



Small and Non Profit Business COVID-19 Recovery Grant APPLICATION (page 1 of 3)

Refer to the Alleghany Highlands Small and Non Profit Business Recovery Grant Information Sheet, attached to this application form for detailed information regarding the grant. Please be sure to fill in all information. Missing information will delay processing of your application.

Business Eligibility

I hereby certify that my business (please initials each line):

- Is locally or regionally owned or operated (corporately-owned national chains are not eligible)
- Provides local or regional services
- Suffered negative impacts from closure (mandated or voluntary, full or partial) in response to the COVID-19 public health emergency.
- Was operational prior to March 12, 2020
- Has at least 1 full-time employee (sole proprietors included)
- Has fewer than 20 full-time equivalent (FTE) employees at the time of applying
- Has not already received federal CARES Act assistance from any other source for the exact same expenses requested in this application
- Has a valid Alleghany County, City of Covington, Town of Clifton Forge or Town of Iron Gate business license if required by the locality where the business is physically located
- Is current on all fees, taxes and permits as of date of this application
- Is currently operational OR plans to reopen no later than _____
Note: IF the business does not reopen by the above date, the applicant may request an extension of the opening date with an explanation of the cause of delay. Should an applicant fail to open, all grant funds must be repaid, in full, within 30 calendar days of the written agreed upon opening date.

Check List

The following documents are required to be submitted (please initial each line):

- Original** application form signed by the business owner; email and fax copies are not accepted
- A **copy** of your current business license if one is required
- Original** signed IRS Form W-9 Request for Taxpayer Identification Number and Certification
- A **copy** of your Non-profit 501 C 3 status documentation
- A **copy** of your lease, mortgage or loan statement if requesting rent reimbursement
- Copies** of canceled checks or other proof of rent payment if requesting rent reimbursement
- Copies** of paid receipts/invoices to justify each expense for which you seek reimbursement

- NOTE: Prior to any award funds being released, documentation of having met the 2-hr business development/sustainability planning must be in your application file.

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Business Information

Legal Business Name: _____
(Grant checks will be written to this entity)

Trading as (IF Applicable): _____

Physical Address: _____

Business located in: Alleghany County _____ City of Covington _____
Town of Clifton Forge _____ Town of Iron Gate _____

Mailing address (if different than physical address): _____

Business Contact Person: _____

Phone: _____ Email: _____

Lease or Own: _____ Home or Commercial Based: _____

Business Start Date: _____ DUNS #: _____

No application will be processed without this #.
Directions for obtaining DUNS # follow page 3 of this application form.

Entity Type (select all applicable types): ___ For profit ___ Nonprofit
___ Locally Owned Franchise ___ Independent Brokerage ___ SWaM
___ Disadvantaged Business Enterprise certified ___ Veteran Owned

Number Full Time Equivalent (FTE) employees at date of this application: _____

Why did the business close (fully or partially) during the COVID-19 health emergency?
(check all that apply)

___ State mandate ___ Not enough customer demand
___ Supply chain disruption ___ Workforce availability
___ Health and safety concerns ___ Other _____

Business Function

Primary business type (select one):

- ___ Arts, Entertainment, Recreation
- ___ Child Care, Education, Instruction
- ___ Construction, Engineering, Design Services
- ___ Distribution, Logistics, Warehousing
- ___ Finance, Insurance, Real Estate
- ___ Health and Medical Services
- ___ Hotel and Accommodations
- ___ Information Technology, Broadcasting, Publishing
- ___ Manufacturing
- ___ Personal Services (barber/beauty shop, nail salon, fitness, dry cleaner, etc.)
- ___ Private Household Services
- ___ Professional, Technical, Business Services
- ___ Repair and Maintenance Services
- ___ Restaurant, Food Services
- ___ Retail – please specify _____
- ___ Transportation

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Total amount of grant funds being requested: _____

All requests for reimbursement of expenses must be directly related to COVID-19 restrictions/guidelines and it is the applicant's responsibility to clearly outline how the reimbursement request is related to COVID-19.

Please use the space below to explain your request for reimbursement of expenses incurred in re-opening/sustaining your business in the Alleghany Highlands under the COVID-19 guidelines. Attach paid receipts/invoices. Each paid receipt/invoice must list the store/business to which the expense was paid, the date of payment, and detail each amount paid. You may use a separate sheet if you wish.

(EXAMPLE: Created an outdoor dining area in response to mandated seating reductions which allowed restaurant to remain operational while meeting all State guidelines. Purchased outdoor tables and chairs, umbrellas, portable fans, portable heaters. Receipts attached.)

Applicant Signature and Certification

I covenant to save, defend, hold harmless and indemnify the County, City of Covington, Town of Clifton Forge, the Town of Iron Gate, and or the Alleghany Highlands Chamber of Commerce and Tourism and all officers, departments, agencies, agents and employees thereof from and against any and all claims, losses, damages, injuries, fines, penalties, costs including court costs and attorney's fees, charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application.

I authorize the internal use of this information for the grant analysis. The Applicant acknowledges that all proprietary information voluntarily provided by the Applicant will be kept confidential to the extent permitted by the Virginia Freedom of Information Act and other applicable laws and regulations.

I certify that the information I have submitted is correct to the best of my knowledge. I authorized the AHSBRG project manager to make inquiries as necessary to verify the accuracy of the statements and information made by me in the application.

I acknowledge and understand that I must successfully complete two (2) hours of business development or sustainability planning to assist in my business recovery efforts (e.g. meet with accountant/banker, attend a webinar on COVID-19 related business recovery, meet with SBDC representative, etc.) and to provide proof of such before I can receive any funds.

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.

Business Owner's Signature

Date

How To Obtain a DUNS Number

A DUNS (Data Universal Numbering System) number is ***required*** of each applicant applying for grant funds. This number is used to identify organizations and companies receiving federal funds and provides consistent name and address data for grant application systems.

Obtaining a DUNS number is relatively simple and is a one-time process. Businesses can receive a DUNS number at **NO COST** by applying online at <http://fedgov.dnb.com/webform>.

To create a new DUNS Number within the United States, there are a couple of things you will need before submitting your request:

- You will need **2 documents** to complete this process
 - The documents must match the **Correct Legal Business Name** at the **Current Physical Address**.
 - **Do Not Include** personal information such as Driver's License, Passport, Social Security, Banking Statements, etc. (See examples of accepted documents below)
 - For **Sole Proprietorship** companies, ensure the documentation contains **Your Full Legal Name** and **Current Physical Address**.

Examples of Accepted Documents to Create a New DUNS Number:

- Secretary of State Articles of Incorporation
- Secretary of State receipt of Filing
- Taxpayer Identification Number (TIN) Confirmation Letter
- Employer Identification Number (EIN) Confirmation Letter
- DBA / Assumed Name Certificate Filing
- Lease Agreement
- Mortgage
- Phone or Internet Bill
- Utility Bill
- Homeowners or Renters Insurance
- City or State Tax Permit
- DBA/Assumed Name filing
- Invoice from a third party
- Proof of Insurance