



COVID-19 Small Business Grant – Phase Two Application Form

Business Information (All fields are required)

Business Name: _____

Contact Person: _____ Phone: _____

Current Number Full Time Equivalent Positions at date of grant application: _____

Woman owned business? YES ___ NO ___ Minority owned business? YES ___ NO ___

Is the business Section 3 Certified? YES ___ NO ___ DUNS Number: _____

Physical Address: _____

Lease or Own: _____ Home or Commercial Based: _____

Mailing address: _____

Website: _____ Email: _____

Acceptable Uses of Funds:

Under Phase two, ONLY rent or mortgage expenses for your business are considered qualifying expenses (up to a maximum of 6 months of payments). Payments must have been made after March 13, 2020. Businesses are eligible for up to \$15,000, including any previous grant funds received under Phase One of this program. (Example: If your monthly rent is \$1,000 and you received \$3,000 for three months of rent under Phase One, you are now eligible for an additional \$3,000. If your monthly rent is \$5,000 and you received \$5,000 in Phase One, you are now eligible for an additional \$10,000.)

Please attach the following items to this application (incomplete submissions will not be considered):

- Copy of active 2021 City of Poquoson Business License
- Completed and signed IRS Form W9
- IRS Form 8829 from your 2020 tax return, showing the percentage of home office space claimed (Applies to Home-based Businesses ONLY)
- Copy of your current lease or ownership documentation
- Detailed paid receipts or statements for the months which you are requesting rent/mortgage payment reimbursements. (Bank statements and canceled checks may also be required.)

Describe how your business has been affected by the impact of COVID-19:

Requested Grant Funds:

Prior CDBG Covid-19 Small Business Grant Funds Received: _____

Mortgage/Rent Relief Amount Currently Requesting: _____

Certifications and Signatures:

I understand that all approved rent/mortgage payments must have been paid after the Governor of Virginia declared the COVID-19 emergency (March 13, 2020). I agree to submit copies of all paid invoices/receipts and copies of all required permits, leases, ownership documents, approvals, etc. in order to receive approved grant funds. I acknowledge that grants will be funded based on eligibility and on a first-come, first-served basis until all funding is disbursed, with completed application and supporting documentation required for consideration. I understand that applications may be evaluated based on the following criteria, at the discretion of the City of Poquoson, their staff representatives, and/or the COVID-19 Small Business Grant Review Board:

- use of the grant funds for business rent or mortgage expenses only;
- extent to which my business was affected by the COVID-19 pandemic; and
- current number of employees at grant application date

I certify that I have read and understand the City of Poquoson COVID-19 Small Business Grant requirements and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that this business is currently open for business in some capacity as of this application date. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the Virginia Freedom of Information Act. I acknowledge that my business is required to have an active DUNS number to qualify for this grant. I confirm that, if my business does not already have a DUNS number, I have applied for one via the Dun & Bradstreet website and I agree to provide that information to City of Poquoson as soon as I receive it.

By signing below, I agree that the grant will be used for business purposes only, and not for household, personal, or consumer usage. I understand that any willful misrepresentation on this application and any other grant related documents could result in a requirement to repay grant funds and/or a violation of Local, State and/or Federal code.

I (Applicant) hereby confirm that _____ is currently a licensed business located in Poquoson and that said business is not a corporately-owned national chain. I certify that my company currently employs less than twenty (20) full time equivalent employees. I confirm that I have not received funding from any other local, state, or federal assistance program for the same expenses I am requesting reimbursement for on this application. Lastly, I certify that my company is current with all local taxes, licenses, permit fees, etc. and that my company is in compliance with all City of Poquoson ordinances.

Signature: _____

Printed Name: _____

Title: _____

Date: _____