

Industrial Development Authority of Dinwiddie County Small Business COVID-19 Disaster Grant Fund Application

The purpose of this program is to assist Dinwiddie County, Virginia, small businesses who have been adversely impacted by the COVID-19 pandemic. Limited funds are available for this grant assistance program and only qualified applicants will receive funds. All applicants must submit certain financial information as provided below and all applications must be deemed complete before the Industrial Development Authority of Dinwiddie County, Virginia (the "IDA") can fund any grant. The factors for the award are set forth below. The IDA may also request additional information before finalizing its review. All applicants must further certify that the information provided below and submitted with this application is true and accurate. Please note that IDA funds for this program are not guaranteed and the IDA may choose to award as many or as few grants as it chooses, but, in any event, the amount of the program is limited to \$100,000.

The grant is awarded based on the following factors.

1. Have made efforts to retain employees during the COVID-19 outbreak (taking into consideration that legally required closures may have made employee retention easier in some industries than others).
2. Possession of valid Dinwiddie County Business License (or valid explanation of why business is not required to have a Dinwiddie County Business License).
3. Submission of a timely and complete application (including all additionally required documentation). Applications will be tracked and numbered as they are received.
4. If approved, grant funds will be distributed to the business as a reimbursement for qualifying business costs that occurred between March 17, 2020 and June 30, 2020. The Business must provide documentation where the qualifying expense was paid and then the IDA will reimburse the business for the expenses up to the amount of the grant award. Qualifying expenses include payroll, rent, utilities, mortgage payment, supplies, and business expenses during the COVID-19 pandemic.
5. The applicant must clearly demonstrate the financial benefit this grant would have on their business operations, and articulate the impact of the COVID-19 pandemic on their business.
6. Other relevant factors may be considered by the IDA.

Grant amounts vary by size of business, based on number of employed (documented by payroll statements and federal employment records)

Business with 1-5 employees will be awarded a maximum of \$2,500,
Business with 6-25 employees will be awarded a maximum of \$5,000.

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Date: _____

Application Checklist Please include the following documents:

- Copy of January and February (monthly) or last quarterly (Q4 2019) Federal payroll tax forms (a small employer that is not required to submit quarterly reports may submit the most recently submitted report with an explanation that it is not required to submit quarterly reports).
- A current (or most recently available) Profit and Loss statement.
- Copy of Business's 2019 Federal Tax Return (2018 acceptable if current years' taxes have not been filed).
- Copy of most recent payroll statement.
- Copy of Dinwiddie County Business License.

Business Information

Legal Business Name: _____

DBA: _____

Business Address: _____

City: _____ Zip: _____

Business Phone #: _____

Years of operation in Dinwiddie County: _____

Business Email: _____

Website: _____

Federal Tax ID# (EIN): _____

Description of Business: _____

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Ownership Information

Complete this section for each person who has 3% or more ownership interest in the business. Use additional sheets as necessary.

Name: _____

Home Street Address: _____

City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Mobile Phone #: _____ Email Address:

Name: _____

Home Street Address: _____

City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Mobile Phone #: _____ Email Address:

Name: _____

Home Street Address: _____

City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Mobile Phone #: _____ Email Address:

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Applicant Qualification Questionnaire

Program eligibility is limited to those businesses which meet the following qualifications:

- A. Has the business been established and operational in Dinwiddie County for at least the past 12 months (since February 1, 2019)?

Yes: _____ No: _____

- B. Does the business hold a valid Dinwiddie County Business License?

Yes: _____ No: _____

*If no, please explain why a business license is not required by law (such instances are very rare): _____

- C. How often do you process and run payroll?

___ Weekly (52x per year)
___ Bi-weekly (26x per year)
___ Semi-monthly (24x per year)
___ Monthly (12x per year)

Additional Questions

- A. Total number of current employees: FT: _____ PT: _____

- B. Total number of employees as of last payroll run: FT: _____ PT: _____

- C. Total number of employees either laid-off or furloughed as a result of COVID-19:
FT: _____ PT: _____

- D. Have you submitted an application to the U.S. Small Business Administration (SBA) for financial assistance through the Coronavirus (COVID-19) Economic Injury Disaster Loan (EIDL) program or the Payment Protection Program (PPP)?

Yes: _____ No: _____

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Statement Narrative

Describe how business operations have or will be adversely impacted by the COVID-19 pandemic as well as your plans for current and near term operations (during reduced COVID-19 business restrictions) in order to remain operational.

Identify how you plan to continue employment of all or certain employees and the type of positions being retained in comparison to pre COVID-19 disruption.

Detail how you plan to use the grant funds to continue business operations.

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Each of the applicants must initial the following statements to indicate that they understand and agree to the following conditions and certifications:

_____ I acknowledge that this completed and signed application is only an application for the disaster assistance grant funds expressed herein.

_____ This application, even if favorably received, does not constitute a commitment on the part of the IDA to extend grant funds.

_____ I agree to notify the IDA 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 IDA, its board members, and associated County employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against the IDA, its board members, and associated County employees whether now existing or arising in the future regarding any damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application.

_____ I understand that by submitting this application the IDA 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 of the following persons or their immediate family members (where immediate family members includes a spouse or any other person who resides in the same household of such person and is a dependent of such person): (i) any IDA board member, (ii) any officer or employee of Dinwiddie County (including, but not limited to, the Board of Supervisors and Planning Commission), or (iii) any constitutional officer of Dinwiddie County or any employee of a constitutional officer. I further certify that the award of an IDA COVID-19 grant 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.

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

Applicant: _____ (Name of Business)

Authorized Signature

Date

Title