



## **Business Assistance Policy & Application**

A Program of the City of Ferguson, Missouri



# Business Assistance Policy

As a means to promote and encourage business development, retention and expansion, the City of Ferguson has developed a business assistance program for small businesses impacted by the COVID-19 shutdowns. This is a one-time grant of up to \$5,000, subject to the limitations and qualifications in this Application. Grants will be awarded so long as funds are available on a ***first-come, first-served*** basis. ***Once funds are depleted no more grants will be awarded.***

## Eligibility

Small Businesses (25 or fewer full-time equivalent employees) with storefront space actively leased and operated\* within the City limits of the City of Ferguson for at least the last twelve (12) months, and directly impacted by the City of Ferguson, St. Louis County, and/or State of Missouri ordered business shutdowns.

\*('actively' means at operating continuously at least until the shutdown order was imposed)

Eligible businesses must also meet the following criteria, (and provide documentation thereof):

- Valid state business license
- Valid city business license and occupancy permit
- No outstanding city/county tax liens/judgments
- Have a valid business bank account
- Locally owned (including locally owned franchisees)
- Maximum of 25 full-time equivalent employees per business
- Operators of multiple businesses and/or locations are not eligible

Grant funds may be used for the following:

1. Working Capital (including rent, utilities, payroll, supplies, etc.)
2. Equipment
3. Inventory

## Demonstration of Prior Effort to Seek Assistance

It is expected that applicants will have exhausted as many other resources as possible, including (but not limited to): CARES, PPP, and EIDL programs, St. Louis County, and/or other local and regional assistance efforts, and will be expected to provide documentation of their attempts to seek outside assistance from these programs, and the results thereof. Applicants will not be eligible if they have been fully reimbursed for shutdown related losses through other means.

# Financial Assistance Application Process

## Application Process

- Requests for assistance will be accepted at any time up until funds are depleted. To submit a request, applicants must contact The City of Ferguson Planning and Development Department at (314) 521-7721; applications may also be found online at [www.fergusoncity.com](http://www.fergusoncity.com). Completed applications will be reviewed by staff from Planning and Development, Finance, and the City Manager's Office; applicants will be notified if their grant has been awarded within 2 weeks of a complete submission. Grant winners will then be notified to execute a Letter of Agreement with the City, which shall serve as the Contract between the applicant and the City.

## Documentation and Monitoring

*Applicants are expected to provide the following documents:*

- Application ('Request for Assistance')
- Verification of the following conditions:
  - The business employs no more than 25 full-time equivalent employees
  - The business has experienced a loss of revenue from being forced to shut down
  - The business has a commitment to retain employees by participating in this program
  - The business has not already been *fully* reimbursed by insurance or by SBA, PPP, or other program for shutdown related expenses (submit email/written notification of decision from funder)
- Revenue statements for two month period in 2019 and same period in 2020 (feb/march, march/april)
- Submit up-to-date W9 and EOE forms for your business.
- Payroll record information (small business grants have a 25 full-time equivalent employee cap)
- Documentation of direct financial harm to business by closure order
- Copy of valid and current city business license and occupancy permit
- Copy of valid and current state business registration.

## Acknowledgement

I hereby certify that:

Non-profit organizations are specifically excluded from and ineligible to receive grants under the program.

A business is ineligible if it has been fully reimbursed from the Paycheck Protection Program, CARES Program, Economic Injury Disaster Loan, or other local and regional programs.

A business is ineligible if it has more than 25 full-time equivalent employees.

The business will use its best efforts to continue or resume its operations in Ferguson and retain as many employees as possible.

I understand the City of Ferguson will not accept and/or evaluate incomplete applications. The City may require additional information/documentation/clarification.

I understand that my business is not entitled to a grant.

I understand the City of Ferguson will review applications and approve grant funding on a first-come, first-served basis. The City of Ferguson does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, or any other basis of discrimination prohibited by law.

By submitting an application under this program, the applicant consents to submitting all required or supporting documentation and information to the City of Ferguson and to the public disclosure of such documentation and information by the City of Ferguson in response to any request submitted pursuant to the Missouri Freedom of Information Act and/or other applicable law.

I certify that the information I have given is truthful and accurate to the best of my ability. Financial information provided has not been manipulated to exaggerate the financial duress of this business. I understand that the information submitted in this application will be shared with a committee, comprised of individuals who will determine the allocation of funding to applicants. I understand that if my organization is selected to receive funding, the City of Ferguson will have a check ready as soon as possible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The signer must be an owner or authorized agent of the business.

# Request for Assistance

Name of Company: \_\_\_\_\_

Client Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email: \_\_\_\_\_

(Work): \_\_\_\_\_

Type of Business:

Retail

Service

Wholesale

Other: \_\_\_\_\_

Check the area for which you are seeking assistance:

Capital (rent, utilities, payroll, etc; please list): \_\_\_\_\_

Equipment : \_\_\_\_\_

Inventory: \_\_\_\_\_

I request assistance from the City of Ferguson ('the City'). I authorize the City to review my application. In consideration of the City's assistance, I waive all claims against City personnel, City Council, and any other affected parties arising from this assistance. By signing this Request for Assistance form, I acknowledge that I have read, understand and agree to the conditions of this request.

\_\_\_\_\_  
Signature and Title of Applicant

Date: \_\_\_\_\_

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*(Do not write below this line)*

\_\_\_\_\_  
Approved \_\_\_\_\_, Director, Department of Planning and Development

Date: \_\_\_\_\_

\_\_\_\_\_  
Approved \_\_\_\_\_, Director, Department of Finance

Date: \_\_\_\_\_

\_\_\_\_\_  
Approved \_\_\_\_\_, Office of City Manager

n

Date: \_\_\_\_\_