

Chariton County CARES Small Business & Non-Profit Relief Application

Business Legal Name		DBA or Tradename (if applicable)	
		Business TIN (EIN, SSN)	Business Phone
Business Address			
		Primary Contact	
Email Address	Number of Employees (30 or less, including owner)	Full-time	Part-time

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"/> PPE/Supplies <input type="checkbox"/> Other
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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

	YES	NO
1) Has the applicant received a Paycheck Protection Program loan or participated in a similar program? If yes, what amount of funds were received? \$ _____		
2) Is the applicant or any owner of the applicant presently suspended, debarred, proposed for debarment, declared ineligible, or 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?		
4) Was the applicant business or non-profit deemed non-essential and forced to close due to state or local ordinances? If yes, list dates of closure: _____		
5) Is the applicant's request related to compliance with COVID-19 public health measures, medical expenses, or overtime/hazard pay due to COVID-19 responses?		

Please describe your business/non-profit (use additional pages as necessary):

Please describe how COVID-19 has impacted your business/non-profit (use additional pages as necessary):

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	\$
December 2019	\$	December 2020	\$

REQUESTED AMOUNTS (up to \$15,000 total)	
Employee Expenses	\$ _____
Lease/Mortgage	\$ _____
Utilities	\$ _____
PPE/Supplies	\$ _____
Other	\$ _____
TOTAL REQUEST	\$ _____
SUPPORTING DOCUMENTATION	
Please provide documentation which supports the applicant's losses. When applicable, the following documents must be included: - Copies of paystubs for employee relief - Copies of utility bills - Copies of rent/mortgage payments - Copies of receipts from the purchase of PPE, cleaning supplies, or other valid expenses - Copies of quotes for eligible items not yet purchased. (If approved, receipts must be provided after purchase.) Additional documentation which may be required to verify your request.	
CERTIFICATIONS AND SIGNATURE: Please initial each box and sign below	
___	I confirm the applicant is engaged in activities that are regulated within Chariton County and I have a license/permit associated to that regulation, if applicable.
___	I acknowledge and agree, to the fullest extent permitted by law, I shall forever RELEASE, HOLD HARMLESS, DISCHARGE and AGREE TO DEFEND AND INDEMINIFY, the COUNTY of CHARITON 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 of, 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 agree if these expenditures are deemed ineligible and grant funds have been provided to cover them, I agree to repay Chariton County for the full amount of the grant.
___	I hereby certify the information provided, contained herein and attached hereto is accurate and correct to the best of my knowledge.
___	I hereby certify I have the authority to act on behalf of all members/owners of the applicant business/non-profit.
_____	_____
Signature	Date
CITY VERIFICATION (Please contact City Hall for the following information and required signature, if applicable.)	
City Business License current and valid? <input type="checkbox"/>	
Applicant in good standing with the city? <input type="checkbox"/>	_____
	Signature _____ Date _____
COUNTY VERIFICATION (Please contact the Chariton County Collector-Treasurer for the following information and signature.)	
County taxes current? (business and personal) <input type="checkbox"/>	
Merchant's License current and valid? <input type="checkbox"/>	_____
	Signature _____ Date _____
COMMISSION APPROVAL (County Use Only)	
Amount Approved: _____	Date Approved: _____

Evan Emmerich, Presiding Commissioner	
Submit completed application and required documentation to:	
Chariton County Commission 306 S Cherry St. Keytesville, MO 65261 Or by email to commission@charitonco.com	