

Small Business COVID-19 CARES ACT Grant



City of Emporia
201 South Main Street
Emporia, VA 23847
434-634-3332 or
434-634-5056

In response to these challenging times in our community, the City of Emporia in partnership with the Emporia Economic Development Authority is pleased to offer the Small Business COVID-19 CARES ACT Grant. This grant is being offered to small businesses located within the City who meet the requirements outlined in the Eligibility Guidelines.

Funds must be used to cover rent that was not paid, and for expenses needed to make the business a safe environment in the future due to COVID-19. Payroll expenses nor unrealized revenue is not covered by this grant.

Please review the guidelines and submit a completed application to: bhawthorne@ci.emporia.va.us

Eligibility Guidelines

- Any applicant must have been in business prior to January 1, 2020.
- All City businesses with 25 employees or less are eligible.
- Must have, on record, a Business License with the City of Emporia.
- Must not be a national company or franchise of a national company.
- Must demonstrate on the application how the business has been adversely impacted by the COVID-19 crisis.
- If approved, grant funds will be distributed for qualifying business costs that occur between March 17 through December 30, 2020.
- Grants will be awarded based on timely and complete applications. Applications will be tracked and awarded on a first-come, first-serve basis until funds are exhausted.
- Evidence must exist that the intention is to reestablish and remain as an operating business.
- Grant amounts vary by size of business, based on number of employed (documented by payroll statements and federal employment records).

Businesses with 1-5 employees \$5,000 maximum award

Businesses with 6-25 employees \$7,500 maximum award

1. Was the Business in operation as of January 1, 2020? Yes No

2. Date of the most current Business License for this business: _____

Please explain why you don't hold a business license. _____

3. Did you apply for a Small Business Administration - Economic Impact Disaster Loan? Yes No

Amount Received _____ For What? _____

4. Did you apply for a Small Business Administration Grant? Yes No

Amount Received _____ For What? _____

5. Did you apply for a Payroll Protection Program Loan? Yes No

Amount Received _____ For What? _____

6. Did you apply for unemployment? Yes No

When do you plan to return to work or when do these benefits run out? _____

7. Why did you close your business with regards to COVID-19?

Governor's Order Yes No

Lack of Employees Yes No

Concern for yourself/employees/patrons Yes No

Please add any explanation here: _____

8. Have you reopened your business at this time?

Phase I guidelines Yes No

Phase II guidelines Yes No

Waiting for Phase III Yes No

Please add any explanation here: _____

Initial _____

9. 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. How will your business operate differently moving forward?

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

11. Any other information that you think is important to your receiving this grant. _____

- If requesting back rent payment or mortgage, please include a statement or letter from your landlord or bank stating the amount due as of July 1, 2020.
- If requesting PPE, please submit quantities and associated costs for these materials.
- If requesting special cleaning supplies, please submit quantities and associated costs for these materials.
- If construction changes are necessary for future safety, please provide a quote for the work to be done to accomplish this element of safety.

Initial _____

City of Emporia and Emporia Economic Development Authority
Small Business COVID-19 CARES ACT Grant
APPLICATION

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 COVID-19 grant funds expressed herein.

_____ This application, even if favorably received, does not constitute a commitment on the part of the City, or the Emporia EDA to extend grant funds.

_____ I agree to notify the City or Emporia 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 City, the Emporia EDA, its council, and any associated governmental employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against any of the aforementioned entities 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 City or Emporia 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 City Council member, (ii) any EDA member, (iii) any officer or employee of the City of Emporia (including, but not limited to the Council, and Planning Commission), or (iv) any constitutional officer of the City of Emporia or any employee of a constitutional officer of the City. I further certify that the award of a Small Business COVID-19 CARES ACT 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