

**COUNTY OF STAFFORD
ECONOMIC DEVELOPMENT AUTHORITY**

Small Business Coronavirus (COVID-19) Disaster Assistance Grant Fund

Program Application

The purpose of this program is to assist Stafford County, 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 EDA can fund any grant. Preference is to those firms that are making all efforts to remain open and keep as close to full employment as possible. 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 available to the extent the EDA has authorized funding to support this program and may extinguish the same at any time pursuant to its sole and absolute discretion.

Please note that it is the policy of the EDA to operate without regard to race, creed, color, sex, religion, marital status, age, national origin, ancestry, political affiliation, sexual orientation, disability, or veteran status. All grantees benefiting from EDA funding must also adhere to this policy.

Date: ____/____/____

I – Application Checklist

Please include the following documents.

- Copy of January and February (monthly) or last quarterly (Q4 2019) Federal payroll tax forms (Form 941 or 943)
- A current 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 (see III.e)

II – Business Information

Legal Business Name: _____

DBA: _____

Business Address: _____

City: _____ Zip: _____

Business Phone #: _____

Years of operation in Stafford County: _____

Business Email: _____

Website: _____

Federal Tax ID# (EIN): _____ County Tax ID#: _____

Description of business: _____

II- Ownership Information

Complete this section for each person who has 20% 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: _____

Position: _____

Percentage of Ownership: _____

Name: _____

Home Street Address: _____

City: _____

Zip: _____

Home Phone #: _____

Work Phone #: _____

Mobile Phone #: _____

Email Address: _____

Position: _____

Percentage of Ownership: _____

Name: _____

Home Street Address: _____

City: _____

Zip: _____

Home Phone #: _____

Work Phone #: _____

Mobile Phone #: _____

Email Address: _____

Position: _____

Percentage of Ownership: _____

III – Applicant Qualification Questionnaire

Program eligibility is limited to those businesses which meet the following qualifications;

- a. Has the business been established and operational in Stafford County for at least the past 12 months (since February 1, 2019)?

Yes: _____ No: _____

- b. Is the business current on all Stafford County tax obligations?

Yes: _____ No: _____

- c. Are all business owners who reside in Stafford County (as detailed within Section II) current on all Stafford County tax obligations?

Yes: _____ No: _____

- d. Is your business a for-profit, and, - independently -owned (non-national chain and/or nationally franchised locations) business?

Yes: _____ No: _____

- e. How often to you process and run payroll?

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

IV – Additional Questions

- a. Total number of current employees: FT: _____ PT: _____

- b. Total number of employees either laid-off or furloughed as a result of COVID-19:
FT: _____ PT: _____

- c. 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?

Yes: _____ No: _____

V - 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.

Identify how you plan to continue employment of all or certain employees and the type of positions being retained in comparison to preCOVID-19 disruption.

Each of the applicants must initial the following statements to indicate that they understand and agree to the following conditions:

_____ 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 and its board members, employees, agents, representatives and associates against any claims, charge, suit, damages or other similar liability and to further waive any claims against the EDA 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.

PLEASE CHECK AND COMPLETE APPROPRIATE BOX

That I am an employee of:
_____ Stafford County _____ Department

That I am related to (name) _____, an employee of the:
_____ Stafford County _____ Department
_____ Stafford County EDA Board Member
_____ Any Stafford County elected or appointed official

My relationship to the person is: _____ Spouse, _____ Father, _____ Mother, _____ Daughter,
_____ Son, _____ other, _____ (Specify relationship)

That I am not related to an employee of Stafford County, Stafford County EDA, nor am I an employee of Stafford County.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE.

Applicant:

Signature

Date

Title