

## Applicant Information:

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Name of Business Owner(s): \_\_\_\_\_

Business Disaster/Interruption Insurance: Yes  No

## Business Impacts:

**Employees** Please describe how many employees you employed prior to the impact; how many you currently have and how many you anticipate in the future as a result of COVID-19.

	Full Time Employees	Part Time Employees
How many did you have on January 1, 2020?		
How many did you have on March 1, 2020?		
How many do you currently have as of application date?		
How many do you anticipate in 30 days from application date?		

**Business Revenue** Current and anticipated percentage revenue decline related to COVID-19 Impacts.

Current percentage decline in revenue	
Anticipated percentage decline in revenue 30 days from application	
Anticipated percentage decline in revenue 60 days from application	

## Business Impacts (continued):

What are the impacts to your business from COVID-19? Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Temporary Business Closure                    | <input type="checkbox"/> Permanent Business Closure   |
| <input type="checkbox"/> Reduced Hours of Operation                    | <input type="checkbox"/> Employee Layoffs/furloughs   |
| <input type="checkbox"/> Restricted access to capital to address costs | <input type="checkbox"/> Revenue decline              |
| <input type="checkbox"/> Inability to respond to home delivery         | <input type="checkbox"/> Inability to serve customers |
| <input type="checkbox"/> Interrupted supply/deliveries from vendors    | <input type="checkbox"/> customers decreased          |
| <input type="checkbox"/> increased operating costs                     | <input type="checkbox"/> other                        |

## Grant Funds:

Please indicate dollar amount your business will utilize from the grant funding if approved:

- \_\_\_\_\_ Rent/Mortgage
- \_\_\_\_\_ Employee support (salaries, insurance, paid leave, etc.)
- \_\_\_\_\_ Utilities (electricity, phone/internet, etc.)
- \_\_\_\_\_ Purchase of supplies to offer alternative business access (curbside pickup, delivery, shipping)
- \_\_\_\_\_ Purchase of COVID-19 supplies for business/customer protection/cleaning
- \_\_\_\_\_ Additional expenses as a result of increased cost from suppliers or alternat suppliers
- \_\_\_\_\_ Other

Briefly describe how your business has been impacted and the intended use of the grant funds. You may include any applicable expense descriptions and associated due dates.


**Financial Assistance (Currently pending or received)**

Have you applied for any of the following Federal programs that are currently available?

Pay check Protection Program (PPP)

Amount awarded \_\_\_\_\_

Economic Injury Disaster Loan (EIDL)

Amount awarded \_\_\_\_\_

Emergency Economic Injury Grant

Amount awarded \_\_\_\_\_

Small Business Debt Relief Program

Amount awarded \_\_\_\_\_

Employee Retention Tax Credit

Amount Awarded \_\_\_\_\_

Other: \_\_\_\_\_

Amount Awarded \_\_\_\_\_

**I certify to the best of my knowledge, that:**

All the above provided is true and accurate and financial information has not been manipulated to exaggerate the financial duress of this business.

I understand the information submitted in this application may require additional supporting documentation and will be shared with the Covid-19 FEDC Committee.

I understand the Covid-19 FEDC Committee will not accept and/or evaluate incomplete applications.

I understand the Covid-19 FEDC Committee may grant or deny applications at its sole discretion. The Covid-19 FEDC Committee does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, or any other basis of discrimination prohibited by law.

I understand that my business is not entitled to a grant.

I herein consent and understand that my name and/or business name may be subject to being disclosed upon being a recipient of this grant.

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Applicant Signature / Date