



# THE CITY OF ST. LOUIS SMALL BUSINESS GRANT FUND



## Introduction

Applying for this grant is free. Please email [sldc-grants@stlouis-mo.gov](mailto:sldc-grants@stlouis-mo.gov) if you have questions.

**Purpose:** The City of St. Louis, through the use of Coronavirus State and Local Recovery funds, has established a Small Business Grant Fund to assist small businesses that have been adversely impacted and/or disproportionately impacted by the COVID-19 pandemic. Funding for this State and Local Fiscal Recovery Funds (SLFRF) small business grant program is contingent upon approval of the allocation from the City of St. Louis through the Community Development Administration (CDA).

Examples of adverse impact include but are not limited to:

- Decreased revenue or gross receipts
- Financial insecurity; Increased costs
- Challenges covering payroll, rent, mortgage, and other operating costs
- Capacity to weather financial hardship

Before continuing, please **be sure you have a copy of your current Business License issued by the City of St. Louis License Collector**. You will also need to have your **Federal Employer Identification Number (FEIN)** which is the number assigned by the IRS to your business **OR** your **Social Security Number** if you are a sole proprietorship. This information will be submitted on your W-9. **A completed W-9 is required** to apply.

Please know that in order to be eligible, your business must meet all of the below criteria:

- 25 or fewer employees
- Primary place of business must be located in the City of St. Louis. Small businesses are presumed disproportionately impacted by the pandemic if they are operating in a HUD Qualified Census Tract (QCT) within the City limits. Please visit the link below to determine whether or not you are in a HUD Qualified Census Tract: [https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)
- Must have been adversely impacted as a result of COVID-19 if your business is not located within a QCT.
- Owners do not have a conflict of interest (no City employees or immediate family)
- Does not discriminate per City of St. Louis ordinances
- Must have and maintain an active City of St. Louis Business License at time of application and receipt of grant funds
- Cannot be barred from receiving federal funds
- Must be current on all City taxes
- Businesses that DID NOT receive a \$5,000 grant from the St. Louis Local Development Corporation Cares Act Grant Fund will receive priority in grant awards.

**Businesses listed below are NOT eligible for this program. Please do not apply if your business is not eligible.**

The following businesses are **NOT** eligible to apply:

- Banks & Financial Institutions
- Law Firms & Attorneys

- Physicians, Dentists, Surgeons, Optometrists, Chiropractors, & Veterinarians
- Insurance Brokers & Agents
- Real Estate Brokers & Sales Agents
- Architects, Engineers, & Land Surveyors

In addition to completing this application in its entirety, please submit the following documents:

- A copy of your W-9
- A copy of your current Business License
- An approved CBI form
- Bank or income Statements demonstrating adverse economic impact resulting from Covid-19. Evidence of a reduction in gross receipts from 2019 to 2021 will also suffice to demonstrate adverse economic impact. **(Required for businesses NOT operating in one of the federally designated areas presumed to be disproportionately impacted.)**

You are strongly encouraged to contact the Collector of Revenue and the License Collector's Office if you are not sure about your standing. If your application is rejected because of any delinquencies, you will need to apply again after resolving any outstanding issues. Below is the contact information for both offices.

Collector of Revenue City of St. Louis  
City Hall  
1200 Market Street  
Room 102-104  
St. Louis, MO 63103  
Phone: 314 622-4111  
Fax: 314 622-4413

<https://www.stlouis-mo.gov/collector/>

License Collector's Office  
1200 Market Street  
Room 110  
St. Louis, MO 63103  
Email: [lco@stlouis-mo.gov](mailto:lco@stlouis-mo.gov)  
Phone: 314- 622-4528  
Fax: 314-622-3275

<https://www.stlouis-mo.gov/government/departments/license/>

Items marked with an asterisk (\*) are required.

## Business Overview

**Legal Business Name\*** (Name used for tax reporting purposes)

**Business Trade Name** (Doing Business as Name)  
If different from legal business name

**What year did this business open? \***

**Is this business still operating? \***

- Yes, at or near normal
- Yes, but reduced hours and/or capacity
- Yes, but we are no longer operating out of a brick and mortar building
- No, we are waiting to reopen when the pandemic is under control
- No

**Business Type\***

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Limited Liability Corporation (LLC)
- Cooperative

**Please select whether or not your business falls into any of the following categories: \***

- Banks & Financial Institutions
- Law Firms & Attorneys
- Physicians, Dentists, Surgeons, Optometrists, Chiropractors, & Veterinarians
- Insurance Brokers & Agents
- Real Estate Brokers & Sales Agents
- Architects, Engineers, & Land Surveyors
- None of the above

**How is your business categorized? \***

- Sales
- Service
- Both

**Did this business location receive a grant from the St. Louis Local Development Corporation Cares Act Grant Fund?\***

- Yes
- No

**Does this business currently have a valid City of St. Louis Business License? \***

- Yes
- No

Enter your business license number below. If you have multiple business licenses for the same location, you may enter any one of the license numbers. \*

## Primary Business Address

**Primary St. Louis City Business Street Address\*** (No PO Box)  
Must be within the City of St. Louis

Street Address Line 2  
Apartment, suite, etc.

**City**  
St. Louis

**State**  
MO

**Zip\***

**If the above address is not the mailing address, complete this section**

**Business Mailing Address**

If not the same as above address

Street Address Line 2

Apartment, suite, etc.

City

State

Zip

**Applicant Information**

**Owner Name\***

Please provide the name of the majority owner of this business

**Name of Person Applying\***

**Your Relationship to this Business\***

Business owner or individual acting on the owner's behalf (manager, consultant, bookkeeper/accountant, employee, friend, relative, etc.)

**Your Email Address\***

**Confirm Email Address\***

**Your Phone Number\*** (including area code)

**Alternate Phone Number** (including area code)

**Employees**

Including yourself, please indicate how many full-time equivalent employees (FTEs) your business has\*

Including yourself, please indicate how many part-time employees your business has\*

**Provide a brief description of your business(es)\***

**Use of Funds**

Show how you will use the funds, if awarded. Must add up to exactly \$5,000. Also, these expenditures cannot have already been covered by other Federal resources including SBAs PPP or EIDL programs. (Round amounts to the nearest dollar.)

Payroll	_____
Rent	_____
Mortgage Interest	_____
Utilities	_____
Inventory	_____
COVID-19 Supplies	_____
Personal Protective Equipment	_____

Cleaning Interior/Exterior to Sanitize Facility \_\_\_\_\_

Other (must identify below) \_\_\_\_\_

**Total\*** (must add up to exactly \$5,000) \_\_\_\_\_

**\*Explain what the "Other" funds will be spent on:**

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## Agreements

\*All must be checked to be eligible.

I hereby certify that:

- All of the information I have provided is true, accurate and complete.
  - I have the authority to submit this application.
  - This business is not listed in the above categories of businesses that are not eligible to apply for this grant.
  - No elected or appointed officials of the City of St. Louis, employee of the St. Louis Development Corporation, or board members of The St. Louis Local Development Company or any of their immediate family members have an ownership interest in this business. Immediate family ties include (whether by blood, marriage, or adoption) the spouse, parent (including a stepparent), child (including a stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, and in-laws.
  - This business does not unlawfully discriminate because of race, creed, religion, color, gender, sexual orientation, gender identity, national origin, age, marital status, disability, or any unlawful basis.
  - This business has been significantly impacted by the COVID-19 pandemic.
  - If this business is delinquent on any payments or reports due to the St. Louis City Collector of Revenue, it acknowledges that it must satisfy any and all such delinquencies before receiving any grant funds. Furthermore, if this application is rejected for any reason, including but not limited to submitting an incomplete application, this business acknowledges that it must clear up all deficiencies and then reapply for this grant after doing so.
  - The use of funds identified above were not previously covered by other Federal financial assistance programs including the Small Business Administration's Paycheck Protection Program (PPP) or Economic Injury Disaster Loan (EIDL). This grant cannot duplicate payment for costs from other federal benefits received.
  - I understand that any false statements, representations, or submissions may disqualify this application and business from grant consideration.
  - Grant funds will not be used for any ineligible purpose inconsistent with the Final Rule, which may include using funds to satisfy a judgement or settlement. A copy of the Final Rule can be found at the following link. <https://www.govinfo.gov/content/pkg/FR-2022-01-27/pdf/2022-00292.pdf>
  - I agree to keep a record of how these funds have been used for a minimum of five years. I also agree to SLDC's right to perform an audit of these funds if deemed necessary.
  - I consent to receiving emails and/or calls from third party partners collecting information/feedback about the application process and how the funds were utilized.
  - Along with this application, I am submitting the following documents:
    - A copy of my W-9
    - A copy of my current Business License
    - An approved CBI form
    - Bank or income Statements demonstrating adverse economic impact resulting from Covid -19. OR A completed and signed COVID-19 adverse impact certification.
  - I authorize St. Louis Development Corporation (SLDC) to check the status of my business license.
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- I understand that any false statement, representations, or submissions may disqualify this application and business from grant considerations.

The undersigned believes the statements presented in this submission are true and correct to the best of my knowledge and belief, and that I am subject to the penalties provided under section 575.040 RSMo. for making a false declaration under Section 575.060 RSMo.

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Print Name

Signature

Date

**THIS SECTION IS FOR SLDC OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_