



Economic Development Authority of The City of Colonial
Heights Small Business COVID-19 Disaster Grant Fund
Application

Economic Development Authority of The City of Colonial Heights Small Business COVID-19 Disaster Grant Fund Application

The purpose of this program is to assist the City of Colonial Heights, 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. All applicants must submit certain financial information as provided below and all applications must be deemed complete before the Economic Development Authority of The City of Colonial Heights, 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 EDA 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 \$ [REDACTED]. The grant is 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 valid Colonial Heights Business License and located within City limits (or valid explanation of why business is not required to have a Colonial Heights Business License).
3. Submission of a timely and complete application (including all required documentation and receipt copies). Applications will be numbered and reviewed 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 of the purpose of which 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 persons employed (documented by payroll statements and federal employment records). Business with 1-15 employees will be awarded a maximum of \$5,000, and a business with 16-30 employees will be awarded a maximum of \$7,500.

Applications with receipts and documentation should be emailed to: EDA@colonialheightsva.gov or placed in City drop box addressed to: Karen Epps, Economic Development Authority

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Date: _____

Application Checklist Please include the following documents:

- Copy of January and February (monthly) or last quarterly (Q4 2019) Federal payroll tax forms (a small employer that is not required to submit quarterly reports may submit the most recently submitted report with an explanation that it is not required to submit quarterly reports).
- A year-to-date through May 31 (or most recently available) profit and loss statement.
- Copy of business's 2019 Federal Tax Return (2018 acceptable if current years' taxes have not been filed).
- Copy of most recent payroll statement.
- Copy of Colonial Heights Business License.

Business Information

Legal Business Name: _____

DBA: _____

Business Address: _____

City: _____ Zip: _____

Business Phone #: _____

Years of operation in Colonial Heights: _____

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/County: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Mobile Phone #: _____ Email Address: _____

Name: _____
Home Street Address: _____
City/County: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Mobile Phone #: _____ Email Address: _____

Name: _____
Home Street Address: _____
City/County: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Mobile Phone #: _____ Email Address: _____

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Applicant Qualification Questionnaire

- A. Program eligibility is limited to those businesses which meet the following qualifications:
1. The business must have been established and operational in Colonial Heights for at least the past **24** months (since **February 1, 2018**)? Is that the case?

Yes: _____ No: _____

2. The business must hold a valid Colonial Heights Business License? Does your business hold a current business license?

Yes: _____ No: _____

*If no, please explain why a business license is not required by law (such instances are very rare): _____

- B. How often do you process and run payroll?

- Weekly (52x per year)
 Bi-weekly (26x per year)
 Semi-monthly (24x per year)
 Monthly (12x per year)

Additional Questions

- A. Total number of current employees: Full Time: _____ Part Time: _____
- B. Total number of employees as of last payroll run: Full Time: _____ Part Time: _____
- C. Total number of employees either laid-off or furloughed as a result of COVID-19:
Full Time: _____ Part Time: _____
- 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: _____
- E. Has your business received funding from any of the SBA programs or any other grant or loan program associated with the COVID-19 Pandemic?
- Yes: _____ No: _____ If "YES" Amount: _____

F. Did you experience a business interruption due to a required COVID-19 closure?

Yes: _____ No: _____

G. Did your business close voluntarily to promote social distancing?

Yes: _____ No: _____

H. Was your business affected by decreased customer demand due to COVID-19?

Yes: _____ No: _____

Statement Narrative

Describe how business operations have been and 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 and number of positions being retained in comparison to pre COVID-19 disruption.

Grants will be provided on a reimbursement basis. Describe eligible expenses for which you are requesting reimbursement under the program (copies of receipts must be attached).

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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 an application only for the disaster assistance grant funds expressed herein and that reimbursements will be made after submission of valid receipts for proof of valid expenses under the grant guidelines.

_____ This application, does not constitute a commitment on the part of the EDA to extend grant funds to my business.

_____ 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 City employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against the EDA, its board members, and the City of Colonial Heights, City employees whether now existing or arising in the future, for damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application process.

_____ I understand that by submitting this application the EDA is under no obligation to approve 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 the City of Colonial Heights (including the Board of Supervisors and Planning Commission), or (iii) any constitutional officer of the City of Colonial Heights or any employee of a constitutional officer.

_____ I agree that a false certification, false statement, or false receipts on this application will subject the signatory and applicant to repayment of the EDA 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

Title _____

Date _____