**Mercer County Small Business COVID-19 Grant Application**

First Name: Last Name: \_

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

Business Address

Phone Number: \_ (Provide best day time phone number)

Email Address:

EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS:

Business Type: (retail, restaurant, etc.)

% of Interest Owned: Title:\_

Years in Business: Years at Present Address:

Average Gross Annual Receipts \_

(Provide Gross Annual Receipts prior to COVID rounded to nearest $1,000)

Own or Lease Building? Monthly Mortgage or Rent

Lease Expiration Date Number of Employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COVID-19 Impact

Please provide a brief narrative of the impact COVID-19 has had on your business. Limited to 300 characters.

% Revenue Loss

\*Must include Profit/Loss documentation.

(Documents must show revenue loss due to COVID. An example of an acceptable form of documentation is profit and loss reports from both 2019 and 2020 for comparison.)

**Other COVID-19 Financial Assistance Received** (select any other assistance applied for)

Personal Funds Invested (Amount of personal funds invested) $

\_ PPP- Payroll protection program loan $

\_ SBA – Disaster Loan $

 \_ Other $

# Other COVID-19 Financial Assistance Obtained

If you were successful in obtaining any COVID-19 financial assistance list program and amount received. i.e. PPP Loan - $50,000.

# Plans to Sustain Your Business

Although there is great uncertainty, Mercer County hopes that businesses receiving grant funds will successfully persevere through the COVID-19 pandemic. Briefly describe how you plan to sustain your business.

Grant Funds Requested $ (maximum amount is $10,000)

# Provide How Funds will be Used:

|  |  |
| --- | --- |
| Use of Funds | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*\*You Must Submit a Completed W-9 Form with your Application\*\*

Certifications (please initial each):

 I confirm that my business is located within Mercer County and the business maintains all proper licenses and permits for operation.

 I certify that my revenue has declined by 25% or more as a result of COVID-19 since March 1, 2020.

 I certify that the average annual gross receipts of the business is less than $1,500,000.

 I certify that our current number of full-time equivalent employees is 35 or fewer.

\_ \_\_\_ I certify that my company is in good standing with all applicable government regulations related to building code or property maintenance issues.

\_ \_\_\_ I certify that my property is not a nuisance property for police/fire/EMS calls.

 I certify that my company is not in bankruptcy.

 I agree to document and report the economic impact to the business including how funds are used and jobs retained/created and submit such documentation/report within 90 days of being awarded grant funds.

 I certify that the business is current with all local, state and federal taxes.

 I certify that undersigned has the approval to submit this application and execute a grant agreement on behalf of the applicant.

**Final Certification**

I certify that the above information, to the best of my knowledge is accurate and true. I understand that the County will rely on the accuracy of the submittals and certifications made in this application. Any misrepresentation is a criminal offence under Section 1001 of Title 18 of United States Code.

Business Name:

Authorized Representative Signature: Printed Name: Title: Date: