



COVID-19 Response Fund for Counties and Cities

Due to the global health crisis, the Obici Healthcare Foundation wants to support the needs of the local community through a COVID-19 Response Fund of up to **\$750,000** for cities and counties in the service area. OHF supports community-driven solutions for improving the overall social determinants of health for all residents within its service area. It is our goal with this RFP to expand local capacity and address the many needs created by the pandemic.

OHF also recognizes the contribution of small businesses to the vibrancy of local communities. The novel coronavirus disease, COVID-19, has impacted small business operations resulting in unexpected shifts in service and loss in revenue. We know that small businesses are facing job loss, decreased accessibility to essential supplies and services, heightened vulnerability and social isolation, and economic distress.

The COVID-19 Response Fund addresses key areas of impact that the coronavirus crisis is having on the public and nonprofit sectors – both the organizations themselves as well as the services they provide in Western Tidewater. The key focus of the Fund is to support ***Health and Safety of Cities/Counties***.

Funding will address the needs of city/county municipalities serving the health and safety of individuals in the communities served by the Foundation. The level of funding to each city/county will be determined by population served and overall need of the area.

Surry County, VA has been awarded **\$45,000** from the Obici Healthcare Foundation COVID-19 Response Fund. Funds will be distributed by the Surry County Economic Development Authority in the form of a small business grant program.

Please submit applications to Mrs. Linda Gholston, Workforce Development Coordinator by email to lgholston@surrycountyva.gov, by mail to P.O. Box 65 Surry, VA 23883, or in person between the hours of 10:00 am and 3:00 pm at the Surry County Workforce Development Center located at 11916 Rolfe Highway Surry, Virginia 23883.

DEADLINE FOR APPLICATIONS: NOVEMBER 16, 2020 – 3:00 PM

Grants will be awarded based on the following factors:

Eligibility and Factors to be considered when awarding grant:

- Businesses must have been established and operational within Surry County prior to January 2020.
- Businesses and business owners must possess a current Surry County or Town Business License.
- Business owners must indicate on the application how their business has been adversely impacted by the COVID-19 crisis.
- Must be a small business with 50 or fewer employees at up to \$5,000 per establishment to assist with fixed cost expenses such as rent, utilities and some marketing.
- Purchase of medical supplies, medical safety equipment, screening, and diagnostic tools for COVID-19 testing in relationship to crisis only. **All purchases must align with a COVID-19 need.**
- Other general education and safety needs for organizations that have been impacted by COVID-19, resulting in an increased demand in services or a decrease in the capacity of the organization to deliver services. **(iPads, laptops, and computers will not be funded by the Grant)**

In the event there are any remaining funds from the Obici Healthcare Foundation COVID-19 Response Fund Grant, such funds shall be returned to the County.

The County or 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 County Administrator, Melissa Rollins, mrollins@surrycountyva.gov .

Obici Healthcare Foundation COVID-19 Response Fund Grant Application

Date: _____

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:

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:

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: _____

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.

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

Outline how you plan to continue to ensure the safety of your patrons during the COVID-19 Pandemic after funds from the Obici Healthcare Foundation COVID-19 Response Fund Grant has been exhausted.

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 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 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 EDA 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: _____