

# LEXINGTON SMALL BUSINESS ECONOMIC STIMULUS PROGRAM

Amount of funding requested:

Grant proceeds to be used for:

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(Attach receipts or documentation)

## SECTION A – BUSINESS APPLICANT INFORMATION

Business type:

Business industry:

Healthcare

Accommodation & Food Service

Retail

Construction

Transport/Warehouse/Manufacturing

Information Technology

Finance & Insurance

Other:



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Applicant name:

First Name

Middle Name (optional)

Last Name

Business legal name:

business license number:

Business telephone number:

Applicant email address:

Federal EIN:

Date business opened in Lexington:

Address

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Address Line 1

Address Line 2

City

State

ZIP Code

Employees on Jan. 1, 2020 (fte):

Employees on March 31, 2020 (fte):

Employees on date of application (fte):

Monthly payroll Jan. 2020:

Monthly payroll March 2020:

Monthly payroll month of application:

## SECTION B – BUSINESS OWNERSHIP AND ADDITIONAL INFORMATION



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Create and upload a document that lists all individuals with 10% or more ownership in the company. The document should include individuals full name, address, percentage of ownership and any disclosures.

Disclosure Notations:

*Gender: M=Male; F=Female; X=Not Disclosed*

*Race: 1=Black or African American; 2=White or Caucasian; 3=Other*

*Ethnicity: H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed*

*Veteran: 1=Veteran; 2=Non-Veteran; 3=Service Disabled Veteran*

Ownership document

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**Kentucky secretary of state business filing information:**

Company name:

Company organization number:

Company status

Company type:

Did business received funding under small business administration payroll protection program (PPP)

Yes



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If yes please fill in additional information requested:

Amount of PPP loan:

Date of PPP loan award:

Use of PPP loan funding as awarded:

Is business currently receiving/participating in any other incentive program offered by Lexington-Fayette Urban County Government:

Yes

No

if yes, list the type of incentive program:

Ex: Lexington Jobs Fund, Kentucky Business Investment Local Payroll Tax Rebate, Tax Increment Financing Program

## SECTION C - LOAN REPRESENTATIONS AND CERTIFICATIONS OF GRANTEE

Check each item below with signature at bottom of this section \*

I agree to file compliance reports with Lexington-Fayette Urban County Division of Revenue by January 10, 2021 (for period up to December 31, 2020) and by July 10, 2021 (for period January 1, 2021 – June 30, 2021)

I understand that if the funds are knowingly used for unauthorized purposes, Lexington-Fayette Urban County Government may pursue recovery of grant amounts and/or civil or criminal fraud chargers



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I have submitted to the Grantor the required documental verifying costs incurred after March 8, 2020 and eligible reimbursable business costs.

The information provided in the application and the information provided in all supporting documents and forms is true and correct in all material respects. I understand that knowingly making a false statement to obtain the grant award shall cause Lexington-Fayette Urban County Government to seek recovery of the grant amount plus interest and penalties.

I understand, acknowledge, and agree that Lexington-Fayette Urban County Government, or their agent, may request additional information for the purposes of evaluating the Grantee’s eligibility for the Lexington Small Business Economic Stimulus Program, and the Grantee’s failure to provide information requested by Lexington-Fayette Urban County Government, or their agent, shall result in determination that the Grantee applicant is ineligible for the grant funding and thus denial of the application.

The Grantee’s eligibility for the Lexington Small Business Economic Stimulus Program will be evaluated in accordance with the Program regulations and guidance through the date of this application. Lexington-Fayette Urban County Government, or their agent, may disapprove the application if they determine that the Grantee was ineligible for the grant program.

Grantee’s who are women or minority owned businesses will have their contact information shared with the Lexington-Fayette Urban County Division of Purchasing for future information about doing business with or contracts with Lexington-Fayette Urban County Government.

Electronic Signature of Authorized Business Representative of Owner

Date/Time

[\[clear\]](#)

Use your mouse or finger to draw your signature above

Name

Title

First Name



Are you currently, or have you in the last year, received any other funding from LFUCG?

Yes

No

If yes what was the funding used for:

## SECTION D – GRANT REQUEST INFORMATION

Attached a document with detailed listing of expenses business is requesting reimbursement (include receipts or proof of purchase in this document):

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## SECTION E – GRANT DOCUMENTATION REQUIRED (PLEASE LABEL AND ATTACH DOCUMENTS TO APPLICATION)

Grant amount requested and detailed allocation of funds including receipt documentation for any equipment, personal protective equipment other COVID-19 purchase

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Business financial statement for previous quarter

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Year-To-Date Profit & Loss (P&L) Statement

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Proof of business ownership

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### Projected employment and payroll for the next twelve months

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Submit Form