

Camden County, Missouri

CARES ACT Funding – Business Assistance Grant Application

Application period is October 1 to October 31, 2020

****Please note: Payroll and Loss of Revenue are not eligible expenses in the grant program**

The Camden County Commission is providing a small business assistance program up to \$10,000 in grant funding per business to provide economic support to small businesses in connection with COVID-19 and as provided through the Federal CARES Act. Camden 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:

- Expenditures related to business interruption related to the Coronavirus Disease 2019 (COVID-19),
- Expenditures associated with costs to operate businesses under State or City guidelines such as PPE and other modifications necessary to conduct business,
- Expenditures incurred during or to be incurred the period that begins on March 1, 2020 and ends on December 30, 2020.

The requirement that expenditures be incurred as a result the public health emergency means that expenditures must be associated with actions taken to respond to the COVID-19 public health emergency.

Program Eligibility

The program funds will be allocated to eligible and qualified small businesses based on availability of funds received by the County. 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. Submission of an application does not guarantee approval for funds. This grant will be for actual expenses incurred and not projected expenses. Receipts will be required for incurred expenses.

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 Camden County, MO and established prior to 1/1/2020.
- Must possess a current city, county, and state license or permit to operate, as applicable.
- ***Must employ less than 40 full-time or part-time employees. Owners are not included in the employee count.***
- Must provide proof of a business hardship created by COVID-19.
- Must use funds for ongoing business operational needs, lease/mortgage payments, utilities, materials, supplies and services. If applicant received funding through the Paycheck Protection Program or similar program under the CARES Act, additional documentation must be provided outlining how funds were used.
- 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 from any governmental agency, and prior year(s) property taxes, state and federal taxes).
- Camden County may request additional information, as necessary.

Please complete the attached application and provide applicable copies of required documentation by mail or in person by **October 31, 2020.**

Mail or Drop-Off:

Camdenton Chamber of Commerce, PO Box 1375, 739 W. US Hwy 54, Camdenton, 65020, 573-346-2227

Lake Area Chamber of Commerce, PO Box 1570, 1 Wilmore Lane, Lake Ozark, 65039, 573-964-1008

Lake West Chamber of Commerce, PO Box 340, 125 Oddo Drive, Sunrise Beach, 65079, 573-374-5500

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

- Lending and investment institutions
- 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.

- Payroll or loss of revenue.
- 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
- Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
- Reimbursement to donors for donated items or services. Workforce bonuses other than hazard pay or overtime.
- Severance pay.
- Legal settlements.

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Submission of an application does not guarantee approval for funds

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 (not including owner, less than 40)	
		Full-time	Part-time

Purpose of the grant (select more than one)	
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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) List any other funding you have received, the amount and if those funds have been expended (i.e. PPP, EIDL, Unemployment Insurance Benefits, Business Interruption Insurance, Grant Funding, etc.)		
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 business ever been subjected to criminal or civil fines and penalties including from Camden County code or regulatory violations?		
4) 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

THE COVID-19 IMPACT

Please Describe How COVID-19 Has Impacted the Business.

SUPPORTING DOCUMENTATION

Please provide documentation which supports the business' losses. At a minimum, the following documents must be included:

- Copy of Valid Business License (City and County)
- Copies of Paystubs for Employee Relief (beginning March 1, 2020 to December 30, 2020)
- Copies of current utility bills (beginning March 1, 2020 to December 30, 2020)
- Copies of last rent/mortgage payment (beginning March 1, 2020 to December 30, 2020)
- Please complete the W-9 and include it with your application – <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

****Please note grant funds may be taxable under Internal Revenue Service code – Please check with your CPA or tax consultant.**

Additional documentation which may be required to verify your request.

CERTIFICATIONS AND SIGNATURE

By my signature below:

- 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 Camden 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 CAMDEN and the Business Assistance Advisory Committee, 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 because 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: _____

Verification (County Use Only)

Business License #	Is the license current and valid?		Yes	No
Merchant's License (if applicable)	Yes	No		
Current on Taxes (Business and Personal)	Yes	No		

Approved: \$ _____ Date Approved: _____

Approved By: _____