



## TOWN OF LURAY



### COVID-19 SMALL BUSINESS GRANT

#### APPLICATIONS DUE – OCTOBER 31, 2020

The Town of Luray Town Council has allocated \$25,000 in CARES Act funding to support our local businesses adversely impacted by the COVID-19 outbreak. The Town Council shall award grants of \$2,500 for small businesses, \$500 for non-profit businesses, and \$250 for home-based businesses.

#### Eligibility Criteria

- Physically located in the Town
- Active Town Business License
- Current on all applicable Town taxes and fees
- Been in operation in the Town prior to January 1, 2019
- Maximum 25 permanent, full-time employees
- Demonstrate and provide proof of COVID-19 related business losses of 25% or greater
- No be a national company or franchise of a national company
- Water and Sewer Utility Payments

#### Grant Fund Use

Funds must be used for COVID-19 operational capital expenses that sustain the operation of the business such as personal protective equipment, cleaning/sanitizing expenses, facility improvements, rent, or business mortgage. Funds must be used to reestablish business operations and to continue operations for the foreseeable future.

Grant funds awarded will be reimbursed upon proof of qualifying payment for operational capital expenses incurred between March 17 through December 15, 2020.

Grant funds must be repaid if the business ceases to operate prior to December 30, 2020.

#### Award Requirements

Grant funding must be used on only eligible expenses and cannot replace lost revenue. Eligible expenses must be directly tied to COVID-19 per the Department of Treasury's Guidance Document.

Businesses will be required to provide the Town with a current W-9.



# TOWN OF LURAY



## COVID-19 SMALL BUSINESS GRANT APPLICATION

*The information provided on this application is considered confidential and privileged. It is exempt from the Virginia Public Records Act pursuant to the exemptions for individual tax returns of persons or entities subject to income, estate, personal property, or business license taxes.*

E-Mail completed application to:

[sburke@townofluray.com](mailto:sburke@townofluray.com)

### Applicant/Company Information

For-Profit Business

Not-for-Profit Business

Home Based Business

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Federal Tax ID (EIN): \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Services Provided: \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

### COVID-19 Assistance

Did you apply for and/or receive:

Yes  No Small Business Administration – Economic Impact Disaster Loan

Amount Received \_\_\_\_\_ For What? \_\_\_\_\_

Yes  No Small Business Administration Grant

Amount Received \_\_\_\_\_ For What? \_\_\_\_\_

Yes  No Payroll Protection Loan

Amount Received \_\_\_\_\_ For What? \_\_\_\_\_



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## COVID-19 SMALL BUSINESS GRANT APPLICATION

### Business Status

Did your business close due to COVID-19?

- Yes    No   Governor's Executive Order
- Yes    No   Lack of Employees
- Yes    No   Concern for yourself/employees/patrons
- Yes    No   Other (Describe): \_\_\_\_\_

When did you re-open your business?

- Phase I   Date: \_\_\_\_\_
- Phase II   Date: \_\_\_\_\_
- Phase III   Date: \_\_\_\_\_
- In Future   Reason & Date: \_\_\_\_\_

### Use of Grant Funds

How do you plan to use the grant funds?

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*Please Provide:*  
*Landlord or Bank Statement with amount due for Rent/Mortgage Requests*  
*Cost & Quantity data for Personal Protection Equipment*  
*Cost & Quantity data for Special Cleaning Supplies/Services*  
*Contractor Quote or Cost & Quantity data for Facility Improvements*

### Attached Documents

- Copy of Last Quarterly/Monthly Report – Federal Payroll Tax Form
- Current Profit & Loss Statement
- Copy of 2019 Business Federal Tax Return



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### COVID-19 SMALL BUSINESS GRANT APPLICATION

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

- I acknowledge that this completed and signed application is only an application for the COVID-19 Small Business Grant
- This application, even if favorably received, does not constitute a commitment on the part of the Town to award grant funds.
- I agree to notify the Town 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 Town, its Council, and any associated government employees against any claims, charges, suits, damages, or other similar liability and to further waive any claims against any of the aforementioned entities whether now existing or arising in the future regarding any damages, losses, liabilities, costs or expenses (including reasonable attorney fees) incurred and arising from this application.
- I understand that by submitting this application, the Town is under no obligation to approve and/or extend an assistance grant.
- I certify that this application is not made by or for the financial benefit of any member of the Town Council or Town employee or their immediate family members. I further certify that the award of a Small Business COVID-19 Grant (CARES Act) to the applicant would not violate the Virginia State and Local Government Conflict of Interest Act.
- I understand that a false certification or false statement on this application will subject the signatory and applicant to repayment of the grant funds and other penalties under the law.

Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_