**COVID-19 CHAMPAIGN COUNTY SMALL BUSINESS EMERGENCY GRANT APPLICATION**

*Please be accurate in your responses to assist in the evaluation of your funding request.*

**Business Information:**

1. Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Legal Name if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property is: □Owned □Leased

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone numbers: Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Type: □Corporation □Limited Liability Entity □Limited Partnership

□Partnership □Trust □Sole Proprietor □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Activity/Activities (Type of Business) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Business was organized (Date of legal formation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Business began operation in Champaign County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal EIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the total number of Business employees as of February 29, 2020:

\_\_\_\_\_\_\_\_\_FT \_\_\_\_\_\_\_\_\_\_PT – average weekly hours \_\_\_\_\_\_\_\_\_\_

**Estimated Adverse Economic Impact:**

1. Has the pandemic economically impacted your business? If so, when did the impact start?

Month \_\_\_\_\_\_\_\_ Date\_\_\_\_\_, 2020

Describe the impact of COVID-19 on your business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your business’s revenue since the impact of the pandemic (noted above)

to the present. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your business’s revenue during the same period in 2019. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safeguarding your Business:**

1. What have you been able to do during this pandemic to keep your business functioning?

□Curbside service □Online sales □Take Out orders □Marketing □Other

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Has your business requested funding, including grants and loans of any kind, from other sources since March 1, 2020, related to financial hardship resulting from COVID-19? □Yes □No

If yes, please list amounts of other funding sources you have applied for and received:

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**Funding Request: Champaign County Small Business Emergency Grant Fund**

1. Total amount requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the funds requested will be used (please be specific including dollar amounts and timelines): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How many weeks or months will the funds requested sustain the business if the current conditions continue? (please be specific including dollar amounts and timelines): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why are these funds crucial to get your business reopened and in recovery:

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**Disclaimers:**

1. Application for the Champaign County Small Business Emergency Grant Fund *does not guarantee* award of funding.
   1. The total amount awarded will be based on funds available
   2. All businesses receiving funding MUST complete a W-9 prior to receipt of funding
   3. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant and its Owners associated with any Small Business Emergency Grant funds received by the applicant.

**Please initial here to confirm your understanding of these disclaimers:**  \_\_\_\_\_\_

**Certification:**

1. By signing below, you certify that:
   1. All information provided in this application is true and accurate to the best of your knowledge.
   2. If awarded a grant, your business will use it in accordance with the COVID-19 Champaign County Small Business Emergency Grant Fund Guidelines.
   3. You grant permission for a representative of the Champaign County Small Business Emergency Grant Fund Committee to contact your primary bank, landlord (if applicable), and you or other owners of your applying business, if the committee determines this helpful in assessing your application.
   4. You will assist in verifying information provided in this application and to provide additional information, if requested.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Business Owner/Representative Date

**Pay it Forward Program:**

1. The COVID-19 Champaign County Small Business Emergency Grant Fund is supported by *local tax dollars* generated for economic development through conveyance fees collected on the sale of real property in Champaign County. The Grant Fund Committee desires to make this a self-perpetuating fund so money is available to support future economic sustainability in our community.

***To that end, we encourage you – if you are awarded a grant – to contribute financially to the Champaign County Small Business Grant Fund an amount equal to, or greater than, the amount you receive, if feasible, once your business is back on its feet.*** Contributions to the Fund are a business deduction, subject to applicable limitations on the donor.

***Would you consider making a Pay It Forward contribution to the Champaign County Small Business Emergency Grant Fund if financially able?*** *(Please note that a “yes” response is not a requirement for receipt of a grant from the Champaign County Small Business Emergency Grant Fund program.)*

*□Yes □No □Not sure at this time*

*Submit completed application online at* www.champaignworks.com/PayItForwardGrant*; by email to* [*info@cepohio.com*](mailto:info@cepohio.com)*; or drop in the Champaign Economic Partnership mailbox (next to the CEP office door, inside the ATM lobby of Security National Bank, 3 Monument Square, Urbana).*