



## COVID-19 SMALL BUSINESS GRANT APPLICATION

### SECTION 1 – GENERAL INFORMATION

<b>Legal Name of Business Entity:</b>	
<b>Contact Person:</b>	<b>Title:</b>
<b>Business Address:</b>	
<b>Phone:</b>	<b>Email address:</b>
<b>Legal structure of business:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
<b>Business Employer Identification Number:</b>	
<b>DUNS Number:</b>	

### OWNERSHIP

Name	Percentage of Ownership

### COVID-19 Funding Request

1. Reason for which COVID-19 funding is requested (e.g. retention of employees, working capital, etc.)

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## Business Entity Information

1. Brief description of your business:

2. Staffing Levels as of February 29, 2020:

Total Number of Employees: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

3. Staffing Levels as of Date of Application for COVID-19 Funds:

Total Number of Employees: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

4. Is the primary address for your business a residential address (i.e. a home-based business)?

Yes  No

5. Is your business a publicly traded company?  Yes  No **(If yes, your business is not eligible for funding under this program)**

6. How long has your business been in operation?

**(Your business must have been in operation since February 15, 2020 to be eligible for funding)**

7. What was your business revenue for 2019?

Provide supporting documentation such as a profit and loss (P&L) statement with your application.  **Check if provided**

8. Is your business currently in good standing with the City of Glenn Heights regarding permits, licensing, property tax payments, and sales tax payments?  Yes  No

**If no, please briefly describe the circumstances.**



## SECTION 2 – BUSINESS ACTIVITY AND FUNDING

### **Business Activity Information**

1. Provide a description of how your business has been affected by COVID-19 restrictions including, but not limited to, any reduction in staff, furloughs, lay-offs or closures.

2. Between March 1, 2020 and the date of your Application, has your businesses been closed due to COVID-19 restrictions?  Yes  No
3. What is your current business situation? Are you currently open/operational?  Yes  No
4. If open, have the hours of operation been reduced?  Yes  No **If Yes, provide an explanation.**

5. Provide a description of how COVID-19 funds will be used, including how they will impact your business operations.

6. Is the business registered as a minority-owned business?  Yes  No
7. Is the business registered as a woman-owned business?  Yes  No
8. Who will be responsible for overseeing the grant funding?



**Other COVID-19 Funding**

1. List all funding sources that you may apply for, have applied for, or have received due to COVID-19. Add more rows if necessary. Please note that funding for this program cannot supplant or “double dip” awards made by other Federal, State, or other government entities.

Funding Source	Amount Awarded	Application Date	Award Date

**BUSINESS BUDGET FOR GRANT ASSISTANCE**

**The maximum award by the City of Glenn Heights per Business Entity is \$7,500.00**

Please provide a proposed budget summarizing how COVID-19 funds will be used to support your business operations. An illustrative **example** is provided in the table below. If you have this information on a separate form, please add this as an attachment to your packet.

Expense Category	Description	COVID-19 Grant	Business Share	Total
Weekly Payroll	(5) PT Employees	\$2,000	\$2,000	\$4,000
Working Capital	Inventory, Supplies	\$2,000	\$3,000	\$5,000
Equipment	COVID-19 equipment	\$1,000	\$500	\$1,500
<b>Grant Total:</b>		<b>\$5,000</b>		



### **SECTION 3 – CERTIFICATION STATEMENTS**

#### **CONFLICT OF INTEREST STATEMENT**

The conflict of interest provisions will apply to any person who is an employee, agent, consultant, officer, elected or appointed official of the recipient, of any designated public agencies, or sub recipients that are receiving COVID-19 funds.

1. Are you or any employees a City of Glenn Heights employee?  Yes  No
2. Are you or any employees elected officials with the City of Glenn Heights, related to anyone employed by the City of Glenn Heights, related to elected officials of City of Glenn Heights or related to someone reviewing this application?  Yes  No

If yes, please list (name and relationship):

3. Does your business entity conduct business with any person or department with the City of Glenn Heights?  Yes  No

If yes, please list (name and relationship):

#### **LIST OF ATTACHMENTS TO INCLUDE BEFORE OR AFTER SUBMITTING APPLICATION:**

- Organizational chart
- Annual operating budget
- Most recent audit or financial statement
- Payroll register for pay period closest to February 29, 2020
- Payroll register for pay period closest to the date of grant application submission

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the City of Glenn Heights to use the information provided herein for the purpose and consideration of awarding grant funds for small business assistance.

**Name:**

**Date:**