

Rockbridge County COVID-19 Small Business Grant Program

Application

Application Checklist:

- Completed and Sign Application
- IRS form W-9
- Monthly gross receipts history for the previous two years through June 30, 2020 (Acceptable forms of documentation includes a Schedule F, tax documentation or previously-filed business license renewal forms with gross receipts documented)

Legal Name of Business: _____

DBA: _____

Tax ID Number: _____

Business

Mailing Address:

Street: _____

City: _____

State: _____

Zip: _____

Primary Physical Address in Rockbridge County:

Street: _____

City: _____

State: _____

Zip: _____

Primary Contact:

Phone Number: _____

Email: _____

Is your business in retail, hospitality, entertainment, employment and administrative services, travel-related sectors or do you operate a agricultural or silvicultural business?

Yes

No

If yes, which one?

Is this business current on its Rockbridge County tax obligations? YES or NO

Organization Type:

Sole Proprietor

Agricultural Business

Independent Contractor

Silvicultural Business

Locally Owned Franchise

Other

Is your business for-profit? YES or NO

Primary Business Function:

Summary about business (how long in business, services/products offered, hours of operation, track record prior to the COVID-19 crisis)

How many employees in Rockbridge County as of February 29, 2020

Full-Time

Part-Time

Total

How many employees in Rockbridge County as of June 30, 2020

Full-Time

Part-Time

Total

If you have fewer employees as of May 30, 2020, please explain:

Gross Annual Receipts for 2018 and 2019: _____

2020 Current Receipts from January to June: _____

Did you receive compensation from your insurance company for the covered business interruption due to COVID-19 or received less than \$10,000 in insurance compensation? Please explain what was received and how much.

Current Status of Business:

- Open with Normal Operations
- Operating Virtually
- Delivery/Take-Out Only
- Open with Limited Capacity
- Closed Temporarily
- Other:

If your business is not open with Normal Operations, what would you need for your business to re-open or resume full operations? Include details on estimated costs.

If you have resumed partial or full operations since the phased reopening begin what is the status of your operation? What expenses are you incurring due to COVID-19 reopening regulations and precautions? Provide details on expenses incurred or future expenses you foresee that are not related to normal operations prior COVID-19.

If the grant was awarded, how will you spend the funds?

Please check the following statements indicating that you understand and agree to the following conditions and certifications:

_____ This application, even if favorably received, does not constitute a commitment on the part of the EDA to extend grant funds.

_____ I agree to notify the EDA immediately in writing if any of the information contained in this application materially changes in any respect.

_____ I certify that all information contained in the application is true and accurate to the best of my professional ability.

_____ I understand that by submitting this application the EDA is under no obligation to approve and/or extend an assistance grant.

_____ I agree to hold harmless and indemnify the EDA, its board members, and County employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against the EDA, its board members, and Rockbridge County, County employees whether now existing or arising in the future, for damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application process.

_____ I agree that a false certification, false statement, or false receipts on this application will subject the signatory and applicant to repayment of the EDA grant funds and other penalties under the law.

_____ I certify that I have not received and do not expect to receive federal or state funds to partially or fully offset the expenses that I am submitting for reimbursement through this program.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE.

Applicant: _____

Authorized Signature: _____

Title: _____

Date: _____