

# Basehor Area Business Economic Relief Grant Application

## BUSINESS INFORMATION:

1. BUSINESS NAME:
2. LEGAL BUSINESS NAME:
3. PHYSICAL ADDRESS:
4. MAILING ADDRESS IF DIFFERENT THAN ABOVE:
5. BUSINESS PHONE NUMBER:
6. BUSINESS LICENSE NUMBER:
7. TYPE OF BUSINESS:
8. BUSINESS EIN:
9. FEDERAL DUNS NUMBER:

[Http://fedgov.dnb.com/webform/index.jsp](http://fedgov.dnb.com/webform/index.jsp) to apply for a DUNS number for free.

10. BUSINESS ORGANIZATION TYPE:

SP                      LLC                      P

## OWNER INFORMATION:

11. LEGAL OWNER:
12. HOME ADDRESS:
13. CELL PHONE:
14. EMAIL ADDRESS:
15. ARE YOU OR ANY IMMEDIATE FAMILY MEMBER AN EMPLOYEE WITH THE CITY OF BASEHOR OR A MEMBER OF THE GOVERNING BODY OR PUBLIC OFFICIAL?    YES                      NO

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**16. HOW LONG HAVE YOU OWNED THIS BUSINESS FOR WHICH YOU SEEK GRANTS FOR?**

**17. WEBSITE OF BUSINESS:**

**18. STATEMENT OF IMPACT OF COVID-19 ON YOUR BUSINESS:**

**19. WAS YOUR BUSINESSES DEEMED NON-ESSENTIAL UNDER STATE EXECUTIVE ORDERS WHICH REQUIRED YOUR BUSINESS TO CLOSE?**

YES                      NO

**20. WAS YOUR BUSINESS ABLE TO OPEN OR REMAIN OPEN UNDER NORMAL OPERATIONS DURING THE PHASED REOPENINGS, EXECUTIVE ORDER 20-29 AND 20-31?**

YES                      NO

**21. DID YOUR BUSINESS LOSE REVENUES DURING EXECUTIVE ORDERS RELATING TO COVID 19 WERE IN EFFECT? (Submit documentation)**

YES                      NO

**22. DID YOU LAY OFF EMPLOYEES AS A RESULT OF THE COVID 19 PANDEMIC?**

YES                      NO

**23. HAVE YOU APPLIED FOR AND/OR RECEIVED ANY GRANTS FROM ANY OTHER ORGANIZATIONS RELATING TO COVID 19?**

YES                      NO (If yes, provide information relating to grant)

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**24. ARE YOU BEHIND ON YOUR BUSINESS MORTGAGE, UTILITIES OR OTHER PAYMENTS AS A RESULT OF COVID 19?**

YES                      NO

**25. ARE YOU CURRENTLY SUBJECT TO BACK TAXES OR TAX LIENS OF ANY KIND? (PROVIDE DOCUMENTATION APPROPRIATE TO INCLUDE KANSAS TAX CLEARING CERTIFICATE)**

YES                      NO

**26. DOES YOUR BUSINESS EMPLOYEE 2 OR MORE EMPLOYEES INCLUDING THE OWNER?**

YES                      NO

### **Acknowledgements**

Applications will be accepted between September 10, 2020 and October 19, 2020 and reviewed by the City of Basehor, and eligibility will be determined based upon the information you have provided. Award recipients will be notified via email or telephone provided in this application on a first come first serve basis.

Complete application submission does not guarantee grant approval.

Incomplete or late applications will not be accepted or considered for approval.

Grant approval or denial will be issued on or before October 28, 2020.

City of Basehor has, at any time, the right to ask for more information than what is asked for on this application to approve applications or process payments.

City reserves the right to make exceptions to these policies and procedures as needed.

Grant awards will not be in excess of demonstrated losses.

Grants cannot be requested to cover expenses already reimbursed or paid for by alternative Federal or State funds/grant programs.

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## Privacy Notice

- a. We are asking that you provide the information on the Small Business Grant Program application form to determine if you are eligible to participate in the program. Some information you supply may be considered public data. We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:
- Staff and other persons involved in program administration.
  - Auditors who perform required audits of this program.
  - Authorized personnel from local, state and federal agencies providing oversight
  - Those persons who you authorize to see it.
  - Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

	Amount
Commercial Lease or Mortgage Payments:	_____
Utility Payments:	_____
Personal Protective Equipment and cleaning:	_____
Reopening and safety improvement costs:	_____
Other Eligible Expenditures:	_____
Total Amount Requested:	_____

If you requested "other eligible expenditures" above, please describe what those expenditures are for:

By signing below, you acknowledge that the information you have provided is accurate to the best of your knowledge and you meet eligibility requirements.

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

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