



CARES Act Coworking and Incubator Grant Program Application

This is a PDF copy of the application for MTC's CARES Act Coworking and Incubator Grant Program. All applications must be submitted online. A link to the application can be found on MTC's website.

Section 1: Eligibility

1. Is the Applicant a tax-exempt organization?
 - a. Y
 - b. N
2. Does the Applicant operate a physical space dedicated to driving the economic development of the region?
 - a. Y
 - b. N
3. Is the Applicant located in Missouri?
 - a. Y
 - b. N
4. Is the Applicant registered to do business and in Good Standing with the Missouri Secretary of State?
 - a. Y
 - b. N
5. Has the Applicant commenced operations and operated continuously since at least March 1, 2019?
 - a. Y
 - b. N
6. Has the Applicant filed or announced intention to file for bankruptcy, receivership or assignment for the benefit of creditors?
 - a. Y
 - b. N
7. Does the Applicant employ any undocumented workers?
 - a. Y
 - b. N
8. What is the Applicant's area of focus (select all that apply)?
 - a. Coworking facility
 - b. Incubator Facility
 - c. Private Space for Public Use
 - d. Other



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Section 2: Checklist

- Articles of Incorporation/Organization
- State of Missouri Certificate of Good Standing
- Certificate of Authority to conduct business in Missouri (for non-Missouri corporate entities)
- List of equity owners of the Applicant
- List of all subsidiaries or subsidiary interests owned by the Applicant
- List of the Applicant's (a) directors/managers, and (b) officers
- Current Missouri Tax Clearance Certificate
- IRS 501(c)(3) designation letter or letter of support from a Missouri-based University attesting to Applicant's association and alignment with the University's mission
- Annual Financial Statements for the three most recently completed fiscal years
- Most recent interim Financial Statements for current fiscal year
- E-Verify Certification.

Section 3: Applicant Information

Name of Applicant (Organization):

Month/Year of Incorporation:

MO Tax I.D. Number:

FEIN:

Mailing Address:

Program Address:

Point of Contact:

Email address:

Phone Number:

Organization Size (number of employees): Under 5, 6-10, 10-20, 20-50, Over 50

Primary County of Service:



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Additional Counties Served:

Is the Applicant a state-recognized Innovation Center?

Is the Applicant a Missouri Certified Incubator?

Is the Applicant the recipient of an active MOBEC Grant?

Describe the Applicant's relationship with Missouri Technology Corporation, if any.

Describe the Applicant's relationship with the Missouri Department of Economic Development, if any.

Section 4: Program Description

1. Amount of funds requested:
2. Type of Project: coworking facility, incubator, coworking facility & incubator, private space for public use
3. Describe the Applicant's mission and role in driving economic development. Provide key performance indicators related to economic development for the past three years.
4. Describe the Applicant's facility. How it's used, size, etc.
5. Describe the impact that the COVID-19 public health emergency has had on the Applicant. Specifically, the impact on projected revenues (including donations and in-kind services) for this FY compared to the past three FY's and the projected number of clients served for this CY compared to the past three CY's.
6. Describe the Applicant's ability to sustain capacity and operations in the short (this FY) and interim periods (next three FYs), assuming current COVID-19-related safety measures are required through the end of 2021, as well as the Application's efforts toward long-term sustainability.
7. What are the Applicant's immediate needs related to updating the facility to comply with applicable public health emergency guidelines? How will the Applicant spend the grant funding and how will that use of funds translate into economic development gains for your region? Include an outline of the anticipated timeline for making the described facility updates and operational changes.
8. How does the Applicant plan to ensure that its clients are able to access the Applicant's resources safely? How does the Applicant intend to communicate to its clients regarding safety updates? Will the Applicant be leveraging relationships with any other organizations in order to reopen safely (e.g., Public Health organizations, etc.)?
9. Describe all accounting and financial monitoring tools your organization will utilize for taking and requesting grant fund reimbursements, to ensure duplicate expenses are not reimbursed by other federal or state sources.
10. Describe any matching funds (which may be in-kind services and assets) the Applicant has secured to complete this project.



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Section 5: Budget

Due to COVID-19 related closures, many of the State’s non-profit corporation- or University-sponsored coworking and incubator facilities do not have access to the capital required to update physical spaces in accordance with current public health guidelines. The grants made pursuant to this Program are restricted to reimbursing for costs directly associated with updates to comply with applicable public health emergency guidelines, including updating the facilities to adhere to social distancing guidelines, the adoption of enhanced sanitation protocols and acquiring necessary personal protective equity (“PPE”) to protect employees, tenants, and visitors. If any funds will be used for reimbursement of expenses prior to receipt of grant funding, provide evidence of such expenses (invoices, etc.). If a portion of any eligible expenses will be covered by insurance or any federal, state or local government funding program, the Applicant will be required to provide evidence of the allocation of such expenses between all sources of reimbursement,

Please Note: All funds must be expended by November 15th.

Please see Grant Guidelines for more information.

Activity/Expense Category	Amount for Reimbursement from this Grant	Amount for Reimbursement from Matching Funds	Amount Reimbursed by federal, state, local government, or other Grants	Total
Facility Updates * – To meet social distancing guidance. (*Provide a description of changes in the Notes section below)	\$	\$	\$	\$
Enhanced Sanitation Equipment - COVID-19 testing; cleaning supplies; air filters; PPE	\$	\$	\$	\$
Personal Protective Equipment Supplies – supplies needed in excess of pre-COVID-19 levels	\$	\$	\$	\$
Other (*describe below)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$
Describe any Missouri-based vendors the Applicant intends to use:				
Notes:				



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Eligible costs, based on current Treasury guidance, include:

1. new equipment or furniture or upgrades to the facility's shared spaces, including modifications to current furnishings (*e.g.*, installation of plexiglass partitions) to allow maximum social distancing for employees and tenants;
2. new hardware or upgrades to the facility to reduce points of contact (*e.g.*, touchless water fountain, hand sanitizing stations, automatic doors);
3. upgrades to shared conference room equipment to accommodate/encourage participation in remote meetings;
4. upgrades for onsite testing or contact tracing, including purchasing temperature screening equipment or software to allow or enhance contact tracing efforts;
5. additional sanitation supplies or new equipment required for adopting new sanitation protocols;
6. PPE for employees and increased solid waste disposal fees as it relates to the disposal of used PPE;
7. acquisition and installation of new, or upgrades to current, air filtration systems;
8. limited facility redesign that specifically targets mitigation/social distancing; and
9. leasing additional space needed for social distancing.

Note: Treasury guidance may change to expand or contract eligible expenses.

The following are examples of expenses which are ineligible for reimbursement:

- expenses that have been or will be reimbursed under any federal, state or local government funding program;
- overhead expenses that were paid while the facility was closed or access was limited;
- salaries of employees or compensation paid to consultants;
- additional compensation paid to current employees or consultants unrelated to COVID-19-specific sanitation tasks; and
- expenses that have been or will be reimbursed by insurance.

Section 6: Legal

Attach a list of the Applicant's (a) directors/managers, and (b) officers.

Attach a detailed explanation if the Applicant or any of its officers, directors, or beneficial owners is now or within the last ten (10) years:

1. Been delinquent in the payment of any non-protested taxes or any other amount due to the State of Missouri (or any political subdivision thereof) or federal government.
2. Filed for or publicly announced its intention to file for bankruptcy protection.



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3. Been barred or disqualified from contracting with any state, federal government, or any local municipality, or any political subdivision thereof.
4. Been found to employ an unauthorized alien.
5. Been informed of any investigation respecting personal or business actions or inactions that might give rise to a possible violation of state or federal criminal, securities, or competition laws.
6. Been convicted of or under indictment for any criminal offense other than a misdemeanor.
7. Had a business or professional license suspended, revoked, or surrendered voluntarily.

Section 7: Conflict of Interest

Confirm Applicant Has Reviewed MTC's Conflict of Interest Policy (as amended on October 25, 2010) and Current List of Employees and Directors.

Disclose Any Known or Potential Conflicts of Interest Respecting the Applicant and MTC.

Section 8: Certifications

By submitting this application, the Applicant certifies that:

1. The Applicant has reviewed the applicable program description and MTC's investment review process, which are available at www.missouritechnology.com.
2. The Applicant understands that submitting false or misleading information in connection with this application may result in the applicant being found ineligible for participation in the program.
3. MTC reserves the right to request any additional information at any time in connection with its evaluation of this application.
4. MTC is subject to the Missouri Open Records Act and that information the Applicant deems to be confidential and a "closed record" in accordance with that Act shall be clearly marked and stamped. A standard Non-Disclosure Agreement is also available upon request.
5. Any funds received under the program will only be used for those activities set forth above and the funds will not be used to replace funds from any other source.
6. None of the Applicant nor any of the Applicant's directors/managers or officers is presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from



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participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy.

7. There is no person who is actively engaged in the management of the Applicant who has been convicted of a felony, is currently under indictment for a felony, or is currently on parole or probation.
8. There are no pending or threatened liens, judgments, or material litigation against the Applicant or any person who is engaged in the management of the Applicant that would have a material impact on the viability of the Applicant.
9. The Applicant is not delinquent with respect to any federal, state or local taxes or fees;
10. No portion of any funding provided by the MTC may be used for any prohibited purpose outlined in Section 196.1127, RSMo.
11. MTC tracks the performance and economic impact of projects its funds annually for a period of ten (10) years and the Applicant will be contractually required to cooperate with these efforts.
12. MTC-provided funds will be subject to repayment if the business activities created or developed as a result of MTC funding is relocated outside of the State of Missouri at any time within ten (10) years after such funds are provided.
13. Awards authorized by MTC are contingent upon the Applicant entering into a binding contractual agreement with MTC. The binding contract will require that the MTC be given appropriate oversight of its award.

Section 9: Affirmation and Signature

I certify that I am the authorized representative identified in Section 2 of this Application who is authorized to make the statement of affirmation contained herein. To the best of my knowledge and belief, I certify that the information contained in this application is complete, true, and correct. If any information submitted on or with this application requires alteration or supplementation, I agree to provide that information in writing to the MTC as soon as practical. I understand the submitting false or misleading information in connection with this application may be punishable by law.