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).

<table>
<thead>
<tr>
<th>Business Size</th>
<th>Maximum Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Businesses with 1-5 employees</td>
<td>$5,000</td>
</tr>
<tr>
<td>Businesses with 6-25 employees</td>
<td>$7,500</td>
</tr>
</tbody>
</table>
Small Business
COVID-19 CARES ACT
Grant

APPLICATION

DATE SUBMITTAL COMPLETE: __________________

Application Checklist - Please include the following documents:

• Copy of January and February (monthly) or last quarterly report (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 current (or most recently available) Profit and Loss statement.

• Copy of 2019 Business Federal Tax Return for business (2018 is acceptable if taxes have not been filed.)

• Copy of City of Emporia Business License

BUSINESS INFORMATION:

Legal Business Name: ____________________________________________________________

DBA (Doing Business As): ______________________________________________________

Business Address:

P. O. Box or Street Address City State Zip

Business Phone #: __________ Cell #: __________ Email Address: _______________________

Years of Operation in City of Emporia: ______________ Elsewhere: ______________

Website: __________________________________ Business Facebook: ______________________

Federal Tax ID# (EIN): ______________ Business Organization: ______________________

Description of Business: ________________________________________________________
______________________________________________________________________________

OWNER INFORMATION:

Complete this section for each person who has 5% or more Ownership interest in the business. Use additional sheets as necessary.

Name: __________________________________________ Position in Business: ______________

Home Street Address: ____________________________________________________________

P. O. Box or Street Address City State Zip

Home Phone #: __________ Cell phone #: __________ Email Address: ______________________

Initial _______

APPLICATION QUALIFICATION QUESTIONNAIRE
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.
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