AGENDA

Independence City Commission

April 2, 2020

Veterans Room Memorial Hall 5:30 PM

It is encouraged to watch on City of Independence Kansas Facebook Live @IndependenceKs or call in: +1 785-289-4727 (Toll) Conference ID: 286 669 130# Please note the number of participants that exceed the Governor's Executive Order will be asked to step out.

I. Call To Order

A. Consider Authorizing An Emergency Grant Program As Recommended By The Economic Development Advisory Board.

Documents:

RCA EMERGENCY GRANT PROGRAM_04.02.2020.PDF

II. ADJOURNMENT

REQUEST FOR COMMISSION ACTION
CITY OF INDEPENDENCE
April 2, 2020

Department Administration/Finance **Director Approval** Kelly Passauer/Lacey Lies

AGENDA ITEM Consider authorizing an Emergency Grant Program as recommended by the Economic Development Advisory Board.

SUMMARY RECOMMENDATION Approve to fund Emergency Grant Program as outlined below.

BACKGROUND In response to the COVID-19 pandemic, the City's Economic Development and Advisory Board recommends funding an Emergency Grant Program which would provide a $5,000 grant to certain hospitality and small retail businesses that have been negatively impacted by the COVID-19 pandemic.

Eligible Businesses:

- Hospitality Industry (excluding hotel/motel)
    - Defined as restaurant and small retail (businesses that sell goods)
- Located within the City limits with a permanent address (brick and mortar business location excluding home businesses)
- Owner/Franchisee must live within Montgomery County
- Must hold a current City business license
- Must have been open and operating at the time of the COVID-19 pandemic
- Must reopen within 60 days after the Governor rescinds the Executive Order(s) restricting residents and businesses due to the COVID-19 Pandemic
- Must have been negatively impacted by the COVID-19 pandemic

Applications should be submitted to laceyl@independenceks.gov by 5 pm on Monday, April 6th for review. Applications will be numbered as received and awarded on a first come, first served basis for those that meet all eligibility criteria.

BUDGET IMPACT The Emergency Grant Program will be funded first from the Incubator Fund and then by the Economic Development & Transportation Fund, up to $400,000.

SUGGESTED MOTION I move to approve the Emergency Grant Program as outlined.

SUPPORTING DOCUMENTS Application

Emergency Response Grant Application

Date:

COMPANY INFORMATION			
Legal Name of Business:		Type of Business:	
Primary Contact Person:		Mobile Phone:	
Email:		Business Phone:	
Website:		Social Media:	
Home Address of Owner:			
Business Street Address:			
Date business established:		# of Owners:	
NAICS Code:		Business EIN:	
Is your business a Hospitality based company?	Yes/No/Unknown	Is the mailing address different than the Business Street Address?	Yes/No/Unknown
Business Structure (LLC, Sole Proprietorship, Inc.):		Does the applying business have a related operating or holding company?	Yes ☐ No ☐ Unknown ☐ Name:
Voluntary Demographics	GENDER ☐ Male ☐ Female	VETERAN ☐ YES ☐ NO	RACE/ETHNICITY ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White
Total Grant Requested (Max $5,000):			
Will this program help sustain your business or re-open after this crisis?			
List any and all other funding you are currently seeking, including but not limited to Bank loans, SBA loans, Public or private loans, grant funding, etc.	☐ SBA PPA: ☐ EIDL: ☐	☐ Banker/Financing	☐ Network Kansas/HIRE
	☐ City	☐ Main Street	☐ Foundation
	☐ E-Community	☐ MCAC	☐ Other
Jobs Retained:	**Full Time:**	**Part-Time**	
Average Wages:	**Full Time wages:**	**Part-Time Wages:**	
Will Full or Part-Time jobs be retained as a result of the funds?	Yes/No/Unknown	**What is your annual payroll?**	**Prior Year Revenues:** **Year:** **Revenue:**
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?	Yes/No/Unknown	**Bank (or other organization) name:**	

Please provide a description of the services provided by your business:	
Please provide a short description of how COVID-19 is negatively impacting the business (e.g. weekly sales average drop for restaurants, occupancy rate drop for hotels, etc).	
Describe how the use of funds enhances the ability of this business to survive.	
What types of working capital will the funds be used for (e.g. commercial loan payments, commercial lease payments, utilities, payroll, accounts payable, etc.)?	
Please list any other business resource partners that the business is working with if any (e.g. small business development centers, MCAC, industry or trade services).	

I certify the information submitted is true and accurate; that I have a valid City Occupation Business License #_____; that my business has a permanent address within the City limits that is not a residence; that my business sells product(s); that my business is owned and operated by a Montgomery County, KS resident; that my business has been negatively impacted by the COVID-19 Pandemic; that I agree to have my business open within sixty (60) days after the Executive Order(s) restricting residents and businesses due to the COVID-19 Pandemic are rescinded by the Governor; and that if any information provided is not correct, or if my business is not reopened, any moneys received must be returned to the City within sixty (60) days of being notified by the City that I am not in compliance with this grant agreement.

_____ Business Owner Signature

_____ Date Signed

_____ Printed Name

_____ Printed Title