

DATE Received: _____*(To be time and date stamped when received)*

Contact information for person submitting this application:

Name: _____

Title: _____ Phone # _____

Email Address: _____

Business Information:

Legal Business Name: _____

DBA Name: _____

Business Mailing Address: _____

Street Address: _____

City/Town: _____ Zip Code: _____

Telephone: _____ DUNS# _____

Date Incorporated: _____ Tax ID #: _____

Town of Cape Charles Business License #: _____

or

Town: _____ Business License(Your Location): # _____

Website: _____

Do you own or rent your place of business (circle one): Own Rent/lease

Has your business been in operation since at least March 12, 2020? Yes No

Does your business operate as a for-profit business? Yes No

How is your business classified? (circle one):

Sole Proprietorship Partnership Corporation Professional Association

Limited Liability Company Limited Partnership Limited Liability Partnership

What dated did your business open? _____

Is your business in receivership or bankruptcy? Yes No

Is business in operation at the time of this application? Yes No

If your business is currently closed, are you using funds from this application to re-open business? (circle one) Yes No

What type of Industry does your business serve? (circle one or declare type in "other"):

Service/Lifestyle Retail Restaurant/Hospitality Healthcare/Wellness

Small Manufacturing Enterprise Other: _____

Employee Information:

Current Monthly Payroll Amount: _____

Current number of full-time employees: _____

Current number of part-time employees: _____

Number of employees released* due to the COVID-19 Pandemic: _____

Will this grant funding allow you to retain or create new jobs? Yes No

If you answered Yes to the previous question, please tell us the number of jobs you are able to:

Retain: _____ or Create: _____

Please provide brief explanation:

*Released = due to COVID-19 illness, needing to care for children due to school shut downs, and/or due to layoffs because of VA governor executive order (non-essential businesses)

Priority Consideration:

Have you applied for any COVID related funding (i.e., SBA Loans, PPP Loans)? Yes No

If YES, which ones: _____

Was your application: accepted declined?

If accepted, what amount was received? _____

What was the funding used for? (Please attach a copy of what was received and show receipts for what it was used for) _____

Are there any other sources of revenue your business is currently receiving? (All revenue from other sources must be disclosed by the business) Yes No

If you answered "Yes" to the prior question, you must disclose this source of revenue here: _____

Are you a SWaM business? (circle one) Yes No

If your business is a certified SWaM business, enter your certification here: _____

Was your business shut down for any other reasons during this time interval for reasons other than those related to COVID19? Yes No

If Yes, for what period of time (dates) and for what reason? (please explain i.e. illness, operation, family emergency, etc.)

Dates Business was closed for other reasons: _____

Explanation: (Additional information can be attached to this application) _____

Amount of Funding You are Requesting: Total amount allowed for reimbursement is \$15,000 and can be a combination of the following two categories:

1. Monthly Rent, Mortgage (principal + Interest only), or Lease amount:

\$_____ (Monthly rent) X 6 (Max) (or number of months claiming) = \$_____ *

*Maximum Request allowed is up to 6 months. Please attach your proof of payment for this amount (i.e. lease agreement, cancelled checks, mortgage statement)

2. Technology, Sanitization, Retooling Expenses total: \$_____ (Please attach all receipts for these items)

Total Funding Request for this grant application: \$_____

Not to exceed \$15,000

AFFIDAVIT

Statement: Tell us how your business has been impacted by recent economic concerns caused by COVID-19 and how this grant may positively impact your business to remain in operations and retain jobs.

Multiple horizontal lines for text entry.

Stop Here. This document must be signed in front of a notary. PLEASE DO NOT PUT "SEE ATTACHED"

Signature of Applicant: _____

Date: _____ County: Northampton State: Virginia

STATE OF VIRGINIA

CITY/COUNTY OF: Northampton

The foregoing instrument was acknowledged before me this ____ day of _____, 20__

by _____

Title: _____

Notary Public: _____

My Commission Expires: _____

Reg # _____

Attachments:

The following documents are required for the application and must be submitted in either PDF format (if applying electronically) or Hard Copy.

Signed application plus the following:

- Notarized Affidavit explaining how your business was affected by COVID (part of the application)
- Certificate of Incorporation
- W9 Form
- Itemized list of expenses you have paid and are claiming for reimbursement with this grant application
- Copy of previous grant awards (if received) and receipts for how it was used)
- Copy of your lease agreement or detailed mortgage statement
- Copy of your business license

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Verification of any or all information contained in this application may be obtained from any source named herein. The Virginia Freedom of Information Act may apply.

My signature below certifies that the information contained in this application is accurate and complete to the best of my knowledge. I hereby grant permission to project staff to verify any or all information contained in this application or any additional information that I may provide in support of this application. I understand that the information in this application will be held in strict confidence as required under the provisions of the Virginia Privacy Protection Act, and will only be used to determine my eligibility for assistance under this project.

Signature of Applicant

Title

Date