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| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **A picture containing drawing  Description automatically generated Saline County Cares Phase I**  **Small Business Relief Program** | | | | | | | | | | | | **Business Legal Name** | | | | | | **DBA or Tradename (if applicable)** | | | | | |  | | | | | |  | | | | | | **Business Address** | | | | | | **Business TIN (EIN, SSN)** | | **Business Phone** | | | |  | | | | | |  | |  | | | |  | | | | | | **Primary Contact** | | **Email Address** | | | |  | | | | | |  | |  | | | |  | | | | | | | | | | | | **Total Amount Requested**  **(Up to $10,000)** | | | | | | **Number of Employees**  **(15 or less including owner)** | **Number Full-time** | **Number Part-time** | | | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |  |  |  | | | |  | | | | | | | | | | | | **Purpose of the Reimbursement)**  **(select all that apply)** | | | | **Employee Expenses  Lease/Mortgage  Utilities  Other (explain)**  **(i.e. masks, PPE)** | | | | | | | | **Applicant Ownership: List all owners of the business. Attach additional sheet if necessary** | | | | | | | | | | | | **Owner Name/Title** | | | **Ownership %** | | | **TIN (EIN, SSN)** | | **Address** | | | |  | | |  | | |  | |  | | | |  | | |  | | |  | |  | | | |  | | |  | | |  | |  | | | |  | | |  | | |  | |  | | | |  | | | | | | | | | | | | **QUESTIONS** | | | | | | | | | **YES** | **NO** | | **1)** | **Has the applicant received a Paycheck Protection Program loan or similar? 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 of 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 said loan is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?** | | | | | | | |  |  | | **PLEASE DESCRIBE THE NATURE OF YOUR BUSINESS** | | | | | | | | | | | |  | | | | | | | | | | | | **PLEASE DESCRIBE HOW COVID-19 HAS IMPACTED YOUR BUSINESS** | | | | | | | | | | | | **Page 2** | | | | | | | | | | | | **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 current utility bills * Copies of last rent/mortgage payment * Copies of receipts for employee expenses (i.e. personal protective equipment provided) * Any additional documentation which may be requested to verify your request. * W-9 IRS Form – Request for Taxpayer Identification Number and Certification [**http://www.irs.gov/pub/irs-pdf/fw9.pdf**](http://www.irs.gov/pub/irs-pdf/fw9.pdf) | | | | | | | | | | | | **CERTIFICATION AND SIGNATURE** | | | | | | | | | | | |  | | **I confirm that my business is engaged in activities that are regulated within Saline County and I/we have a license/permit associated with that regulation.** | | | | | | | | | |  | | **I 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 SALINE, 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 certify that the information provided, contained herein and attached hereto is accurate and correct to the best of my knowledge.** | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Business Owner Signature Date** | | | | | | | | | | | | **PLEASE SUBMIT OR MAIL APPLICATION TO:**  **Saline County CARES Small Business Relief Fund**  **Saline County Courthouse**  **Room 101**  **Marshall, MO 65340** | | | | | **ADDITIONAL APPLICATIONS AVAILABLE AT:**  **County Commission Office**  **Saline County Emergency Management Office** [**http://www.salinecountyema.com**](http://www.salinecountyema.com)  **Chamber of Commerce**  **City Hall/Clerk’s Offices** | | | | | | | **Chevron arrowsFOLLOWING INFORMATION IS FOR OFFICE USE ONLYChevron arrows** | | | | | | | | | | | | **CITY OFFICIAL VERIFICATION** | | | | | | | | | | | | **City Business License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | **Is this license current and valid  YES NO** | | | | | | | | | | | | **COUNTY APPROVAL** | | | | | | | | | | | | **Current on County Taxes – Business and County Personal  YES  NO**  **Merchant’s License (if applicable)  YES  NO** | | | | | | | | | | | | **COMMISSION APPROVAL** | | | | | | | | | | | | **Amount Approved: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kile P Guthrey, Jr., Presiding Commissioner**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stephanie Gooden, Northern District Commissioner**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monte Fenner, Southern District Commissioner** | | | | | | | | | | | |  |