



Lafayette County CARES Small Business Relief Program

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 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.

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-review 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, 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 10 full-time or part-time employees, including owner.
- 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 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 the city limits of Odessa, Higginsville, Lexington, or Concordia, please submit to the applicable city. We are asking the cities to complete their part and forward the application to the County.

If the business is in Bates City, Lake Lafayette, Napoleon, Wellington, Mayview, Dover, Emma, Alma or Waverly, or in unincorporated Lafayette County, please submit by email, fax, or mail to:

COVID@LafayetteCountyMo.com

Lafayette County Clerk
1001 Main St.
Lexington, MO 64067

Fax 660-259-6109

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
- Corporately Owned Chain Stores

Nonexclusive examples of ineligible expenditures:

- 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
- 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



Lafayette County CARES Small Business Relief Form

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 <small>(including owner, 10 or less)</small>	Full-time	Part-time
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Purpose of the grant (select all that apply)	Employee Expenses	Lease/Mortgage	Utilities	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, you are not eligible for this program.		
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

	THE COVID-19 IMPACT Please describe how COVID-19 has impacted the business:

SUPPORTING DOCUMENTATION

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

- Copy of Valid Business License (City and County)
- Copies of Paystubs for Employee Relief
- Copies of current utility bills
- Copies of last rent/mortgage payment

Additional documentation which may be required to verify your request.

CERTIFICATIONS AND SIGNATURE

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 the 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: _____

Date Approved: _____

Harold Hoflander, Presiding Commissioner

GRANT APPLICATION SUBMISSION

Please submit the application and required paperwork to:

Mail: Lafayette County Clerk **Fax:** (660) 259-6109 **Email:** COVID@lafayettecountymo.com
1001 Main Street
Lexington, MO 64067