

American Rescue Plan: Liberty County

Small Business & Nonprofit Organization Recovery Grant Application

The Liberty County Board of Commissioners, in partnership with United Way of Coastal Empire, is offering small business grants via the American Rescue Plan totaling \$100,000 per calendar year, for the next two calendar years. These funds will be used to assist local small businesses and nonprofits recover from the adverse impacts of the COVID-19 pandemic.

Complete each section and attach all required documents to be considered for the Liberty County Small Business & Nonprofit Organization Recovery Grant.

Due to the volume of anticipated applications, staff will not provide feedback regarding the status of submissions. Applications will be reviewed in the order received. You will only be contacted if your business is selected to move forward in the process.

PROGRAM SUMMARY

Eligibility Requirements

- Must be a for-profit or nonprofit business in operation within Liberty County as of March 1, 2020.
- Must have incurred a loss of income because of the COVID-19 pandemic.
- For-profit businesses must have in possession an Occupational Tax Certificate (Business License) one year prior to COVID-19.
- Nonprofit businesses must provide documentation of 501(c)(3) status.

Funding

- Grant funding must be used for payroll, rent, mortgage, utility, or COVID-19 mitigation.
- Program period/expenditure timeframe is March 3, 2021 – December 30, 2022, for Phase 1 funding and January 1, 2023 – December 31, 2023, for Phase 2 funding.
- During the program period, proof of payment must be submitted to document eligible use of grant funds.
- The business recipient will be required to certify that the County's assistance is not duplicative of any other funding.

Awards

- Award amounts will be based on the number of eligible applications submitted at the end of the application period.

Recipient Responsibilities

- Enter into a formal, written, funding agreement with the Liberty County Board of Commissioners.
- Provide documentation to support the expenditure of funds within 9 months of receiving funds.
- Make every effort to continue business operations through December 31, 2022, for Phase 1 funding and December 31, 2023, for Phase 2 funding.
- Retain all related records for 3 years after receipt of grant closeout letter.
- Notify Liberty County Board of Commissioners of business or nonprofit closure by letter (from business owner / executive director / chairman of nonprofit board) with last day of operation and detail reason for closure.

Fraud & Repayment

- Applicants are advised that making false statements, concealing information, submitting altered documents, utilizing funds for ineligible purposes, or similar actions are considered fraudulent and may result in repayment of the grant award or other legal actions.

Submission & Deadlines

- Applications should only be submitted by the owner, partner, chairperson, or other authorized corporation member.
- Applications must be submitted using the online platform at **uwce.org/arpa** or by returning a hard copy application to the **Liberty County Office of United Way of Coastal Empire (UWCE) at 301 Olive Street, Hinesville, GA 31313.**
- The **deadline** to complete and return the application is **Friday, April 15th by 5:00 PM**
- Applications will be reviewed in the order received.
- Incomplete applications will not be considered for funding.

OTHER ASSISTANCE RESOURCES

Due to limitations of federal funding, applicants are encouraged to identify and pursue all available resources.

- U.S. Small Business Administration www.sba.gov
- Small Business Development Center www.georgiasbdc.org



Liberty County ARPA Application (Subrecipient Agreement)

Instructions: Write clearly, provide responses for each field, and submit all required documents.
Incomplete applications will not be processed.

Hard copy applications must be submitted by (1) hand delivery or (2) mail to **Liberty County Office of United Way of Coastal Empire (UWCE), 301 Olive Street, Hinesville, GA 31313**. Submissions must be RECEIVED by **April 15th, 2022, at 5:00 PM**. Postmarks will not be considered.

OWNER / PARTNER / CHAIRPERSON / AUTHORIZED MEMBER SUBMITTING APPLICATION

Name: _____

Address: _____

Phone: _____

Email: _____

BUSINESS INFORMATION

Business/Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Opening date at this location: _____

Website: _____

Facebook: _____

Instagram: _____

Twitter: _____

Structure: ___ Sole Proprietor ___ Partnership ___ LLC ___ Corporation

Business Type: ___ Retail ___ Health/Beauty ___ Entertainment ___ Restaurant

___ Other: _____

Total Current Paid Full Time Positions: _____

Total Current Paid Part Time Positions: _____

PREVIOUS LOCATION (IF APPLICABLE)

Address: _____

City/State/Zip: _____

ADDITIONAL BUSINESS INFORMATION

Is the business currently closed? ___ Yes ___ No

If yes, expected re-opening date: _____

Has the business applied for other financial resources? If so, detail the resources and status of those resources. If funding has been received, detail how the funds were used and whether all funds have been exhausted.

Describe why the business needs assistance. Be as specific as possible. Detail any closures, reduced capacity requirements, or reduced income resulting from the effects of the COVID-19 pandemic.

What adjustments has the business made to sustain operations during the COVID-19 pandemic?

REQUIRED ATTACHMENTS (Please include the following items and check them off as they are attached)

- ___ 2020 Liberty County Business License
- ___ 2021 Liberty County Business License
- ___ 2019 Business Tax Return
- ___ 2020 Business Tax Return

OPTIONAL ATTACHMENTS

___ Attach payroll, rent, mortgage, utility, or COVID-19 mitigation expenses incurred March 3, 2021, through the application period that Liberty County Board of Commissioners funding will be used for. **Be sure that items HAVE NOT and WILL NOT be funded or reimbursed by any other source.**

Businesses and nonprofit organizations wishing to establish eligibility for payments to owner/managers should submit at least 3 periodic payments occurring within the last year and prior to December 31, 2022.

CERTIFICATIONS & ACKNOWLEDGEMENTS

Initial Each Statement

___ I certify that this American Rescue Plan assistance is not duplicative of other public or private funding received.

___ I certify that this American Rescue Plan assistance will be used for payroll, rent, mortgage, utility, or COVID-19 mitigation efforts associated with the business/company.

___ I certify that the business/company will make consistent and assertive efforts to continue operations through March 1, 2023.

___ I certify that I am not aware of any conflicts of interest that exist between the business/company, myself, or any other person who is an employee, agent, consultant, officer, elected official, or appointed official of Liberty County and is in the position to participate in a decision-making process or are responsible for the administration or oversight of the Small Business Recovery Program.

___ I acknowledge that, if selected, a formal agreement will be signed with Liberty County.

___ I acknowledge that, if selected, the program requires that a Lawful Presence Affidavit and IRS Form W-9 be completed in order to receive payment.

___ I understand that making false statements, concealing information, submitting altered documents, utilizing funds for ineligible purposes, or similar actions are considered fraudulent and may result in repayment of the grant award or other legal action. I also understand that failure to submit timely and adequate documentation may result in repayment of funds received.

___ I certify that I will provide a nine (9) month financial report on the use of the funds.

AUTHORIZED SIGNATURE

Original, 'wet signature' required.

By signing and submitting this document, I certify that I am either a sole proprietor, general partner, member, executive director, or chairman of the aforementioned LLC/Corporation/ Nonprofit. Further, I have made the necessary notifications and received the appropriate authorization to submit an application on behalf of the business/company. I attest that I have thoroughly reviewed the application. The information presented is true and accurate.

Printed Name: _____

Signature: _____ Date: _____

THE DEADLINE TO SUBMIT AN APPLICATION IS 5:00 PM APRIL 15, 2022.

Hard copy applications must be submitted by (1) hand delivery or (2) mail to **Liberty County Office of United Way of Coastal Empire (UWCE), 301 Olive Street, Hinesville, GA 31313**. Submissions must be RECEIVED by **April 15th, 2022, at 5:00 PM**. Postmarks will not be considered.