

City of Midway C.A.R.E.S
Small Business Grant Application
(Must be signed by an owner of the business)

Name of Business _____

Telephone # _____ email _____

Instructions:

- The Grant Application must be completed by Friday, July 17 at 4:00 PM and provided to Midway City Hall or emailed to sonya@meetmeinmidway.com.
- Only fully completed applications will be considered.
- If you need additional space, please feel free to add extra pages and any supporting documentation you would like for the Committee to consider.
- The Small Business Grant Program is only open to:
 - for-profit businesses with less than 50 employees,
 - who have a physical business located and licensed in Midway, Kentucky,
 - who do not owe back taxes or license fees to the City, and
 - who have documented losses or costs caused by business interruption from required closures due to the pandemic.
- The amount of a grant award cannot exceed the amount of loss/costs caused by business interruption from the pandemic.
- A Committee of Councilpersons will review the applications and determine the recipients.

1. *Does your for-profit business have a physical location in a commercially zoned area in Midway, Kentucky?*

Yes _____ No _____

2. *Do you have a current business license with the City of Midway?*

Yes _____ No _____

3. *Does your business owe back taxes or is it currently under any violations with the City of Midway?*

Yes _____ No _____

If yes, please explain: _____

4. # of employees? (businesses with under 50 employees are eligible)

5. This grant is intended to help Midway's small businesses who need economic support through reimbursement for costs of business interruption caused by closures from COVID-19. Does your business have documented economic losses and/or costs caused by the closures?

Yes _____ No _____

If yes, please explain and include the amount of documented loss and/or costs. (Note that grant amounts cannot exceed documented loss and/or costs caused by the public health emergency).

6. If your business receives the grant money, for what purpose will the funds be used?

7. Briefly state the positive impact you believe this grant would have on your business:

8. Is it your intention to continue operating your business in the City of Midway for the next six months?

Yes _____ No _____

9. Does your business have a separate business bank account?

Yes _____ No _____

ACKNOWLEDGMENT AND CERTIFICATION

Grant Funds: If grant funds are provided by the City, I agree to, and the Business shall, use the funds for the purposes set forth in the Application. In no event shall the City's financial responsibility to provide grant funds under the Program exceed the approved amount. In the event that such grant funds provided to the City pursuant to the federal CARES ACT become unavailable, as determined by the City in its sole and absolute discretion, the City shall have no obligation to provide the grant funds to me or my Business.

Compliance: In the event my Business receives a grant and the grant funds are the subject of an audit, I agree to, and my Business shall, reasonably cooperate with the City in such audit, including, but not limited to, providing the City with my and the Business' accounting records and financial statements.

Miscellaneous: I, and my Business, bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of a 1099 by the City. There is no agency, employment, joint venture or other such relationship created by virtue of an award of a grant. I acknowledge that the City does not endorse any specific businesses, including, but not limited to, any businesses awarded grants.

Release: In consideration for the City providing grant funds, I, my Business, and all of our respective officers, employees, agents, subcontractors, and invitees, and any individual or entity for which I or the Business are respectively legally liable, hereby forever waive, discharge, and release any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, against the City, its officers, employees and agents ("Releasees"), which arise or may hereafter arise from the City's grant of funds. I and my Business agree to not sue the Releasees in connection with any grant of funds.

Certification. By signing below, I certify that the above statements in the application are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits and require return of funds to the City. By signing below, I also agree on behalf of myself and the Business to be bound by the terms, provisions, covenants, and conditions of the CARES Act Program. I also agree that should my business be awarded this grant, I will submit to the City, on a form provided by the City, a statement of what the grant money was used for no later than December 30, 2020.

Signature _____

Date _____