested	\$	Number of Employees (30 FTE or less)	Full-time	Part-time
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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)			
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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	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 (If you require additional space, please add a separate sheet.)

THE COVID-19 IMPACT (If you require additional space, please add a separate sheet.)

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	\$

