

American Rescue Plan Act (ARPA) Small Business Application Instruction Guide - Greene County, MO

*This instruction guide is intended to clarify what information is needed in each section of the application. If you have further questions please contact the Greene County ARPA Team at arpa@greencountymo.gov or (417)799-1563. Please see the eligibility criteria at the beginning of the application before starting the application. *

Qualifying Criteria

Confirm that your business meets all of the qualifying criteria below. If all criteria is not met by your business, your business is not eligible for Greene County ARPA funding.

- A. Is the business located within Greene County, Missouri?** Confirm whether or not your business is located within Greene County, Missouri. Funds are only available for businesses serving residents of Greene County, Missouri.
- B. The business is a for-profit business or family-owned farm that employs 50 or fewer full-time employees, including the owner(s).**
- C. The business does not employ undocumented immigrant workers.**
- D. Are you a self-employed individual with no employees or are you registered with E-Verify?** Businesses employing 15 or more employees must be registered with E-Verify to receive funding.
- E. The business has existed in Greene County, Missouri since or before March 1st, 2020.** Confirm whether or not your business has existed in Greene County, Missouri since or before March 1st, 2020. This date signifies the beginning of the COVID-19 Pandemic.
- F. The business can demonstrate the existence of negative impacts incurred as a result of the COVID-19 public health emergency since March 1st, 2020.** Confirm whether or not your business can demonstrate it experienced negative impacts due to the COVID-19 public health emergency.
- G. The business is not suspended or debarred from the use of federal funds.**

Grant Calculator

A. Calculate Maximum Grant Allowed

- a. Does your business own or rent retail, office, warehouse or operating space?** Confirm whether or not your business owns or rents retail, office, warehouse or operating space that is not your home or primary residence.

- b. **Enter the total number of full-time employees currently employed by your business (not including yourself).** Full and part time employee counts may only include employees working at locations inside Greene County
 - c. **Enter the total number of part-time employees currently employed by your business (not including yourself).** Contract labor (1099 employees) may be counted as part time employees if your business is their primary source of income.
- B. Calculate Economic Impact Of Covid On Your Business**
- a. **Reasonable estimate of increased expenditures due to COVID-19** This may include increased labor for cleaning, sanitizing supplies, masks, signage, technology, equipment, & other modifications for social distancing.
 - b. **Reasonable estimate of lost gross profit due to COVID-19** This is revenue minus cost of goods sold and other direct expenses.
 - c. **Briefly describe the basis of calculation for this estimate.** Explain how you calculated/determined your business' estimated impact to date.
 - d. **List sources of COVID related economic relief already received to date:** If your business has received COVID related economic relief, identify the source of the relief as well as how much relief was provided.
- C. Proposed Projects** If your total economic relief to date is less than your estimated impact to date, you may apply for the difference as a "project grant."
- a. If you choose to apply, describe the project(s) and your requested amount to fund them.

General / Contact Information

- a. **Business Contact Information**
 - i. **Registered Name of Business:** Provide the legal LLC name of the business requesting funding.
 - ii. **Doing Business As (DBA):** Provide your business' DBA name, trade name, fictitious name, or assumed name.
 - iii. **Website or Facebook Page address:** If available, provide your business' website or Facebook Page address.
 - iv. **Business Phone Number:** Provide a phone number suitable for future correspondence with your business.
 - v. **Correspondence Mailing Address:** Provide the address of the organization requesting funding. (Address Line, City, State, and Zip Code)
 - vi. **Business Operation Address (if multiple locations, just provide one predominant location where business is conducted):** Provide the

address to the location where your business is conducted. (Address Line, City, State, and Zip Code)

- vii. **Is the above address also your home or primary residence?** Confirm whether or not the business operation address you provided is also your home or primary residence?

Yes ___ No ___

b. Description of General Business Operations

- i. **Services or Goods Provided:** Select the category of goods or services for which your business provides. Select “other” if your goods or services are not represented in the categories given. If “other” is selected, describe the goods or services your business provides.

- ii. **Is the business located within Greene County, Missouri?** Confirm whether or not your business is located within Greene County, Missouri. Funds are only available for businesses serving residents of Greene County, Missouri

- iii. **Does the business have additional locations/facilities/offices located outside of Greene County, Missouri?** Confirm whether or not your business has offices, branches, or locations outside of Greene County, Missouri?

Yes ___ No ___

- iv. **What year was your business established (if 2020, provide month):** Provide the year in which your business was established. If your business was established in 2020, provide the month in 2020 in which it was established.

- v. **Federal Employer ID #(FEIN):** Provide the nine-digit Federal Employer Identification Number of your business

Demographic Information (This section is optional. Businesses who do not complete the section will not be penalized, and the amount of ARPA funds will not be negatively impacted. Should you choose to complete the following section, the information provided will be used exclusively for internal reporting in accordance with the equity component of the US Treasury guidelines.)

- c. **Race/Ethnicity of Primary Business Owner** Provide the race/ethnicity of your business’ primary owner by checking the option most suitable. If you choose to withhold this information, check the line after “Prefer Not to Say.”

i. **White** ___

ii. **Black/African American** ___

iii. **Hispanic/Latino** ___

iv. **American Indian/Alaska Native** ___

- v. Asian ___
- vi. 2 or More Races ___
- vii. Other ___
- viii. Prefer not to Say ___

d. **Gender of Primary Business Owner** Provide the gender identity of your business' primary owner by checking the option most suitable. If you choose to withhold this information, check the line after "Prefer Not to Say."

- i. Male ___
- ii. Female ___
- iii. Transgender ___
- iv. Non-Binary ___
- v. Prefer Not to Say ___

e. **Is the small business veteran-owned?** Please select whether or not the owner of the small business is a veteran.

f. **Does the small business owner have a disability?** Please select whether or not the owner of the small business has a disability.

g. **Besides the owner of the small business, are there others employed by this business?** Confirm whether or not more than one individual is employed by this business. Your answer may determine the relevance of further application questions and documentation.

- i. Yes ___ No ___

ii. **If you responded "Yes" to the previous question, approximately what percentage of your employees report being:** Please provide the racial/ethnic makeup of those employed by your business. Ensure that the statistics are represented by a percentage. If you choose to withhold this information or are unsure about this information, check the line after "Unsure or Prefer Not to Say."

- 1. White ___
- 2. Black/African American ___
- 3. Hispanic/Latino ___
- 4. American Indian/Alaska Native ___
- 5. Asian ___
- 6. 2 or More Races ___
- 7. Other ___
- 8. Unsure or Prefer Not to Say ___

Application Overview

a. ARPA Utilization

The American Rescue Plan Act was created to assist small businesses in their efforts to respond to the COVID-19 public health emergency by prioritizing economic recovery and effective public health solutions. Greene County understands that your business was uniquely impacted. By answering the following questions and detailing how COVID-19 impacted the operations of your small business, you assist Greene County in creating an appropriate and measured response.

- i. Please select the eligible use(s) under ARPA for which you are applying (check all that apply):**
 - 1. To offset negative economic impacts___**
 - a. This means you will mitigate losses by utilizing funds to supplement business operations.**
 - b. Briefly describe how this will help your business recover from the negative impacts incurred during the COVID-19 public health emergency?**
 - 2. To respond to the public health emergency___**
 - a. This means you are asking for funds to spend in the future for specific purposes. Please describe how the allocated funds will be used to help you respond to the COVID-19 public health emergency:**
- ii. Briefly describe what steps you will take to ensure the appropriated funds are used in accordance with ARPA eligible uses:**

b. Business Compliance

Please complete all questions in the following section. Failure to answer all questions may affect Greene County's ability to review your application.

- i. Will the funds be used exclusively for expenditures as defined by the American Rescue Plan Act and related to the Coronavirus Disease?**

Please confirm that the funds will be used in accordance with eligible expenditure categories as detailed by the US Treasury's Final Rule.

 - 1. Yes___ No___**
- ii. Will the funds only be used for costs that were incurred since the start of the COVID-19 public health emergency? Does your business plan to**

use ARPA funding for costs incurred after the beginning of the pandemic only?

1. Yes ___ No ___

iii. **Is the business current on all State sales tax remittances and Greene County property tax payments?** Identify whether or not your business is up-to-date on State sales tax remittances and Greene County property tax payments.

1. Yes ___ No ___

iv. **Do you have a business license?** If necessary, please ensure that your business has been properly licensed and legally recognized.

1. Yes ___ No ___ Not Required ___

v. **Is your business registered with the Missouri Secretary of State?:** If necessary, please ensure that your business has been properly registered and is legally recognized by the Missouri Secretary of State.

1. Yes ___ No ___ Not Required ___

2. **If yes, what is your registration number?:**

vi. **Has the business, or any owner, or any business owned or controlled by any of them, obtained a direct or guaranteed loan from a federal or state agency that is currently delinquent or has defaulted in the last 7 years?**

1. Yes ___ No ___

Supporting Documentation (See Attached Files)

Please attach the following documents for your application. These files should be current and accessible. For additional assistance, please contact the Greene County ARPA Team at arpa@greenecountymo.gov or 417-799-1563.

- c. **If an employer, copy of recently filed Employer Withholding form 941 OR quarterly State unemployment (SUTA) form showing # of employees**
- d. **If sole proprietor, copy of recently filed Federal Tax form 1040 - Schedule C (Profit & Loss from Business)**
- e. **Please provide a filled-out W9 form**
- f. **Additional Attachments** If specifically requested by the ARPA committee, you may include supplemental attachments here.