

Webster County CARES Program

Application - Round Two

Business Legal Name	DBA or Tradename (if applicable)		
Business Address	Business TIN (EIN, SSN)	Business Phone	
	Primary Contact		Email Address
Total Amount Requested:	\$	-	<i>Minimum \$100; Max. \$7,500</i>
Type of Organization			
<i>(Attach IRS Form W-9)</i>			
<input type="checkbox"/>	Local Government	<i>No Maximum on Awards</i>	
<input type="checkbox"/>	Non-Profit	<i>(Attach Copy of Current Corporate Registration / State of Missouri)</i>	
<input type="checkbox"/>	For-Profit Business	<i>(Attach Corporate Registration & Schedule C / Schedule F from 2019)</i>	
	<i>Business Owner(s)</i>	<i>Title</i>	<i>Ownership %</i>
			<i>TIN / EIN / SSN</i>
Please Describe Your Organization			
Category A: Direct Expenses			
<i>Please Provide Receipts for Actual Expenses Incurred. Examples Include: Construction of Partitions; Cleaning/Sanitation Supplies, Equipment, or Services; Expenses Incurred to Allow Social Distancing, etc. At this time, "losses in revenue" are not considered eligible expenses.</i>			
Amount Applied for in Direct Expenses:	\$	-	

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Application (continued)

Category B: Small Business Relief

Additional Eligibility Requirements:

Number of Employees / Staff:	Full-Time	Part-Time	Including Owners, 10 or less (full-time equivalent)
Questions:	Yes	No	
1 Has the Applicant Received a Paycheck Protection Program (PPP) loan or federal assistance from a similar program?			
2 Was Your Organization Closed Due to being Classified as "Non-Essential" by Government Order?			
3 If "No" to Question 2, did your Organization undergo other Hardship due to COVID-19?			

If the answer Question 2 above is "No", and the answer to Question 3 above is "Yes", then please provide a description of how your organization suffered a hardship caused by COVID-19.

Type of Request:	Amount:	<i>(For Period 3/1/2020 - 9/30/2020)</i>
a. Lease (Rent) / Mortgage (interest)	\$ -	<i>Please Provide Documentation, such as: most recent rent/mortgage payment; copies of utility bills; etc.</i>
b. Utilities	\$ -	
c. Other	\$ -	
Total Amount Applied for in Cat. B:	\$ -	

Supporting Documentation (Categories A & B)

- * IRS Form W-9
- * Current Corporate Registration or Other Organizational Document
- * Copy of Valid Business License(s), if applicable
- * Copy of Schedule C or Schedule F from 2019 Federal Tax Return
- * Additional Documentation (such as receipts)

Certifications and Signature

I certify expenses submitted have not been, and will not be, reimbursed under any other federal program.
I certify that my organization is geographically located in Webster County, Missouri.
I agree to provide additional documentation upon request.
I hereby certify that the information provided, contained herein, and attached thereto, is accurate and correct to the best of my knowledge.
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 WEBSTER 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.

Signature	Date
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