



CHRISTIAN COUNTY CARES Act Small Business Relief Program

The Christian County Commission recognizes the negative impact that COVID-19 has had on small businesses in our community. We have established a grant relief program in order to assist you during these difficult times. Every business is important to us.

Christian County has received Coronavirus Relief Funds and is making available a portion of those funds, on an application basis, to eligible entities for necessary expenditures incurred due to the public health emergency. The maximum funds available is \$10,000 per request. The minimum application threshold is \$150. 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 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 such as the purchase of PPE, sanitizing supplies and equipment or social distancing modifications undertaken.

Program Eligibility

The program funds will be allocated to eligible and qualified small businesses based on availability. Applications and supporting documentation are required for review and approval. All grants will be processed on a first-come, first-reviewed basis to qualified applicants.

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 Christian 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 between 1 and 19 full-time or part-time employees, including owner.*
- Must provide receipts or paid invoices for expenditures necessitated by COVID-19 (i.e. purchase of added safety items, added expenses due to COVID-19, etc.).
- Must use reimbursed funds for operational needs, such as employee safety 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).
- In order to receive assistance with lease/mortgage payments or utilities the applicant must not have taken a Paycheck Protection Program loan or similar program under the CARES Act.

REVENUE REPLACEMENT IS NOT A PERMISSIBLE USE OF FUND PAYMENTS.

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, or mail to:

caresact@christiancountymo.gov

Christian County
CARES Act Committee
1106 W. Jackson St.
Ozark, MO 65721

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
- Payroll or benefits expenses.
- 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
- Legal settlements

Christian County CARES Act Small Business Reimbursement Application No.: _____

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

Type of Request (select all that apply) PPE Physical modifications Rent/Utility assistance

Applicant Ownership Please list all owners of the business. Attach 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? _____	<input type="checkbox"/>	<input type="checkbox"/>
2.) Is the Applicant or any owner of the business presently suspended, disbarred, proposed for disbarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
3.) Has the Applicant, any owner of the business, 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?	<input type="checkbox"/>	<input type="checkbox"/>

Please Describe how COVID-19 has impacted the business

Line Item Detail of Reimbursement being Requested

Item description	Item cost	Qty	Total
Total			

If any of the following were made available at no cost, would you be interested in receiving them?

- Face masks
- Hand Sanitizer
- Surface sanitizing products
- Social distancing signage/stickers
- Thermometers

To what extent were business operations impacted during the "Stay at Home" Orders?

- Completely shut down operations/closed to public
- Partially shut down operations/limited to low public contact
- Remained open but incurred additional expenses to meet social distancing requirements

Supporting Documentation

Please provide documentation which supports the request being made. At a minimum, the following documents should be included:

- Copy of valid business license (City or County)
- Copies of receipts for any PPE, sanitizing supplies or physical modifications made to protect employees/patrons
- Copies of utility bills
- Copies of most recent rent/mortgage payment

Additional documentation may be required to verify your request.

Certifications and Signature

- I/we confirm that my business is engaged in activities that are regulated within Christian County and I/we have the required permits or license associated with 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 Indemnify, the County of Christian, MO 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 provide additional documentation upon request to help verify the economic hardship suffered as a result of the COVID-19 emergency, including tax returns, financial statements, and other financial data.
- I/we 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? _____

SIGNATURE

DATE

County Official Verification (County use only)

Current on County Taxes

Merchant's license # (if applicable) _____