

# **American Rescue Plan Act (ARPA) Small Business Application Guide 2023 - Greene County, MO**

\*This instruction guide is intended to clarify what information is needed in each section of the application. This is not an application to be submitted, only a guide. If you have further questions please contact the Greene County ARPA Team at arpa@greencountymo.gov or (417)799-1563. Please see the eligibility criteria at the beginning of the application before starting the application. \*

## **Qualifying Criteria**

Confirm that your business meets all of the qualifying criteria below. If all criteria is not met by your business, your business is not eligible for Greene County ARPA funding.

- A. Is the business is located within Greene County, Missouri?** Funds are only available for businesses serving residents of Greene County, Missouri.  
Yes\_\_\_ No\_\_\_
- B. The business is a for-profit business that employs (the equivalent of) 100 or fewer full-time employees, including the owner(s).**  
Yes\_\_\_ No\_\_\_
- C. If the business is a family farm or a home-based business, the business must be 40% of your income as reported on your taxes.**  
Yes\_\_\_ No\_\_\_
- D. Immigrant workers that are employed by this business are properly documented and legal. If immigrant workers are not being employed, select “yes”.**  
Yes\_\_\_ No\_\_\_
- E. If the business has w-2 employees, it must be registered with E-Verify.** If you have any w-2 employees, you must be registered with E-Verify.  
Yes\_\_\_ No\_\_\_
- F. The business has existed in Greene County, Missouri since or before March 1st, 2020.** This date signifies the beginning of the COVID-19 Pandemic and thus the beginning of our funding.  
Yes\_\_\_ No\_\_\_
- G. The business can demonstrate the existence of negative impacts incurred as a result of the COVID-19 public health emergency since March 1st, 2020.**  
Yes\_\_\_ No\_\_\_

**H. Neither the business, nor any owner, nor any business owned or controlled by any of them, has obtained a direct or guaranteed loan from a federal or state agency that is currently delinquent or has defaulted in the last 7 years?**

**Yes\_\_\_ No\_\_\_**

**I. The business is not suspended, debarred, proposed for debarment, declared ineligible, presently involved in bankruptcy or voluntarily excused from participation in this transaction.**

**Yes\_\_\_ No\_\_\_**

## Grant Calculator

**IMPORTANT:** No business can receive more than \$49,999.99 from Greene County ARPA funding. If your business received Greene County ARPA funds from the 2022 round, those funds will be included in your overall total.

**Calculate Maximum Grant Allowed** Answer the following questions to determine the maximum funding for which you may be eligible for.

**A. Check the box that best describes the physical space needed to operate your business.**

Commercial retail or manufacturing space \_\_\_\_

Commercial warehouse/storage \_\_\_\_

I live on a farm, ranch, or venue that is the business \_\_\_\_

Booth rental space \_\_\_\_

I operate my business and store materials at my personal residence \_\_\_\_

**B. Enter the total number of full-time W-2 employees currently employed by your business (not including yourself).** Full-time employees may only include employees working at locations inside Greene County. Provide the count reflected in your last quarter of business. An employee is considered full-time if they average at least 30 hours of work a week. A copy of a recently filed Employer Withholding form 941 OR a quarterly State unemployment (SUTA) will be required in order to prove employee count.

\_\_\_\_\_ **Full Time Employees** (\$500 /employee)

**C. Enter the total number of part-time w-2 employees currently employed by your business (not including yourself).** Part-time employees may only include employees working at locations inside Greene County. Provide the count reflected in your last quarter of business. An employee is considered part-time if they average 8-29 hours a week. Documentation to prove employee count will need to be provided.

\_\_\_\_\_ **Part-Time Employees** (\$250/employee)

**D. Enter the total number of contract labor (1099) employees currently employed by your business if your business is their primary source of income.** Contracted personnel count may only include those working at locations inside Greene County. Provide the count reflected in your last quarter of business. Documentation to prove employee count will need to be provided.

\_\_\_\_\_ **Contract Labor (1099) Employees** (\$250/employee)

**Maximum Eligible Allotment** \_\_\_\_\_ (Take amount based on your physical operating space + amount based on full-time, part-time and 1099 employees)

**Calculate Economic Impact Of COVID-19 On Your Business**

**1. Reasonable estimate of increased expenditures due to COVID-19** This may include increased labor for cleaning, sanitizing supplies, masks, signage, technology, equipment, & other modifications for social distancing.

\$ \_\_\_\_\_

**2. Reasonable estimate of lost gross profit due to COVID-19** This is revenue minus cost of goods sold and other direct expenses.

\$ \_\_\_\_\_

**3. Estimated Impact to Date** \$ \_\_\_\_\_ (Reasonable estimate of increased expenditures + reasonable estimate of lost gross profit)

**4. Briefly describe the basis of calculation for this estimate.** Explain how you calculated/determined your business' estimated impact to date.

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**List sources of COVID-19 related economic relief already received to date:** If your business has received COVID-19 related economic relief, identify the source of the relief as well as how much relief was provided. If your business has received ARPA funds from Greene County in a previous round, you may still be eligible for funding in this program.

**Forgiven PPP Loans** \$ \_\_\_\_\_  
**Forgiven SBA loans/grants** \$ \_\_\_\_\_  
**CARES grant from Greene County** \$ \_\_\_\_\_  
**CARES grant from City of Springfield** \$ \_\_\_\_\_  
**ARPA grant from Greene County (from 2022)** \$ \_\_\_\_\_  
**ARPA grant from the State of Missouri** \$ \_\_\_\_\_  
**Unemployment received by business owner** \$ \_\_\_\_\_  
**Other COVID-19 Stimulus or Insurance Proceeds** \$ \_\_\_\_\_

**Total Economic Relief to Date** \$ \_\_\_\_\_

**Total Net Estimated Impact** \$ \_\_\_\_\_  
(Estimated impact to date – total economic relief)

**Maximum Possible Grant** \$ \_\_\_\_\_  
(The lesser of Total Net Estimated Impact or Maximum Eligible Allotment)

**General / Contact Information**

**1) Business Contact Information**

a) **Registered Name of Business:** Provide the legal name of the business requesting funding (LLC, S Corp, C Corp, sole proprietorship, etc).  
\_\_\_\_\_

b) **Doing Business As (DBA):** Provide your business' DBA name, trade name, fictitious name, or assumed name. \_\_\_\_\_

c) **What year was your business established? If established in 2020, provide which month.** \_\_\_\_\_

d) **Federal Employer ID #(FEIN):** Provide the nine-digit Federal Employer Identification Number of your business. If you do not have a FEIN, please provide a social security number in this space. \_\_\_\_\_

e) **Do you have a business license?** If necessary, please ensure that your business has been properly licensed and legally recognized.  
**Yes\_\_\_ No\_\_\_ Not Required\_\_\_**

f) **Is your business registered with the Missouri Secretary of State?** If necessary, please ensure that your business has been properly registered and is legally recognized by the Missouri Secretary of State.  
**Yes\_\_\_ No\_\_\_ Not Required\_\_\_**  
**If yes, what is your registration number?** \_\_\_\_\_

g) **Website or Facebook Page address:** If available, provide your business' website or Facebook Page address. \_\_\_\_\_

h) **If you do not have a website or Facebook page, please explain how you find clients or how clients find you.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i) **Do you have a parent company?**  
**Yes\_\_\_ No\_\_\_**  
If yes, what is the parent company? \_\_\_\_\_

j) **Business Phone Number:** Provide a phone number suitable for future correspondence with your business. \_\_\_\_\_

**k) Point of Contact Information**

i) Name \_\_\_\_\_

- ii) Email \_\_\_\_\_
- iii) Phone Number \_\_\_\_\_
- iv) Job Title/Position \_\_\_\_\_

**l) Correspondence Mailing Address:**

- i) Address Line 1 \_\_\_\_\_
- ii) Address Line 2 \_\_\_\_\_
- iii) City \_\_\_\_\_
- iv) State \_\_\_\_\_
- v) Zip \_\_\_\_\_

**m) Business Operation Address (if multiple locations, just provide one predominant location where business is conducted):**

Check here if the business operation address is the same as the mailing address \_\_\_\_

- Address Line 1** \_\_\_\_\_
- Address Line 2** \_\_\_\_\_
- City** \_\_\_\_\_
- State** \_\_\_\_\_
- Zip** \_\_\_\_\_

**Is the above address also your home or primary residence?**

Yes\_\_\_ No\_\_\_

**Description of General Business Operations**

- 1. Services or Goods Provided:** Describe the goods or services in which your business provides. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Please select a category that best represents the operations of your business.**  
Arts Entertainment & Recreation, Auto, Beauty, Construction, Finance & Insurance, Health Care & Social Assistance, Hospitality & Food Services, Manufacturing & Transportation, Marketing, Professional Scientific & Technical Services, Retail Trade, Other
- 3. Does the business have additional locations/facilities/offices located outside of Greene County, Missouri?** If yes, make sure numbers like employee count and economic impact (\$) only represent the locations in Greene County, Missouri.  
Yes\_\_\_ No\_\_\_

**Demographic Information** (This section is optional. Businesses who do not complete the section will not be penalized, and the amount of ARPA funds will not be negatively impacted.

Should you choose to complete the following section, the information provided will be used exclusively for internal reporting in accordance with the equity component of the US Treasury guidelines.)

- a) **Race/Ethnicity of Primary Business Owner** Provide the race/ethnicity of your business' primary owner by checking the option most suitable. If you choose to withhold this information, check the line after "Prefer Not to Say."

1. **White**\_\_\_
2. **Black/African American**\_\_\_
3. **Hispanic/Latino**\_\_\_
4. **American Indian/Alaska Native**\_\_\_
5. **Asian**\_\_\_
6. **2 or More Races**\_\_\_
7. **Other**\_\_\_
8. **Prefer not to Say**\_\_\_

- b) **Gender of Primary Business Owner** Provide the gender identity of your business' primary owner by checking the option most suitable. If you choose to withhold this information, check the line after "Prefer Not to Say."

1. **Male**\_\_\_
2. **Female**\_\_\_
3. **Transgender**\_\_\_
4. **Non-Binary**\_\_\_
5. **Prefer Not to Say**\_\_\_

- c) **Is the small business veteran-owned?** Please select whether or not the owner of the small business is a veteran.

**Yes**\_\_\_ **No**\_\_\_

- d) **Does the small business owner have a disability?** Please select whether or not the owner of the small business has a disability.

**Yes**\_\_\_ **No**\_\_\_

- e) **Besides the owner of the small business, are there others employed by this business?**

Confirm whether or not more than one individual is employed by this business. Your answer may determine the relevance of further application questions and documentation.

**Yes**\_\_\_ **No**\_\_\_

**-If you responded "Yes" to the previous question, approximately what percentage of your employees report being:** Please provide the racial/ethnic makeup of those employed by your business. Ensure that the statistics are represented by a percentage. If you choose to withhold this information or are unsure about this information, check the line after "Unsure or Prefer Not to Say."

1. **White**\_\_\_\_\_
2. **Black/African American**\_\_\_\_\_

3. **Hispanic/Latino**\_\_\_\_\_
4. **American Indian/Alaska Native**\_\_\_\_\_
5. **Asian**\_\_\_\_\_
6. **2 or More Races**\_\_\_\_\_
7. **Other**\_\_\_\_\_
8. **Unsure or Prefer Not to Say**\_\_\_\_\_



**Application Overview**

**a. ARPA Utilization**

**Please select the eligible use under ARPA for which you are applying.**

**To offset negative economic impacts** (This means you will mitigate losses by utilizing funds to supplement business operations) \_\_\_\_\_

**Briefly describe how this will help your business recover from the negative impacts incurred during the COVID-19 public health emergency?**

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**Briefly describe what steps you will take to ensure the appropriated funds are used in accordance with ARPA eligible uses:**

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**b. Business Compliance** (Please complete all questions)

**Will the funds be used exclusively for expenditures as defined by the American Rescue Plan Act and related to the Coronavirus Disease?** Please confirm that the funds will be used in accordance with eligible expenditure categories as detailed by the US Treasury’s Final Rule. **Yes**\_\_\_ **No**\_\_\_

**Is the business current on all State sales tax remittances and Greene County property tax payments?** Identify whether or not your business is up-to-date on State sales tax remittances and Greene County property tax payments. **Yes**\_\_\_ **No**\_\_\_

**If you selected “no” for the previous response, please explain:**

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### **Supporting Documentation (See Attached Files)**

*Please attach the following documents for your application. These files should be current and accessible. For additional assistance, please contact the Greene County ARPA Team at [arpa@greencountymo.gov](mailto:arpa@greencountymo.gov) or 417-799-1563.*

- **If an employer, copy of recently filed Employer Withholding form 941 OR quarterly State unemployment (SUTA) form showing # of employees**
- **If sole proprietor, copy of recently filed Federal Tax form 1040 Schedule C (Profit & Loss from Business)**
- **Please provide a filled-out W9 form.** A fillable W9 form can be found [here](#). W9 forms will only be accepted if they are completed properly. For assistance in completing a W9 form, use this [W9 guide](#).
- **If an employer of W2 employees, provide a copy of the electronically signed Memorandum of Understanding through E-Verify.** To register for E-Verify, visit <https://e-verify.uscis.gov/enroll>. Already enrolled? To retrieve a copy of your electronically signed MOU:
  - After receiving a confirmation email that your organization is successfully enrolled, log back into the Account
  - Click on “Edit Company Profile” in the left menu
  - Click on “View MOU” button
  - ONLY the Program Administrator can access the electronically signed MOU
  - An example the MOU can be found [here](#) (this is a blank copy)
- **Additional Attachments** If specifically requested by the ARPA committee, you may have to submit additional information via email.