
# STAUNTON CARES

## BUSINESS GRANT PROGRAM

**Cash Grants for Small Business**

## APPLICATION PROCESS

- Applications are due on September 4, 2020 by 5:00PM, and only electronically submitted applications will be accepted.
- Applications should be emailed to economicdevelopment@ci.staunton.va.us
- Applications should be signed. If you do not have the technology to physically sign the document, type your name in the signature block and we will make arrangements for you to sign the completed document.
- Incomplete applications will be rejected.
- Applications will be reviewed by the Staunton Cares Business Grant Review Committee
- Should the application pool be larger than the grant funds available, the Staunton Cares Business Grant Review Committee will score applications based on the severity of impact that COVID-19 has had on a business.
- Grantees will be notified of grant awards beginning September 11, 2020.
- Grantees will be required to furnish additional information, including, but not limited to a W9, documentation of expenses (in the form of invoices, check copies, etc.) to support disbursement of grant funds, and certify that the funds will be used as described in the application.
- In lieu of a notary, business owners will be required to furnish a copy of their driver's license.
- Disbursement of grant funds will begin no later than September 14, 2020, and continue until grant funds are fully disbursed.
- Grantees will be reported to the U.S. Treasury Department as part of the City of Staunton required reporting and any other public document as may be required by the CARES Act. Information provided, except for confidential financial statements as allowed by Sections 2.2-3705.6 and 58.1-3 of the Code of Virginia, are subject to Freedom of Information Act (FOIA) regulations.

## Eligibility Checklist

Please verify that you are eligible to receive these grant funds by reviewing these eligibility criteria.

- ☐ Have suffered a qualified business interruption due to COVID-19
- ☐ Has a physical location within the corporate limits of Staunton
- ☐ Are a for profit business
- ☐ Taxes and fees to City of Staunton are current
- ☐ Locally owned and operated
- ☐ Had between one and twenty (Full Time Equivalent[i]) W2 employees as of March 13, 2020
- ☐ Have received or been approved for an SBA-backed Paycheck Protection Program (PPP) loan or an Economic Injury Disaster Loan (EIDL), and still in need of funding.
- ☐ Did not receive and have not been awarded reimbursement under any other federal program for the expenses that will be reimbursed by this grant
- ☐ Did not receive compensation from an insurance company for the covered business interruption due to COVID-19 or received less than $10,000 in insurance compensation
- ☐ Your business is not a subsidiary of a business with more than 50 employees, is not part of a larger business enterprise with more than 50 employees and is not owned by a business with more than 50 employees


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**Section 1 – Basic Business Information**

1. Business Trade Name _____ Address _____
2. Full legal name of business, if different _____
3. Owner name _____ phone _____
4. Email _____
5. Mailing address, if different _____
6. Communication preference

   Email ____ Mail __ Phone _____ Text __

7. FEIN number _____
8. Staunton Business License number _____
9. Is your business located within the City limits of Staunton? Yes __ No ___
10. Is the physical business address a location that receives customers? Yes _____ No ___
11. Are your City of Staunton taxes and fees current? Yes ___ No ___
12. Is your business locally owned and operated? Yes _____ No ___
13. When was your business established? _____
14. How long have you been the owner? _____
15. Is your business SWAM[ii] certified? Yes ___
    a. If no, are you SWAM[iii] eligible? _____
16. How is your business organized?

    Sole proprietorship _____ S-Corp ___
    Partnership _____ LLC _____
    C-Corp ___ Other _____

17. What is your primary industry sector?

    Agriculture _____ Finance and insurance _____
    Construction _____ Real estate rental and leasing _____
    Manufacturing ___ Professional & technical services (medical) _____
    Wholesale trade _____ Personal Services (salon, dry cleaner) _____
    Retail ____ Arts, entertainment, and recreation _____
    Transportation and warehousing _____ Hospitality (restaurant, catering, hotels) _____
    Information Technology _____ Other _____

18. If your business is in leased space, on what date does the current lease expire? _____
19. What is the gross square footage of your location? _____


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**Section 2 – Business Eligibility**

20. How many W2 employees do you currently have?
    - ☐ Full time ☐ Part time (30 hours per week or less)
21. How many W2 employees did you have on March 1, 2020
    _____ Full time _____ Part time
22. If you have not done so already, what are your plans for hiring or recalling employees from furlough?

    _____

    _____
23. How was your business impacted by COVID-19? _____

    _____

    _____
24. How did you adapt your business practice during the state of emergency/stay at home order? __

    _____

    _____
25. Is your business open now? Yes __ No ___
    a. If no, what are your plans for reopening? _____

       _____

       _____
26. What was your YTD January – May Gross Revenue in 2019? _____
27. What is your YTD January – May Gross Revenue in 2020? _____
28. If your business was not active on January 1, 2019, please provide details on your first year of operation. _____

    _____

    _____
29. Is your business currently in bankruptcy proceedings? _____
30. Did you receive an SBA-backed Paycheck Protection Program (PPP) loan? Yes ___ No _____
    a. If yes, what was the amount? _____
    b. Please explain why additional funding is necessary: _____

       _____

       _____

       _____

       _____

31. Did you receive Economic Injury Disaster Loan (EIDL) loan or grant? Yes _____ No ___
    a. If yes, what was the amount? _____
    b. Please explain why additional funding is necessary: _____

32. Have you been awarded reimbursement under any other federal program for the expenses that will be reimbursed by this grant? Yes ___ No ___
    a. If yes, please describe including dollar amount: _____

33. Have you received compensation from an insurance company for the covered business interruption due to COVID-19? _____
    a. If yes, please describe including dollar amount: _____

34. Have you received any other local grants or loans (EDA, SCCF, Community Foundation, etc.)? Yes ___ No ___
    a. If yes, please describe including dollar amount: _____

**Section 3 – Use of Funds**

Staunton Cares Business Grant funds must be used to reimburse the costs of business interruption caused by required closure and/or costs related to reopen. Acceptable uses of grant funds include:

- Personal Protective Equipment (PPE)
- Other equipment and supplies to promote health and safety
- Technology to facilitate e-commerce and or virtual business operations
- Professional services related to the design and construction/alteration of the built environment necessary to promote physical and social distancing, as well as the actual costs for alterations
- Initial cleaning and disinfection services prior to reopening
- Inventory
- Equipment
- Rent or mortgage costs
- Utilities (Gas, Electric, Communication)

35. Please provide a line item list including dollar amount of how you will use the grant funds if awarded.

| Use | Amount |
|---|---|
| Example: May Rent | $500 |
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## *SIGNATURE PAGE*

I certify that I am the owner or authorized agent of the above business and that the information included in this application is accurate. Further, if awarded, grant funds will be used as described herein and in accordance with the CARES Act, and that I will provide any additional information as needed as requested by the Staunton Cares Business Grant Review Committee.

Printed Name: _____

Signature: _____

Date: _____

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Staunton Cares Business Grant Review Committee Recommendation:

Approved ____ Amount:_____

Denied _____

Date:_____

Signature: _____

Phil Trayer, Staunton Economic Development Authority, Treasurer

[i] Full Time Equivalent (FTE) – the number of employees required to achieve one week (40 hours) of work. For example, one full time (40 hours) employee and two part time (20 hours each) employees would be 2FTE.

[ii] Small, Women-owned, and Minority-owned Business

[iii] Full definition can be found at: https://www.sbsd.virginia.gov/certification-division/swam/. Small - 250 or fewer employees, or average annual gross receipts of $10 million; least 51 percent of the equity ownership interest is held by a Women or Minority; Service Disabled Veteran-owned may also qualify