



City of Glasgow Small Business Relief Program

GRANT APPLICATION

Opens: 08/22/22

Deadline: 09/16/22 12:00 NOON

The City of Glasgow is pledging additional support to small businesses forced to close or reduce services in response to COVID-19 related executive orders issued by the Governor of Kentucky. The City is offering a one-time business relief grant up to \$10,000 for eligible businesses within the corporate boundaries of Glasgow. Businesses most significantly impacted by the Governor's orders are encourage to apply. Any questions should be addressed to:

April Russell grants@glasgow-ky.com (270)651-5977

IMPORTANT INSTRUCTIONS AND INFORMATION

Complete all parts of this application, along with a W-9 Form and hand deliver to:

Department of Public Works, 310 West Front Street Glasgow, KY 42141 Attn: RELIEF

Incomplete applications will not be accepted. Funds are limited - grants are made only as funds are available. Grant awardees may be required to provide additional documentation to the City of Glasgow.

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE AN AWARD.

To be eligible to apply for this grant, a business must:

- Be categorized as non-essential business type that was required to cease or reduce operations as a result of executive orders issued by the Governor of Kentucky and has been compliant with said order.
- Exist within the Glasgow city limits in a brick-and-mortar location.
- Own the property building or have a lease agreement with the property owner.
- Must have a valid Business License and be current on all taxes and/or fees due to the City.
- Be open and operating before January 1, 2020.
- Net profit for 2020 of no more than \$200,000 or a business with less than 25 employees.
- Not be a franchise or franchise-affiliated.
- Business must be listed in the eligible business category listed on the overview.

GENERAL INFORMATION

Name of Business (Include DBA, if applicable)

Business Tax ID (EIN/FEIN or SSN)

Physical Location

Mail Address (if different than above)

Primary Contact _____

Business Phone _____

Email Address _____

Business Start Date _____

Business Type: Sole Proprietorship

Partnership

Limited Liability Corp

Corporation



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ELIGIBILITY INFORMATION

*** ADDITIONAL INFORMATION MAY BE REQUESTED TO PROCESS APPLICATION**

Is this business a franchise or part of any franchise agreement?

Yes No

Does the business have a current City of Glasgow Business License?

Yes No

Was this business current on its payroll and property taxes as of 03/01/2021

Yes No

Is the property where the business operates as of 03/01/2021

Yes No

Name of Landlord or Owner & telephone # _____

Narrative:

Describe how business operations have or will be adversely impacted by the COVID-19 pandemic as well as your plans for current and near term operations (during reduced COVID-19 business restrictions) in order to remain operational.

ATTESTATION

I understand that:

- Grant monies are considered taxable income and the City of Glasgow is required by law to report as such and send 1099 to each awardee
- Demand for this relief grant may exceed funding resources
- If awarded a grant, all monies will be received after proof of expenses dated beginning March 1, 2021
- Eligible expenditures for grant money are limited to payments made by the awarded business for rent/mortgage/payroll/PPE supplies/ utilities
- A copy of W-9 and Schedule C form is required.
- A copy of all receipts are required.

PLEASE CHECK AND COMPLETE APPROPRIATE BOX

- That I am an employee of : City of Glasgow _____ Department
- That I am related to (name) _____, an employee of the City of Glasgow, _____ Department or _____ City of Glasgow City Council Member
- My relationship to the person is: _____ (Specify Relationship)
- That I am not a public official or employee, nor related to any such public official or employee of the City of Glasgow.

I certify that the facts, representation and documents set forth in this grant application are true and correct, under the KRS penalties and perjury laws.

I hereby grant permission for the City of Glasgow to verify the information associated with my application.

Signature of Business Owner/Authorized Representative

Date

Hand deliver in person the application, along with receipts, a complete W-9 and Schedule C Form in a sealed envelope marked **RELIEF** : Department of Public Works 310 West Front Street, Glasgow, KY 42141.

FOR OFFICE USE ONLY

Request Approved Yes No

Amount Approved \$ _____

If denied, give reason:

Date Paid _____