



## City of Poquoson Economic Development Authority

### **Coronavirus Relief Fund (CAREs Act) Grant Small Business Recovery Assistance Fact Sheet**

#### **Program Overview**

The City of Poquoson and the City of Poquoson Economic Authority have established a COVID-19 Business Recovery Grant, using \$80,000 in funds provided to the City of Poquoson under the federal government's CARES Act, to help small businesses in Poquoson impacted by Governor Northam's Executive Orders from the period of March 13 thru November 30, 2020.

The Grant is a non-recurring financial initiative given to eligible for-profit, small businesses not to exceed \$2,000. The grant is not available to franchises and national chains. Grants will be funded on eligibility listed below and on a first-come, first-served basis, with completed application and supporting documentation required for consideration.

#### **Use of Funds**

This grant can be used to support business costs that were incurred as a result of required measures to adhere to Executive Orders by Governor Northam during the period of March 13-November 30, 2020.

Examples could include but are not limited to:

\*Special Signage

\*Online operations that were not in place prior in order to further continue business operations

\*Purchase of cleaning supplies and personal protective equipment items required as a result of State of Virginia Government Executive Orders.

#### **Eligibility Requirements**

To be considered for the grant, a business must meet all the following requirements:

- For-profit business impacted or interrupted by Governor Northam's Executive Orders from the period of March 13 thru November 30, 2020.
- Must have a current City of Poquoson Business License and be in good standing with all past and current local taxes and licenses.
- Have fewer than 25 employees as of January 1, 2020.
- Be a Poquoson-based business
- Businesses must not have more than 2 locations nationwide.
- Business verifies they intend to continue operations in Poquoson when government orders are lifted.
- Completed application and required documentation as noted on the application, submitted electronically to the City of Poquoson Economic Development Office beginning July 22, 2020. No applications will be considered after November 30, 2020.



City of Poquoson Economic Development Authority  
CARES Grant  
Business Recovery Assistance Grant Application

This grant is a non-recurring initiative for eligible for-profit small businesses, excluding franchises and national chains, in amounts not to exceed \$2,000. There are limited funds and money available. Applications for this grant will be accepted on a first-come, first-served basis thru November 30, 2020. No applications will be reviewed following this date. To apply, fill out application and supporting documentation and submit online to: [charity.gavaza@poquoson-va.gov](mailto:charity.gavaza@poquoson-va.gov)

*Only completed applications will be processed.*

**Business Information:** **Date of Application:** \_\_\_\_\_ **Amount Requesting:** \_\_\_\_\_

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

Trading as (If Applicable) \_\_\_\_\_

Name on Business License if different: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business or Owner Cell Phone: \_\_\_\_\_

Owner/Authorized Representative: \_\_\_\_\_  
Year Business began in the City of Poquoson: \_\_\_\_\_ Federal ID# \_\_\_\_\_

Number of **full time** / **part-time** employees as reported to the Virginia Employment Commission for 4<sup>th</sup> Quarter 2019: \_\_\_\_\_ / \_\_\_\_\_

Number of **full time** / **part-time** employees as of the date of grant application: \_\_\_\_\_ / \_\_\_\_\_

Business website address: \_\_\_\_\_

Please provide a description of the business and services/products offered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Owner's Information: If you have any additional owners not listed above please indicate that here as this information is an effort to not provide duplication of submissions.

Owner's Name / Authorized Representative: \_\_\_\_\_

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

Percentage of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_



**Impacts to your Business:**

Please check all of the appropriate boxes detailing the justifications for negative business impacts, interruptions or unforeseen costs associated with the COVID-19 pandemic:

- Governor Northam’s Executive Order 53
- Governor Northam’s Executive Order 55
- Governor Northam’s Executive Order 61
- Sales were negatively impacted generally by the COVID-19 pandemic
- Costs of Protective / Public Health Measures Necessary to Remain Operating
- Personal Health Concerns Caused Me to Close Business to Public
- Interruptions in (the) supply chain(s) forced business interruptions and/or closure
- Other

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**Please describe in detail how your business has been affected by the impact of COVID-19 and any Executive Orders. (Attach additional sheets if necessary)**

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**Use of Grant Funds (Be specific - Attach additional sheets if necessary):**

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### Summary of Costs

Total Grant Funds Requested for COVID-19 Recovery Related Expenses: \_\_\_\_\_  
(Up to \$2,000 per business)

1. Did your business suffer negative impacts and losses costing the business \$2,000 or more?  
Yes  No
2. If less than \$2,000 please list specific amount: \_\_\_\_\_

*\*As part of your grant application please provide evidence and/or documentation to support the losses referenced above.*

3. Do you plan to reopen (if applicable) or keep the business open upon receipt of this grant?  
Yes  No
4. a. Is the business the recipient of an SBA Paycheck Protection Plan (PPP) Loan?  
Yes  In Process  No – was rejected  No – did not apply
5. Is the business the recipient of an EIDL Grant?  
Yes  No – was rejected  No – did not apply
6. Is the business the recipient of a Hampton Roads Workforce Development Council Rapid Response Grant (\$2,000 – April 2020)?  
Yes  No – was rejected  No – did not apply

### **REQUIRED ATTACHMENTS TO APPLICATION**

\_\_\_\_ Copy of Unexpired, Government-Issued Identification (Passport, Drivers' License etc.)  
(All co-signers must provide)

\_\_\_\_ Copy of 2020 City of Poquoson Business License

\_\_\_\_ Completed Current W-9

### **Optional Items for Submission**

\_\_\_\_ Relevant Information Which You Feel Will Assist the Evaluating Your Grant Request



**Certifications and Signatures:**

**I. SIGNATURES**

Please read the following and sign below. Application must be e-signed by the business's owner / authorized representative. Required signatories include general partnership partners, Limited Liability Company entities or an entity not required to register with the State Corporation Commission. Co-signers must include a copy of a current, government-issued identification (See Section VI.)

**STATEMENT OF ACKNOWLEDGEMENT**

I stipulate that I have read and understand the Poquoson Small Business Coronavirus Relief Fund Grant Program requirements and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that I am authorized to apply for this grant on behalf of the business listed on this application. I understand that this information is subject to the Virginia Freedom of Information Act. By signing below, I agree that the grant funds (if awarded) will be utilized for business purposes only and not for personal or household purchases. With my signature below I acknowledge that willful misrepresentation on this application and any other grant related documents could require repayment of the grant funds and may also be violation of Local, State or Federal code.

I understand that all approved items must have been purchased/paid after the Governor of Virginia declared the COVID-19 emergency (March 13, 2020) and before November 30, 2020. All reimbursement requests must be made no later than December 1, 2020 and grant checks must be cashed by December 29, 2020 or approved funds will be forfeited. I agree to submit copies of all paid invoices/receipts and copies of all required permits and approvals in order to receive approved grant funds. I understand that grant funds will be awarded on a first-come, first-served basis by the City of Poquoson Economic Development Authority and/or their designees.

Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

E-Signature \_\_\_\_\_

Date \_\_\_\_\_

E-mail \_\_\_\_\_

Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

E-Signature \_\_\_\_\_

Date \_\_\_\_\_

E-mail \_\_\_\_\_