

Jackson County Economic Development Relief from CARES Funding

The Jackson County Board of Commissioners has allocated up to \$500,000 of the CARES Relief Aid for the purposes of Business Retention in response to the economic impacts of the COVID-19 Pandemic and the regulatory responses necessary to limit the spread of the SARS-CoV2 Virus that is the cause. This program includes three potential strategic uses for the funds as well as a committee that will help to develop applications and support as well as review and recommend appropriate expenditures of the funds that would be in accordance with the rules and regulations set forth by the CARES Act adopted in Congress on March 25, 2020.

Businesses and organizations that are located and operate in Jackson County, Kansas will be encouraged to identify and apply for no more than One (1) of the following economic development relief funds that will be established through the dedication of resources in the Jackson County CARES Act allocation. The committee will help businesses and organizations to identify which relief tool they most qualify for and would be the most beneficial to their business or organization.

To ensure equitable availability and resource deployment 10% of all available business relief/support funds (Direct Relief and Innovation Grant) will be reserved for majority Women or Minority owned businesses in Jackson County until October 1, 2020. The allocation review committee will have the discretion to move applications to a different fund or tool based on their assessment of qualification and/or the availability of resources.

Economic Relief and Response Tools:

Direct Relief Aid: 85% of the total allocation is available for Direct Relief Aid grants to businesses or non-profits that can demonstrate a significant need for support resources to help maintain their business or community service operations with impacts related to COVID-19 OR have been directly restricted from operating by state or local public health orders negating their ability to generate the necessary revenues to maintain operations. Businesses or organizations that apply for Direct Aid relief should be able to identify a year over year loss of revenue to be eligible. Direct Aid should be used to cover qualified expenditures of the businesses or organizations as outlined in the CARES Act and would be limited to a maximum award of up to \$20,000 per business or organization.

Innovation/Technology Matching Grant: 5% of the total allocation is available as a grant for businesses or organizations to implement technological improvements that can assist in their adaptation to the current business operations environment due to COVID-19. To qualify for Innovation/Technology grant a business or organization must be able to demonstrate a year over year loss of revenue and will be required to match the grant award with 25% of the total project cost. The grant Award limit is up to \$3,500 for the acquisition, implementation, and training on new technology or innovation ideas to improve business or organizational performance in response to COVID-19.

Recovery Reserve: 10% of the total allocation is designated in the Recovery Reserve Fund as a way to respond to needs or gaps that are identified as we continue to work through the COVID-19 pandemic. These funds will be held in reserve until November 2, 2020 where they can be used to fill in gaps for unmet demand in one of the other funds or designated for a new purpose as determined by the allocation committee.

Budget Breakdowns based on Allocation of CARES Funds from Jackson County Commission:

Jackson County Economic Development Relief Plan

CARES Allocation		\$ 500,000.00	Max Grant Per	Min. Potential	
Direct Relief	85%	\$ 425,000.00	\$20,000	21 Max Grants	
Innovation/Technology	5%	\$ 25,000.00	\$ 3,500	7 Max Grants	
Recovery Reserve	10%	\$ 50,000.00			

Operation and Allocation of the Jackson County Economic Relief budget will be tasked to a committee. The proposed committee make up is outlined below.

Allocation Review Committee		
Janet Zwonitzer	Darrel Chapman	Michael Carlson

Eligible Business/Organization: Must be located within Jackson County borders and must have been in operation for at least 90 days as of March 1, 2020.

Eligible Expenses: Typical working capital including, but not limited to wages, rent, utilities, inventory, advertising, insurance, etc. Expenses are eligible only if incurred between 3/1/20 and 10/1/20. Receipts, paid invoices or cancelled checks will be required for proof of eligible spending.

Eligible Businesses*:

1. Food Service – restaurants, diners, etc.
2. Retail – clothing, housewares, gifts, appliances, etc.
3. Wellness & Personal Grooming – hair and nail salons, barbers, massage therapy, etc.
4. Repair Service – home repair, appliance repair, auto repair/service, etc.
5. Hospitality – motel, hotel, lodges, etc.
6. Professional Service – accountants, law offices, real estate, etc.
7. Non-Profits – community service, clubs, churches, food pantries, etc.

*Businesses with delinquent property taxes are not eligible

Grant information is available at: <https://www.exploreholton.com/>

Application support is available through the grant administrator, Brett Waggoner of Governmental Assistance Services at (785)760-2148 or email brettw.gas@outlook.com.

COMPLETED APPLICATIONS CAN BE TURNED IN VIA:

EMAIL TO: BRETTW.GAS@OUTLOOK.COM AND COMMISSIONERS@JACOKS.COM

MAIL TO: COUNTY CLERK'S OFFICE, 400 NEW YORK SUITE 201, HOLTON, KS 66436

IN PERSON: DROPBOX ON WEST SIDE OF COURTHOUSE

***** APPLICATION DEADLINE IS 9/25/20 *****

Instruction for Filling out the Jackson County

CARES Act Business Grant Application

Legal Name of Business – business name as filed with state

Type of Business – general business category

Primary Contact Person – who is responsible for this paperwork and available to answer questions regarding the application?

Mobile Phone – of Primary Contact Person above

Email – Official business email address OR email address of Primary Contact Person above

Business Phone – official business phone listing (if available)

Website – if available

Social Media – list handles for Facebook, Instagram, Twitter, etc. (optional)

Business address – where does your business entity do most of its business?

Home address of owner – list one address of majority owner or all home addresses of equal owners

Of Owners – how many owners have interest in your business?

DUNS # - use your DUNS # if you have one; IRS EIN is acceptable; use individual SSN if you don't have an EIN or DUNS # available at <https://www.dnb.com/duns-number.html>

Business Structure – is your business a sole proprietorship, LLC, LLP, etc.?

Is the business located in the same city as the mailing address above? If no, what City is your business located in?

Date business established – date your business officially began

Does the applying business have a related operating or holding company? If yes, list the holding company's name.

Gross Revenue for 1/1/19 to 7/31/19 – list your company's gross revenues for this period

Gross Revenue for 1/1/20 to 7/31/20 – list your company's gross revenues for this period

Voluntary Demographics – answers are not required here and are optional

Total Working Capital Need – list total amount of funding needed to maintain operations. Grant funds may not cover this entire amount, but this will help illustrate the total need in the event that additional funds become available. Specify whether this number is monthly or annually.

List other funding you are currently seeking – check all boxes that apply; seeking or receiving funding from these other sources does not necessarily preclude your business from receiving CDBG funds. Complete the attached Funding Source Checklist to provide additional required information.

of Employees - list all full-time and part-time employees separately

Total Monthly Payroll - list your average monthly payroll

Tax liability? – answer yes, no or unknown

Page 2 questions are all self-explanatory. Answer each to the best of your ability. Answers are required for each question.

Jackson County CARES Act

Business Grant Application

(see attached instructions before filling out)

COMPANY INFORMATION			
Legal Name of Business:		Type of Business:	
Primary Contact Person:		Mobile Phone:	
Email:		Business Phone:	
Website:		Social Media:	
Business Address:		Number of Owners:	
Home Address of Owner:		DUNS #:	
Business Structure (LLC, Sole Proprietorship, Inc.):		Is the business located in the same city as the mailing address above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Business Established:		Does the applying business have a related operating or holding company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Revenue for period between 1/1/19 and 7/31/19:			
Gross Revenue for period between 1/1/20 and 7/31/20:			
Voluntary Demographics	GENDER		RACE/ETHNICITY:
	<input type="checkbox"/> Male		<input type="checkbox"/> White
	<input type="checkbox"/> Female		<input type="checkbox"/> Black/African American
	VETERAN		<input type="checkbox"/> Asian
	<input type="checkbox"/> Yes		<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> No		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
			<input type="checkbox"/> American Indian/Alaskan Native & White
			<input type="checkbox"/> Asian & White
			<input type="checkbox"/> Black/African American & White
			<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
			<input type="checkbox"/> Other Multi Racial
			<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Non-Hispanic	
Total Working Capital Need: _____ per month or per year?			
List any and all other funding you are currently seeking, including but not limited to, bank loans, SBA loans, public or private loans, grant funding, etc.	<input type="checkbox"/> SBA		<input type="checkbox"/> CDBG-CV
	<input type="checkbox"/> Chamber of Commerce		<input type="checkbox"/> Main Street
	<input type="checkbox"/> Paycheck Protection		<input type="checkbox"/> EIDL
	<input type="checkbox"/> Other:		<input type="checkbox"/> Network Kansas/HIRE
		<input type="checkbox"/> Community Foundation	<input type="checkbox"/> Banker/Financing
If you received or are seeking any other funding sources, please complete attached Funding Source Checklist			
# of Employees: Full-time: _____		Part-time: _____	
Total Monthly Payroll: _____			
Does the business owner have a tax liability in arrears with the KS Dept of Rev., IRS or Jackson Co?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

<p>Please provide a description of the services provided by your business:</p>	
<p>Please provide a short description of how COVID-19 is negatively impacting the business (e.g. weekly sales average drop for restaurants, occupancy rate drop for hotels, etc.)</p>	
<p>Describe how the use of the CDBG grant fund enhances the ability of this business to survive.</p>	
<p>What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)?</p>	

Grant information is available at:
<https://www.exploreholton.com/>

Application support is available through the grant administrator, Brett Waggoner of Governmental Assistance Services at (785)760-2148 or email brettw.gas@outlook.com.

Funding Source Checklist

Name of Business: _____

As required by CARES Act guidance, a duplication of benefits is not permitted. These grants funds may not be used to pay for expenses already reimbursed by the other Federal Assistance programs listed below. If your business has received funding from the sources below, you may not use these Jackson County grant funds to pay for the exact same expenses. For questions regarding eligible expenses, please call the grant administrator at (785)760-2148 or email brettw.gas@outlook.com

Other Federal Assistance Received:

Please mark each program you have received funding from and provide specific information on what the funds were used for. Application will not be considered without this information.

___ SBA Payment Protection Program (PPP)

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Economic Injury Disaster Loan (EIDL)

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Express Bridge Loan

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Debt Relief Program

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ Other Federal Program Assistance (Including CDBG-CV funds)

- Name of Program: _____
 - Amount Received: _____
 - What were funds used for (please be specific): _____
-

Please sign next page

I understand the requirements for this grant program and certify under penalty of perjury that the information provided in this application and all supporting documents is correct. The grant will be required to be repaid if false information has been provided.

Signature of Business Owner