

# VERSAILLES ECONOMIC RECOVERY ASSISTANCE PHASE 2 APPLICATION

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The American Recovery Plan Act has provided local governments with recovery funds due to the ongoing COVID-19 pandemic. The City of Versailles has determined that the continued operation of our small businesses is a necessary expense. Please complete this application for consideration of a grant to aid with hardships experienced during this pandemic. Details may be found on the City of Versailles website at [www.versailles.ky.gov](http://www.versailles.ky.gov).

## Section A - Business Information:

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

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

Mailing Address:  
*(if different than above)* \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

If franchise or chain, name and address of ownership amounting to at least 51% living in Woodford County: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Please check all that apply:                      minority-owned                         women-owned                         veteran-owned  

## Section B - Decrease in Revenue:

Please select one time period for which you are applying:

January 1, 2020 - December 31, 2020     
(compare to calendar year 2019)

July 1, 2020 - March 31, 2021     
(compare to July 1, 2019 - March 31, 2020)

1. Revenue received during selected time period:                      \$ \_\_\_\_\_  
(January 1, 2020 - December 31, 2020) or (July 1, 2020 - March 31, 2021)

2. Total of grants or forgivable loans received:                      \$ \_\_\_\_\_

3. Revenue received during comparable time period:                      \$ \_\_\_\_\_  
(January 1, 2019 - December 31, 2019) or (July 1, 2019 - March 31, 2020)

Please attach documentation supporting the amounts reported above.  
Documentation may include tax returns, system generated reports, or bank statements.  
All information reported on this application, and any supporting documentation, is confidential.

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**Section C - Owner(s) Certification:**

Any person owning more than 25% of the business listed in Section A must sign below:

I (we) affirm that all information provided on this grant application is true to the best of my (our) knowledge, we have reported all grants or forgivable loans received, I (we) intend to continue this business in operation for at least the next twelve (12) months; and I (we) will use these grant funds for rent, mortgage, utilities, or payroll expenses.

**Owner #1**

Printed Name

Signature

Percentage of Ownership

Address

**Owner #2, if applicable**

Printed Name

Signature

Percentage of Ownership

Address

**Owner #3, if applicable**

Printed Name

Signature

Percentage of Ownership

Address

If you have any questions regarding this application, please contact Mayor Brian Traugott at 859-806-7743 or by email at [btraugott@versaillesky.com](mailto:btraugott@versaillesky.com) or City Clerk/Treasurer Elizabeth Reynolds at 859-873-5436 ext. 123 or by email at [ereynolds@versaillesky.com](mailto:ereynolds@versaillesky.com).

**Applications will be accepted between July 1, 2021 and July 30, 2021.**

Any applications received after July 30, 2021 will not be considered.

Applications can be submitted to Mayor Brian Traugott by mail, email, or dropoff:

City of Versailles  
Attn: VERA Grant Program  
196 South Main Street  
Versailles, Kentucky 40383

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**FOR OFFICE USE ONLY**

**Maximum Eligible Grant Award:**

**Time Period Selected:**

**January 1, 2020 - December 31, 2020**   
(compare to calendar year 2019)

**July 1, 2020 - March 31, 2021**   
(compare to July 1, 2019 - March 31, 2020)

- |   |            |
|---|------------|
| 1. Revenue received during selected time period:<br><small>(January 1, 2020 - December 31, 2020) or (July 1, 2020 - March 31, 2021)</small> | \$ _____   |
| 2. Additional funds received through grants or forgivable loans:  | \$ _____   |
| 3. Total of Lines 1 and 2   | \$ _____   |
| 4. Less: Revenue received during prior year<br><small>(January 1, 2019 - December 31, 2019) or (July 1, 2019 - March 31, 2020)</small>      | - \$ _____ |
| 5. Amount of Lost Revenue   | = \$ _____ |
| 6. Maximum Eligible Grant Award (50% of Line 5)   | \$ _____   |

**Eligibility:**

1. Is the business located inside the city limits of Versailles? \_\_\_\_\_
  
2. If franchise, is it owned 51% or more by a Woodford resident? \_\_\_\_\_
  
3. Less than 50 employees? \_\_\_\_\_
  
3. Is the business current on all business tax filings with the City of Versailles? \_\_\_\_\_
  
4. Does the business have a current business license? \_\_\_\_\_
  
5. Other information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_