

## Surry County Small Business COVID-19 Grant Application

The purpose of this program is to assist Surry County, Virginia, small businesses who have been adversely impacted by the COVID-19 pandemic. Limited funds are available for this grant assistance program and only qualified applicants will receive funds. Applications for funding should be submitted to the Surry County Economic Development Authority (EDA) who will select recipients to be awarded. All applicants must submit information as provided below and all applications must be deemed complete before the Economic Development Authority of Surry County, Virginia (the "EDA") can fund any grant. The factors for the award are set forth below. The EDA may also request additional information before finalizing its review. All applicants must further certify that the information provided below and submitted with this application is true and accurate. Please note that funds for this program are not guaranteed and the EDA may choose to award as many or as few grants as it chooses, but, in any event, the amount of the program is limited to \$20,000.

Grants will be awarded based on the following factors.

1. Have made efforts to retain employees during the COVID-19 outbreak (taking into consideration that legally required closures may have made employee retention easier in some industries than others).
2. Possession of current Surry County Business License. A copy of your current business license should be included in your application.
3. Submission of a timely and complete application (including all additionally required documentation). Applications will be tracked and numbered as they are received.
4. If approved, grant funds will be distributed to the business as a reimbursement for qualifying business costs that occurred between March 17, 2020 and June 30, 2020. The Business must provide documentation where the qualifying expense was paid and then the EDA will reimburse the business for the expenses up to the amount of the grant award. Qualifying expenses include payroll, rent, utilities, mortgage payment, supplies, and business expenses during the COVID-19 pandemic.
5. The applicant must clearly demonstrate the financial benefit this grant would have on their business operations, and articulate the impact of the COVID-19 pandemic on their business.
6. Other relevant factors may be considered by the EDA.

Grant amounts vary by size of business, based on number of employed (documented by payroll statements and federal employment records)

Business with 1-5 employees will be awarded a maximum of \$2,500, Business with 6-25 employees will be awarded a maximum of \$5,000.

The EDA will not discriminate against any applicant on the basis of race, religion, color, sex, national origin, age, disability, sexual orientation, status as a veteran, including status as a service disabled veteran, or any other basis prohibited by federal or state law. Allegations of any discrimination should be made to the Acting County Administrator, Melissa Rollins, [mrollins@surrycountyva.gov](mailto:mrollins@surrycountyva.gov).

Any questions regarding this application should be addressed to Joyce Henderson: EDA Member -

[joyce\\_henderson@msn.com](mailto:joyce_henderson@msn.com)

## **Surry County Small Business COVID-19 Grant Application**

### **Eligibility and Terms**

#### Eligibility for grant:

1. Must be a Surry County small business with 25 employees or less (national chain and/or nationally franchised locations are not eligible)
2. Businesses must have been established and operational within Surry County for at least 12 months.
3. Businesses and business owners must possess a current Surry County Business License.
4. Business owners must indicate on the application how their business has been adversely impacted by the COVID-19 crisis.

#### Factors to be considered for grant awards:

1. Have made efforts to retain employees during the COVID-19 outbreak (taking into consideration that legally required closures may have made employee retention easier in some industries than others).
2. Possession of current Surry County Business License.
3. Submission of a timely and complete application (including all additionally required documentation). Applications will be tracked and numbered as they are received.
4. If approved, grant funds will be distributed to the business as a reimbursement for qualifying business costs that occurred between March 17, 2020 and June 30, 2020. The Business must provide documentation where the qualifying expense was paid and then the EDA will reimburse the business for the expenses up to the amount of the grant award. Qualifying expenses include payroll, rent, utilities, mortgage payment, supplies, and business expenses during the COVID-19 pandemic.
5. The applicant must clearly demonstrate the financial benefit this grant would have on their business operations and articulate the impact of the COVID-19 pandemic on their business.
6. Other relevant factors may be considered by the Authority.

Business with 1-5 employees will be awarded a maximum of \$2,500, Business with 6-25 employees will be awarded a maximum of \$5,000.

In the event there are any remaining funds from the Surry County Small Business COVID-19 Grant, such funds shall be returned to the County.

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

**APPLICATION MUST BE SUBMITTED BY JUNE 5, 2010**

Please include the following information:

**Business Information**

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Years of operation in Surry County: \_\_\_\_\_

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

Website: \_\_\_\_\_

Federal Tax ID# (EIN): \_\_\_\_\_

Description of Business: \_\_\_\_\_

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**Ownership Information**

Complete this section for each person who has 3% or more ownership interest in the business. Use additional sheets as necessary.

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Surry County Small Business COVID-19 Grant Application**

#### **Additional Questions**

A. Total number of current employees: FT: \_\_\_\_\_ PT: \_\_\_\_\_

B. Total number of employees as of last payroll run: FT: \_\_\_\_\_ PT: \_\_\_\_\_

C. Total number of employees either laid-off or furloughed as a result of COVID-19: FT: \_\_\_\_\_ PT: \_\_\_\_\_

D. Have you submitted an application to the U.S. Small Business Administration (SBA) for financial assistance through the Coronavirus (COVID-19) Economic Injury Disaster Loan (EIDL) program or the Payment Protection Program (PPP)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not why? \_\_\_\_\_

E. Has your business received any funding from any of the SBA programs or any other grant or loan program associated with the COVID-19 Pandemic?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Amount: \_\_\_\_\_

### **Surry County Small Business COVID-19 Grant Application**

#### **Statement Narrative**

Describe how business operations have or will be adversely impacted by the COVID-19 pandemic as well as your plans for current and near term operations (during reduced COVID-19 business restrictions) in order to remain operational.

Identify how you plan to continue employment of all or certain employees and the type of positions being retained in comparison to pre COVID-19 disruption.

Detail how you plan to use the grant funds to continue business operations.

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### Certification

Each of the applicants must initial the following statements to indicate that they understand and agree to the following conditions and certifications:

\_\_\_\_\_ I acknowledge that this completed and signed application is only an application for the disaster assistance grant funds expressed herein.

\_\_\_\_\_ This application, even if favorably received, does not constitute a commitment on the part of the IDA 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 agree to hold harmless and indemnify the EDA, its board members, and associated 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 associated County employees whether now existing or arising in the future regarding any damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application.

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

\_\_\_\_\_ I certify that this application is not made by or for the financial benefit of any of the following persons or their immediate family members (where immediate family members includes a spouse or any other person who resides in the same household of such person and is a dependent of such person): (i) any IDA board member, (ii) any officer or employee of Surry County (including, but not limited to, the Board of Supervisors and Planning Commission), or (iii) any constitutional officer of Surry County or any employee of a constitutional officer. I further certify that the award of an Surry County Small Business COVID-19 Grant to the applicant would not violate the Virginia State and Local Government Conflict of Interest Act.

\_\_\_\_\_ I understand that a false certification or false statement on this application will subject the signatory and applicant to repayment of the grant funds and other penalties under the law.

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

Applicant: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_