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The Gateway Resilience Fund providing relief for employees and owners of small businesses in the St. Louis region Application

All information contained in this application is confidential.

The Program: The Gateway Resilience Fund makes grants to support employees, essential contractors, and owners of small businesses in the St. Louis region who are experiencing a financial burden due to a disaster or other extreme situation.

Eligibility: You are eligible to apply if you meet both of the following conditions:

- You are an employee, essential local contractor, or owner of an independent bar, restaurant, entertainment venue, retail establishment, or other small locally owned business in the St. Louis region
- You have experienced financial burden due to the coronavirus pandemic, a qualifying event.

In addition, a gift from the St. Louis Downtown Community Improvement District (CID) allows the Fund to make \$5,000 grants to affected small, locally owned businesses in its 180-block area. Small businesses in this area with at least 5 employees and 2 years in business are eligible to apply.

Grant options for individual support: \$1,000 direct payment of bills to vendor Or \$500 check mailed to applicant.

Application: To be considered for grant support, read, print, and complete all pages of this application.

If you need help completing the application, contact GRF@stlgives.org. Solicitudes aceptadas en español.

- Attach current bills or invoices if you want them paid directly.
- Submit complete, signed application with all required documentation by methods on bottom of page three.
- Checks to applicant will be mailed directly to you at the address below. Vendor checks are mailed directly to the vendor.
- You will be notified of your application status as quickly as humanly possible. Depending on volume of applications, turnaround could take several days. Please be patient with us. This is a new reality for us all.

SECTION 1: INFORMATION ABOUT YOU

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Applicant Name (print clearly):			☐ Employee	☐ Contract Employee
			☐ Employer	☐ Business Owner
			☐ Self-emplo	yed
Mailing Address:				
				Г.
City:			State:	Zip:
Preferred phone: ()	Email:			
(if we have questions,		we will email you)		
	Have you applied to this program before? ☐Yes ☐No			
INFORMATION ABOUT WHERE YOU WORK				
Employer or Business name (if self-employed, write ye	Qualifying sector: ☐ restaurant ☐ bar ☐ entertainment/music			
		☐ retail, selling:		
Business owner's name:	☐ service (childcare/ eldercare/ cleaning/hair/etc.)			
		☐ Other small business	, specifically:	
Employer preferred phone: ()	Your position, title, or role:			
Employer email:				
Business physical address, including zip code (CID grant do	Is this your primary source of income?			
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Foundation and Ductions Comment		Formula control Description		
Employers and Business Owners:	Employers and Business Owners: When was your business			
Please provide the number of your employees:	established?			

SECTION 2: DESCRIBE YOUR SITUATION SECTION 3: SPECIFIC REQUEST Type of Support South of Support Suppo	Applicant Name, printed clearly:						
Type of Support \$500 Direct support as a check mailed to the address on the front. If this is an issue, tell us how in the box above. Up to \$1,000 paid directly to vendors *. See below for eligible expenses. Business owners in the STL CID applying for \$5,000 business support must attach a copy of current business license showing City address. *Grants paid to vendors in response to an unpaid bill or invoice for eligible expenses. Examples of eligible expenses: rent, mortgage lease or occupancy payments home health care travel related to work temporary housing expenses medical equipment credit card payments security deposits for new housing counseling cable, phone or internet utility bills (electricity, heating, water, etc.) child care services insurance premium payments medical expenses not covered by insurance car payments student loans, expenses, or tuition funeral expenses for immediate family car repair equipment or other business expenses *The Program cannot make grants for legal fees, collection agency requests, grave markers or repairs due to negligence, misuse, or neglect. List bills in preference order, and attach bill, invoice, lease or mortgage coupon: Vendor Name and amount requested: Vendor Name and amount requested: Vendor Name and amount requested:	SECTION 2: DESCRIBE YOUR SITUATION						
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Vendor Name and amount requested: Vendor Name and amount requested: Vendor Name and amount requested:							
Vendor Name and amount requested:		e or mortgage coupon:					
Vendor Name and amount requested:	Vandar Name and amount requested:						
	venuoi Name anu amount requesteu.						
Vendor Name and amount requested:	Vendor Name and amount requested:						
	Vendor Name and amount requested:						

IMPORTANT: If you are asking the Gateway Resilience Fund to pay your bills, include with your application the following:

• Bill, invoice, lease, or mortgage coupon that includes your name, account number, amount due and mailing address.

Grant Payment: If an application is approved, payment will be made within a few days.

- Grants paid to the applicant will be made by check. If you cannot receive a check, explain the issue in the box above.
- Vendor(s) will be paid by check. Payments will include your account number, if applicable, and a copy of the bill or invoice you provided with the application.
- Businesses receiving CID grants will be paid by check mailed to the business address on page 1.

Applican	t Nam	e, printed clearly:			
			SECTION 4: THE FINE PRINT	т	
An applicat	tion doe	es not guarantee grant support.			
		ded in this application will be confide asked to confirm that you are eligible	ential between you and the St. Louis e for support.	Community Foundation	on. Your employer or former
Foundation	n to veri	ify information provided in connection	e paragraphs above; that the information with processing this application; a pociated with the denial of or funding	and releases the St. Lo	
Signature	: :				
		Applicant Signature		Date	
Before you	u submit	t, complete the Application Checklis	st for your own peace of mind:		
	read th	e requirements and I feel that I qual	lify		
			14-588-8200 with any questions I had	d	
		eted Sections 1, 2 and 3 with all the d	•		
		•	ion for each vendor listed in Section	3.	
	read Se	ection 4 thoroughly, and signed and o	dated my application		

The Gateway Resilience Fund was established in 2020 to provide emergency relief to employees, owners and essential contractors of restaurants, bars, entertainment venues and other small independent, locally owned businesses in the St. Louis region in response to the coronavirus pandemic. Special funding allows eligible St. Louis City businesses to apply for CID grants.

☐ I am emailing or mailing my entire application and supporting documentation to The Gateway Resilience Fund at the St. Louis Community

The fund encourages gifts from individuals, foundations, and companies who believe in the power of community members helping each other. All gifts qualify as a charitable contribution. Give at stlgives.org/covid19/gateway-resilience-fund

The Gateway Resilience Fund is a component fund of the St. Louis Community Foundation, a 501(c)(3) public charity. The Foundation inspires purposeful philanthropy that connects community and donors to build and preserve a more equitable and vibrant region. Neither the Gateway Resilience Fund nor the Foundation discriminates on the basis of race, religion, creed, national origin, gender, age, color, gender identity, veteran status, physical or mental disability or any other protected class.

The St. Louis Community Foundation is solely responsible for all decisions regarding charitable distributions from the fund.

Submit your completed, signed application with supporting documentation through one of these channels.

EMAIL: to GRF@stlgives.org

Foundation

MAIL to: Gateway Resilience Fund

☐ I am keeping a copy of my application for my files (take a picture of each page!)

St. Louis Community Foundation

#2 Oak Knoll Park St. Louis, MO 63105



FAX: You may fax your application to **314-588-8088** but you MUST email <u>GRF@stlgives.org</u> to alert us of the fax. Failure to email this information could result in significant delays.

DROP OFF: Applications may be dropped off into the secure mailbox at #2 Oak Knoll Park, 63105. The mailbox is located on the arched door, at the top of the wheelchair ramp, to the right of the front door. You must email GRF@stlgives.org to alert us you have dropped off your application.

stlgives.org/covid19/gateway-resilience-fund