**Business Recovery Grant Application**

**Craig County “Back in Business” Recovery Grant**

Craig County has established a $23.883 grant fund to support small business recovery following the COVID-19 outbreak; grant funds will be used to reimburse the costs of business interruption caused by required closures. One-time grants of up to $10,000 are being provided to eligible businesses on a first-come, first-served basis and subject to availability of funds.

Applications will be accepted beginning July 6, 2020 and no later than 12:00 Noon November 2nd, 2020. An applicant must substantiate that the business experienced interruption due to full or partial (e.g., limited space, limited service, limited hours, limited staff, etc.) closure during the COVID-19 public health emergency. Such closure may have been mandated by executive order, or voluntary (for example, to promote social distancing, or in response to decreased customer demand), but must have been in response to the COVID-19 health emergency.

**Uses of the grant funds include, but are not limited to the following:**

1. Operations (i.e., payroll, rent, mortgage, supplies, utilities, working capital, insurance, etc.)
2. Pivot to respond to new market conditions (i.e., develop online sales/e-commerce, delivery or take out; develop new product line, etc.).
3. Deep cleaning services, PPE, protective barriers, etc.
4. Purchase of equipment and inventory

**Please include the following attachments with your application:**

* Signed and completed Business Recovery Grant Application (Word Document Online)
* Back-in-Business-Grant-Financial-Statement-of-Impact (Excel Sheet Online)
* IRS Form W-9 Request for Taxpayer Identification Number and Certification
* Two most recent Federal Tax Returns (2018 & 2019)

**Eligibility**

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| --- |
| **I certify that my business: (**Check Boxes)* Is a for-profit enterprise located in Craig County with fewer than 100 employees?
* Suffered negative impacts from closure (mandated or voluntary, full, or partial) in response to the COVID-19 public health emergency.
* Was operational for at least two years prior to March 1, 2020
* Had at least one full-time equivalent (FTE) employee (Including owner) prior to March 1, 2020
* Is current on all fees, taxes and permits as of March 1, 2020
* In full compliance with all local, state, and federal health safety protocols.

Signature: . . Date: . .**Ineligible businesses**: businesses that are permanently closed, engaged in illegal activities, banking and financial services, non-profit and seasonal businesses, franchises except those that are locally owned and operated.  |
| **Date of Applicatio**n \_\_\_\_\_\_\_\_\_\_\_\_\_ **Requested Grant Amount** **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_ *Street Town State ZIP*Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_*(If Different)* *Street Town State ZIP* |
| Name of Primary Business Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website Address (If Any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Primary Business Type** *(Check One)* |

|  |
| --- |
|  Arts, Entertainment, Recreation  Child Care, Education, Instruction  Construction, Engineering, Design Services  Distribution, Logistics, Warehousing  Finance, Insurance, Real Estate  Health & Medical Services  Hotel & Accommodations  IT, Broadcasting, Publishing  Manufacturing  Personal Services (Hair, Nail, Fitness, etc.  Private Household Services  Professional, Technical, Business Services  Repair & Maintenance Services  Restaurant & Food Services  Retail, Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transportation   |

Is your business home based?  Yes  No

Entity Type:

 Sole Proprietor

 LLC

 Franchise

 Corporation

 Partnership

 Other \_\_\_\_\_\_\_\_\_\_

What date *(Mo & Year)* was your business established in Craig County? \_\_\_\_\_\_\_\_\_\_\_\_

Have you received an EIDL or PPP Loan?  Yes  No

If Yes, what was the amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of full-time employees in Craig Co. as of: 2/29/20 \_\_\_\_\_\_\_ 6/30/20 \_\_\_\_\_\_\_

Number of part-time employees in Craig Co. as of: 2/29/20 \_\_\_\_\_\_ 6/30/20 \_\_\_\_\_\_\_

If fewer employees in Craig Co. as of 6/30/20, was this due to

 Layoffs # of Employees \_\_\_\_\_\_\_\_\_ Time Frame \_\_\_\_\_\_\_\_

 Temporary Furlough # of Employees \_\_\_\_\_\_\_\_\_ Time Frame \_\_\_\_\_\_\_\_

Why did this business close (Fully or Partially) during the COVID-19 health emergency? (Check All That Apply)

 State Mandate

 Low Customer Demand

 Supply Chain Disruption

 Workforce Availability

 Health & Safety Concerns

 Other \_\_\_\_\_\_\_\_\_\_\_\_

What is the current status of the business? (Check All That Apply)

 Open - Norman Operations

 Open - Limited Operations

 Operating online

 Delivery / Take Out Only

 Closed Temporarily

 Other \_\_\_\_\_\_\_\_\_\_\_\_

Is the primary location of the business owned or rented?

 Own Outright

 Own with Mortgage: Monthly Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rent: Monthly Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the business have any capital reserves or available credit?  Yes  No

If yes, how many months can reserve or credit cover business operations? \_\_\_\_\_\_\_\_

Describe business operations and financial well-being prior to COVIS-19: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how COVID-19 has affected your business, including impacts on workforce, revenue and profits, space modifications, etc. operations and financial well-being prior to COVIS-19: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the uses of grant funds and estimated costs of each (e.g. payroll, rent, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the grant funds will help the business sustain operations in Craig County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you need for your business to resume full operations? (Check All that Apply)

 State Authorization to Reopen

 Rehiring Employees

 Creating New Marketing

 Working Capital

 Revising Busines Plan

 Opening of Adjacent Businesses

 Supply Chain Restored

 Relaxing “Social Distancing & Masks

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature and Certification**

The Applicant covenants to save, defend, hold harmless and indemnify the County, and all of its officers, departments, agencies, agents and employees (Collectively the “County”) from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney’s fees, charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application.

The Applicant provides a waiver of confidential information provided to the Commissioner of the Revenue and Treasurer of Craig County and the Town of New Castle, authorizes

**Applicant Signature and Certification** *(Continued)*

the internal use of this information for the grant analysis. The Applicant acknowledges

that the County will keep all proprietary information voluntarily provided by the Applicant confidential to the extent permitted by the Virginia Freedom of Information Act and other applicable laws and regulations pertaining to the disclosure of records in its possession and acknowledges that all grant award decisions are final and are not subject to appeal.

**Certification**

**I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.**

**I further certify, and agree, that the disbursement of CARE’s Funds is subject to existing, and/or future, Treasury guidance and final audit review, subject to repayment by the applicant if ruled ineligible.**

**I further certify, and agree, that we will be in full compliance with all Local, State, and Federal Health and Safety protocols and guidelines, as currently established and amended. Failure to be in full compliance will result in immediate repayment by the applicant.**

**Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owners Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_