



Grant Application

Please see the Small Business COVID-19 Relief Grant Program Overview and complete each of the fields below.

Business Information:

Business Name (as listed on IRS Form W-9): _____

DBA/Trade Name of Business (if applicable): _____

First and Last Name of Legal Business Owner: _____

Applicant Name (if you are not the business owner): _____

Applicant Title: _____

Physical Business Address: Street: _____ City: _____ Zip: _____

Contact Phone Number: _____ Contact E-mail Address: _____

Applicant Information:

Is your Northumberland County business address the same as your home address? Yes No

Applicant Home Address: Street: _____ City: _____ Zip: _____

Is the address listed on your IRS Form W-9 the same as your Northumberland County business address?

Yes No

If no, please provide: _____

Business Website Address: _____

Type of Business: Restaurant Retail Fitness/Exercise Facilities Personal Care/Salon

Entertainment/Public Amusement Professional Services

Other: _____

Date Established: _____

Number of full-time equivalent employees as of January 1, 2020: _____

Are you SWAM certified? Yes: Woman-owned Minority-owned Veteran-owned
 No

Please provide a brief narrative of the impact COVID-19 has had on your business and actions taken to mitigate such impacts (See Executive Order 53):

Total amount requested: \$ _____

**Maximum amount of grant per business is \$7,500. Businesses will only be reimbursed for costs accounted for through receipts. Please see the grant guidelines for guidance on expense documentation.*

Please provide additional detail on reimbursable expenses being submitted with this application (*eligible expenses include PPE and/or sanitation supplies and technological improvements such as e-commerce platforms, point of sale software, and technological equipment such as tablets for processing touch-free orders*):

Please submit the following attachments in addition to the completed application form above:

- Completed and signed W-9
- Documentation of expenses you are requesting to be reimbursed. Each documented expense must include invoice/charge of expense and proof of payment (credit card receipt/statement, cancelled check) by applicant business.

All applications and materials submitted will be public records and subject to Freedom of Information Act (FOIA). Documents identified as proprietary are exempt under FOIA. Application for the grant constitutes an unconditional agreement to and acceptance of the grant terms, conditions, and guidelines. The applicant is responsible for ensuring his or her familiarity with the terms, conditions, and guidelines.

By submitting an application, the Applicant certifies that it is not under any agreement or restriction that prohibits or restricts its ability to disclose or submit materials included in the application or otherwise to apply for a grant. The applicant also certifies that it has not received federal or state funding expenses being submitted for reimbursement.

Applicants authorize the Northern Neck Planning District Commission to make inquiries as necessary to verify the accuracy of statements made in this application. I certify the above and the statements and those contained in the attachments are true and accurate, and that documented expenses were incurred as a result of business closure or disruption due to COVID-19. These statements are made for the purpose of obtaining a grant for small business assistance. I understand false statements may result in forfeiture of grant monies awarded.

The applicant, by submitting an application, voluntarily releases the Northern Neck Planning District Commission and the County of Northumberland from any and all claims, actions, damages, costs, or liabilities of any kind relating to or arising from or in connection with the awarding of grant funds and shall hold the Northern Neck Planning District Commission and County harmless from any claim arising from the applicant's misuse of grant funds.

Printed Name: _____

Signature: _____

Date: _____