



City of Liberty

CARES Small Business Grant Program Application Form

Requirements – These records must be presented with this application

- Two forms of ID (each signer) – one with picture other with name only

Sole Proprietorship - General Partnership

- 2018 & 2019** tax returns. If 2019 not filed, submit copy of the extension and 2017 tax information.
- Schedules and 1099s, Income Statement & Balance Sheet
- Three months of personal bank statements (March, April, May of **2019 & 2020**)
- Copy of **2019** and **2020** City Business License (or 2018 and 2019 depending on the individual business' license renewal requirement dates)

Limited Liability Company (LLC) Limited Partnership (LP) Limited Liability Partnership (LLP)

- 2018 & 2019** tax returns. If 2019 not filed, submit copy of the extension and 2017 tax information. Schedules and 1099s, Income Statement & Balance Sheet
- Three months of business bank statements (March, April, May of **2019 & 2020**)
- Copy of **2019** and **2020** City Business License (or 2018 and 2019 depending on the individual business' license renewal requirement dates)

Legal Name of Company : _____

Physical Address: _____ City : _____ State: _____ Zip: _____

Length of time you have been in business in Liberty: _____

Name of Grant Applicant: _____

Business Phone Number: _____ Cell Phone Number: _____

Email address: _____

Type of Business: _____

- Explanation of how funds will be used:** Grants can be used for expenses incurred from **March 1, 2020, through September 30, 2020**. Expenses can include but are not limited to payroll, rent, mortgage interest, utilities, inventory replacement, and COVID-19 supplies. The grant funds may also be used to purchase necessary protective equipment for employees and customers and for exterior/interior cleaning needed to keep facilities sanitized. Funds from this Small Business Grant Program cannot be used to replace lost revenue(s).



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How will this grant help your business through the COVID-19 crisis: *(Please disclose if you have received any COVID-19 related relief funding).*

Amount of Grant Funding Requested: _____

I/We certify that the above information, including any attachments or exhibits provided herewith, are valid and correct to the best of my/our knowledge.

Signature: _____

Date: _____

Please email all information to juliel@claydc.com

SUBJECT: Liberty Grant Application

Clay County Economic Development | 816-468-4989 | 7001 N. Locust, Gladstone, MO 64118