

Utility Recovery Grant for Small Businesses Impacted by COVID-19

Purpose:

To assist small businesses in our community with utility assistance that were adversely impacted by COVID-19.

Qualifications: Business closed for some portion of April/May 2020 during the statewide mandatory shutdown

- Business revenue was adversely impacted due to COVID-19 and/or business closed during state shutdown
- Must have a Brick and Mortar establishment within Callaway County. Submitted utility bills must include the business name to qualify for reimbursement.
- Business <u>did not</u> use Payroll Protection Program (PPP) or FADF COVID-19
 Small Business Recovery Grant funds to cover utility expenses

What qualifies as utilities? Utilities defined as Electric, Water, Gas, and Broadband Internet services in the business' name and delivered at the business' location from April 1st through May 31st.

To Apply:

- Complete Application
- Include utility bills for months of April and May 2020. Submitted utility bills must include the business name to qualify for reimbursement.
- Provide a current 2020 business license; Non-Profits should provide a current 2020 Certificate of Good Standing with the state of Missouri
- Have the application notarized

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Legal Business Nan	ne:	
□ Date Busines	ss was established:	
Business Mailing Address:		
Business Physical Address:		
Type of Business:		
Business Contact:		
Contact Number:	Alternate number:	
Email:		
# of employees:	(FT and PT)	
Are you applying for □ Yes □ No	r a business that is located in Callaway County?	
	sed due to COVID-19 Date reopened:	
Did your business use any other funding or grants to pay utility bills?		
□ Yes □ No		
Utility Assistance Request:		
□ Electric□ Water□ Gas□ Broadband	Services Provided By: Services Provided By: Services Provided By: Services Provided By:	
Total Amount Requested:		
incomplete it will not be Application Con Business Licens	all application information is provided prior to submitting. If your application is a processed. Initial next to each requirement below prior to submitting. Inplete E/ Certificate of Good Standing Battached for requested months	
☐ Application Notarized		

Applicant Representative Signature	<u> </u>
Title	
Date	
Subscribed and sworn to before me this	day of,2020
	Notary
Return application and all required docume	nts to:
Tamara Tateosian Executive Director Callaway Chamber of Commerce 510 Market Street, Fulton, MO 65251	
submissions will not be accepted.	off at the Chamber of Commerce. Electronic
OFFICE USE ONLY	
Date Received: Received B	y:
FADF Decision: YES NO Date Awarded:	
Comments:	