



Pulaski County CARES Small Business Relief Program

The Pulaski 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.

Pulaski 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 Pulaski 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 Dixon, Richland, Crocker, Waynesville or St Robert, 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 an unincorporated area of Pulaski County, please submit by email, fax, or mail to:

clerk@PulaskiCountyMo.org

Pulaski County Clerk
301 Hist 66 E Suite 101
Waynesville, MO 65583

Fax 573-774-5601

Please be advised that some or possibly all of the information that you provide, along with this form, may be subject to release to the public under the Missouri Sunshine Act, Chapter 610 RSMo.

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



Pulaski 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	Full-time	Part-time
		(including owner, 10 or less)		

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

Questions

1. Has the applicant received a Paycheck Protection Program(PPP) loan or similar program?	Yes	No
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?	Yes	No
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?	Yes	No

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/County, If Applicable).
- 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.

CERTIFICATION AND SIGNATURE

I confirm that my business is engaged in activities that are regulated within Pulaski County and I/we have a licence/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 Pulaski from any liabilities, claims, demands, or causes of actions 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 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 of Applicant

Date

CITY OFFICIAL VERIFICATION (City Hall Use only)

NA

City Business Licence #

Is this License current and valid? Yes No

Signature of Official

Date

COUNTY APPROVAL (County Use Only)

Current on County Taxes - Business and Personal

Merchant's License (if applicable)

COMMISSION APPROVAL (County Use Only)

Amount Approved: _____

Date Approved: _____

Gene Newkirk, Presiding Commissioner

GRANT APPLICATION SUBMISSION

Please submit the application and required documentation to:

Mail: Pulaski County Clerk
301 Historic 66E, Suite 101
Waynesville, Mo 65583

Fax: (573) 774-5601

Email: clerk@pulaskicountymo.org

Pulaski County Cares Itemized Worksheet

Item #	Date of Purchase/Expense	Source of Supply (Who was item purchased from/who was payment made to? Example: Sam's Club/Walmart/Store Supply Warehouse/Lowes)	Item Description	Total Cost	Copy of receipt/proof of purchase attached? Yes or No
1					
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26					
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Total Monetary Amount Requested:					