



BG CARES
Small Business Grant Program Application

Office Use Only
Application No. _____
Date Entered _____

Date: _____

Applicant Information:

Legal Business Name							
DBA							
Primary Physical Address							
City					ST		ZIP
Mailing Address							
Business Phone #				Cell Phone			
Email Address				Website			
Federal Tax ID # (EIN or SSN)				City Business License #			
Business Organization Type		Sole Proprietor <input type="checkbox"/>		Partnership <input type="checkbox"/>		LLC <input type="checkbox"/>	
		Corporation <input type="checkbox"/>		Other: _____			
No. of Locations in BG				Other Location Addresses			
Primary Business Function		Choose One Below:					
Arts/Entertainment <input type="checkbox"/>		Childcare/Education <input type="checkbox"/>		Construction/Engineering <input type="checkbox"/>		Distribution/Warehousing <input type="checkbox"/>	
Finance, Insurance, Real Estate <input type="checkbox"/>		Health, Medical Services <input type="checkbox"/>		Hotel and Accommodations <input type="checkbox"/>		Information Tech. /Publishing/Broadcasting <input type="checkbox"/>	
Manufacturing <input type="checkbox"/>		Personal Services (salon, fitness, dry cleaner) <input type="checkbox"/>		Household Services <input type="checkbox"/>		Professional Business Services <input type="checkbox"/>	
Repair and Maintenance Services <input type="checkbox"/>		Restaurant, Food Service <input type="checkbox"/>		Retail <input type="checkbox"/>		Social Services <input type="checkbox"/>	
Transportation <input type="checkbox"/>		Other: _____					
Contact Person				Phone #		Email	
Is your business?		Woman Owned <input type="checkbox"/>		Minority Owned <input type="checkbox"/>			
Veteran Owned <input type="checkbox"/>		None of the Above <input type="checkbox"/>					

Ownership Information:

Owner Name						% of Ownership		
Home Address								
City					ST		ZIP	
Home Phone #				Cell Phone				
Email Address				Position				

Owner Name						% of Ownership		
Home Address								
City					ST		ZIP	
Home Phone #				Cell Phone				
Email Address				Position				

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If additional owners, submit additional information separately.

Applicant Qualification Questionnaire:

What is the business start date?			
Is the business current on all tax obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the Business have a current business license with the City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2019 Gross Revenues Amount			
Total number of employees as of February 29, 2020:	FT:	PT:	
If yes, to Part Time Employees total hours worked by PT employees, for 2019?			
Total number of employees laid-off or furloughed as a result of COVID-19:	FT:	PT:	
Were you closed during the pandemic as a result of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, provide dates:	From	To	
Current Business Status?	Open with normal operations	<input type="checkbox"/>	
	Open with limited capacity	<input type="checkbox"/>	
	Operating Virtually	<input type="checkbox"/>	
	Delivery/Take Out Only	<input type="checkbox"/>	
	Closed Temporarily	<input type="checkbox"/>	
Did you apply for any of the following?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which one, PPP <input type="checkbox"/> EIDL <input type="checkbox"/>
If yes how much did you apply for?	Amount Awarded		
Have you filed for Bankruptcy? If yes, when did you file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Proposed Use of Grant Funds			
	1-5 Employees	6-25 Employees	26-50 Employees
Rent			
Mortgage			
Utilities			
PPE			
Total	\$3,000	\$7,000	\$15,000

Narrative:

Describe how business operations have or will be adversely impacted by the COVID-19 pandemic as well as your plans for current and near term operations (during reduced COVID-19 business restrictions) in order to remain operational.

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APPLICATION AFFADAVIT: Each of the applicants must initial the following statements to indicate that they understand and agree to the following conditions:

_____ I acknowledge that this completed and signed application is only an application for the grant funds expressed herein. I further acknowledge that all information is true and accurate and City may request back up documentation and can audit expenses related to the grant spending and application materials.

_____ I agree to notify the City of Bowling Green immediately in writing if any of the information contained in this application materially changes in any respect.

_____ I agree to hold harmless and indemnify the City of Bowling Green and its board members, employees, agents, representatives and associates against any claims, charge, suit, damages or other similar liability and to further waive any claims against the City of Bowling Green whether now existing or arising in the future regarding any damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application.

_____ I understand that by submitting this application the City of Bowling Green is under no obligation to approve and/or extend a grant.

_____ I certify that I nor my business nor any partners in my business are or have been involved with financial mismanagement. This includes the business owner(s) with any conviction(s) for financial crimes within the last three years, with "business owner" defined as managing members or officers.

_____ I certify that I or my business or any partners are NOT presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?

_____ I certify that I or my business is not engaged in any activity that is illegal under federal, state, or local law.

PLEASE CHECK AND COMPLETE APPROPRIATE BOX

- That I am an employee of: City of Bowling Green _____ Department
- That I am related to (name) _____, an employee of the: City of Bowling Green, _____ Department or _____ City of Bowling Green Board Member
My relationship to the person is: _____ (Specify relationship)
- That I am not a public official or employee, nor related to any such public official or employee of the City of Bowling Green.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AND GUIDELINES AS COMPLETED, AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE. I UNDERSTAND THAT ANY FALSE INFORMATION MAY CAUSE ME TO BE DISQUALIFIED FROM THIS PROGRAM OR RETURN ANY FUNDING RECEIVED FROM THIS PROGRAM.

Applicant Signature	X	Date
Title		

BG CARES
Small Business Grant Program Guidelines

Purpose

The City of Bowling Green is committed to its small business community and a successful recovery from the impacts of COVID-19. The Bowling Green Board of Commissioners authorized the use of \$1.885 million of its federal CARES Act funds for Emergency Relief Grants to help businesses recover from the impacts of the pandemic. The funds are to be used as reimbursement for Rent/Mortgage, utility payments or personal protective equipment (PPE).

Timeline

Applications will be released prior to Wednesday, October 21, 10 a.m. through Thursday, February 18, 4:30 p.m. or until all funding is awarded.

Where to Apply

Applications should be submitted by the deadline either through email at [BGCares@bgky.org](mailto:BGcares@bgky.org) or can place in a drop box or drop off in person at NCS 707 E. Main Ave between 7:30 am-4:30 pm Monday through Friday, or by mail at:

City of Bowling Green
NCS-Small Business Grant Program
PO Box 430
Bowling Green, KY 42102-0430

Program Details

- \$1,885,000 is allocated for the program to made in the form of grants for eligible businesses
- Grant awards are \$15,000 for businesses with 26-50 Full Time Equivalent (FTEs), \$7,000 for businesses with 6-25 FTEs and \$3,000 for businesses with 1-5 FTEs. A FTE is equal to 2,000 hours worked annually.
- To remain impartial, the grant program will be administered by a committee made up of various city staff. Grants will be awarded based on eligibility and receipt of a complete application.
- Grant funds may be considered taxable income; please consult with your financial advisor or accountant for guidance. A 1099G will be issued to grant recipients as required by the IRS no later than January 2022.
- City reserves the right to change or amend guidelines without notice and reserves the right to request additional information and supporting documentation.

Eligibility

- Be a for-profit business or 501c(3) non-profit organization physically located within the Bowling Green city limits
- Business must be operational prior to February 29, 2020
- Be able to demonstrate that the business was negatively impacted by COVID-19 closures and interruptions
- Have no more than 50 full-time equivalents or FTEs

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- Have gross annual revenues of less than \$5 million
- Have a current City of Bowling Green Business License and not be delinquent in payment of taxes or fees owed to the City of Bowling Green as of December 31, 2019
- Have no owner, officer, partner, or principal actor of the business who is a City of Bowling Green employee or elected official or who is an immediate family member (parent, spouse, and sibling) of a current City of Bowling Green employee or elected official
- Not currently in bankruptcy

Ineligible Businesses

- Banks and Financial Lending Institutions
- National Chain businesses (not including locally owned franchisees)
- Tobacco & Vape Retailers
- Adult Entertainment Businesses
- Real Estate Development and Rental Based Businesses
- Publicly Traded Companies

Application Process

- Confirm your eligibility (see businesses eligibility above)
- Complete and submit the application during the application period
- Applications will be reviewed and awarded as they are received.
- Applicants will be notified about award as decisions are completed.
- Grants will be distributed by automatic deposit (ACH) or check, depending on existing vendor status