



# MuleshoeCARES

## Small Business Grant Program



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In an effort to assist small local businesses impacted by COVID-19, the City of Muleshoe and the Muleshoe Economic Development Corporation have developed the *Muleshoe Cares Small Business Grant Program*.

The purpose of the program is to assist businesses who encountered significant impacts due to COVID-19 which resulted in required closures, voluntary closures to promote social distancing, or decreased customer demand. Qualifying businesses will be eligible to receive a one-time grant of up to \$2,500. Grant awards will be available as a reimbursement for the unexpected expenses incurred on or after March 24, 2020 (date of Mayoral Disaster Declaration) due to COVID-19.

Applications will only be accepted between October 19, 2020 through October 30, 2020.

### **ELIGIBILITY**

- Must be a locally owned, independent business responsible for all revenues and expenses
- Must have a physical and publicly accessible location within the Muleshoe, Texas City Limits
- Must have been in operation for at least 1 year prior to March 24, 2020
- Business has no more than fifteen (15) employees
- Business remained continuously open to the public through normal business hours unless required to close business to public access due to the COVID-19 public health emergency or was required to close its business to public access until authorized to re-open pursuant to the applicable executive order of the Governor of the State of Texas, Bailey County declaration of local disaster and/or City of Muleshoe declaration of local disaster
- **NONELIGIBLE:** Nonprofit organizations, home-based businesses, gambling establishments

### **ELIGIBLE USES**

Grant funds shall be used to reimburse the unexpected business expenses due to COVID-19. Applicants must provide receipts, invoices, and/or canceled checks from business expenses, occurring on or after March 24, 2020, to the City Manager by October 30, 2020. Receipts, invoices, and/or canceled checks must show an aggregate amount of \$2,500 for reimbursement.

Funds can be used towards any of the expenditure examples listed below:

- Personal protective equipment (PPE), hand sanitizer, business modifications related to COVID-19 (e.g. plexiglass installation, contactless payment devices, etc.).
- Working capital and overhead operations, payroll, rent, technology, short-term uses of cash for business operations, utilities, etc.

- Inventory and raw material necessary for the continued operations, etc.
- Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act

## **REQUIRED DOCUMENTS**

1. Form W9
2. **ONE** of these two documents:
  - a. Most recent quarterly wage report filed with the Texas Workforce Commission showing number of employees
  - b. IRS Form 941 for 2020 Quarter 2 (April, June, July)
3. Must provide copies of Receipts, Invoices, and/or Canceled Checks showing the aggregate amount of \$2,500 supporting business expenditures between March 24, 2020 through October 30, 2020

## **APPLICATION PROCESS**

Please submit completed applications and supporting documents to Ramon Sanchez, City Manager, in person at Muleshoe City Hall or by email to [rsanchez@muleshoetx.org](mailto:rsanchez@muleshoetx.org).

Application documents will be available on the City of Muleshoe website beginning October 15, 2020. Applications will be reviewed by the Muleshoe Cares Grant Committee.

**Applications will only be accepted between Monday October 19, 2020 through Friday October 30, 2020.**

## **TERMS & CONDITIONS**

Grant recipients shall utilize their social media business account(s) to promote the City of Muleshoe and the Muleshoe Economic Development Corporation, and the economic advantages of doing business in Muleshoe. Recipients will receive a picture and instructions for posting on their social media page(s). Recipients may be asked to display a printout sign at their business location promoting the City of Muleshoe and the Muleshoe EDC. If a business does not have a social media account, please contact Carina Reyes.

## **REPORTING**

A 6-month report will include an update on business and how Muleshoe Cares funding assisted in recovery.

## **QUESTIONS**

Contact: Carina Reyes, Director of Economic Development  
Phone: 806-272-7455  
Email: [creyes@muleshoetx.org](mailto:creyes@muleshoetx.org)

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## Small Business Grant Program

### Application

#### **BUSINESS INFORMATION**

Business Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Date Business was Established: \_\_\_\_\_

Number of Employees (FTE & PTE): \_\_\_\_\_

Form of Business:     Sole Proprietor                       LLC                       Other \_\_\_\_\_  
                                  Partnership                                       Corporation

List all owners of Business with greater than 20% ownership stakes.

Owner Name	Title	Ownership %	Address

#### **APPLICANT INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: (City, State, Zip Code) \_\_\_\_\_

Please provide a brief explanation of what adverse economic impacts COVID-19 had on the operations of your business and how this grant will provide assistance for business interruptions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **QUESTIONS**

- Was your business required to close its doors and/or reduce its operational capacity in compliance with any of the Texas Governor’s Orders (GA-08, GA-14, GA-16, GA-18, GA-21, GA-23, GA-26, GA-28, GA-30)?
- Is your business or any of its owners currently in bankruptcy or declared bankruptcy in the last 12 months?
- Have you applied and received other COVID-19 economic assistance through other Federal or local government agencies (e.g. Economic Injury Disaster Loans, Paycheck Protection Program, and/or Federal Emergency Management Agency funding)?
- Are you, or any person acting as an agent for the business, related (by blood or marriage) to an employee of the City of Muleshoe, an elected official of the City of Muleshoe, or a member of the Muleshoe EDC?  
\*If yes, list name(s) and affiliation(s): \_\_\_\_\_

**Yes    No**


**ATTACH**

1. Form W9
2. **One** of these two documents:
  - a. Most recent quarterly wage report filed with the Texas Workforce Commission showing number of employees
  - b. IRS Form 941 for 2020 Quarter 2 (April, June, July)
3. Must provide copies of Receipts, Invoices, and/or Canceled Checks showing an aggregate amount of \$2,500 supporting business expenditures between March 24, 2020 through October 30, 2020

**By Signing Below, You Make the Following Representations, Authorizations, and Certifications**

The Business and each 20% or greater owner must certify in good faith to all of the below by **initialing** each:

- \_\_\_\_\_ Business is registered to conduct business in the State of Texas (i.e. Texas Comptroller's Office and/or Texas Department of State Health Services)
- \_\_\_\_\_ Business is in good standing with the City of Muleshoe regarding licensing and permits and is current on all local *ad valorem taxes* or *hotel occupancy taxes* (if applicable)
- \_\_\_\_\_ Business remained continuously open to the public through normal business hours unless required to close business to public access due to the COVID-19 public health emergency or was required to close its business to public access until authorized to re-open pursuant to the applicable executive order of the Governor of the State of Texas, Bailey County declaration of local disaster and/or City of Muleshoe declaration of local disaster
- \_\_\_\_\_ I will comply with the requirements of the *Muleshoe Cares Small Business Grant Program* including the TERMS AND CONDITIONS and REPORTING
- \_\_\_\_\_ I authorize the City of Muleshoe and the Muleshoe EDC to publicize my business as being a supporter of the City of Muleshoe and the Muleshoe EDC as a premium market for economic development
- \_\_\_\_\_ All requests for grant reimbursement must be submitted to the City Manager by October 30, 2020. All requests must be accompanied by supporting documentation for reimbursement (e.g. receipts, invoices, canceled check)
- \_\_\_\_\_ I further certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate
- \_\_\_\_\_ I acknowledge that the City of Muleshoe and the Muleshoe EDC will determine the amount of the eligible grant

\_\_\_\_\_  
Signature of Authorized Representative of Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Owner of Applicant Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name