

County of Lancaster And its Economic Development Authority CARES Act Small Business Grant Program

Program Guidelines

The County of Lancaster has identified emergency relief funds to support small businesses impacted by the COVID-19 pandemic. Funds are available as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act federal stimulus package.

The CARES Act Small Business Grant Program is a partnership between the County of Lancaster and the Lancaster County Economic Development Authority (EDA). The EDA will disburse grants to awardees after a review committee has processed and approved the grant applications. The second round of awards will be based on applications received by December 4, 2020. Future rounds of awards may be provided.

The emergency relief is targeted specifically to help local businesses cover immediate financial needs due to business interruption. Grants are strictly limited to businesses that have a physical location OUTSIDE the incorporated town limits of Kilmarnock, Irvington or White Stone. The towns may provide their own grant programs.

All applications and materials submitted will be public record and subject to the Freedom of Information Act (FOIA). Documents identified as proprietary are exempt under FOIA.

Disbursement of Funds

The CARES Act Small Business Grant Program will offer one-time grants of up to \$5,000 to qualifying small businesses to assist businesses through the COVID-19 pandemic.

There is a limited amount of funds for this program. Grants will be committed and funded on a first-come, first-served basis based upon availability of funds, program guidelines, and submission of a complete application and supporting documentation. Applicants will be required to demonstrate business interruption caused by COVID-19.

Eligibility Requirements

Applicants must be authorized representatives of small businesses defined as enterprises between 1-25 Full Time Equivalent (FTE) employees as of March 1, 2020. Two part-time employees equal one full-time employee. The grant award is based on \$200 per full time employee and is outlined below:

| 1-5 Employees | up to \$1,000 |
|-----------------|---------------|
| 6-10 Employees | up to \$2,000 |
| 11-15 Employees | up to \$3,000 |
| 16-20 Employees | up to \$4,000 |
| 21-25 Employees | up to \$5,000 |

Grant applicants must demonstrate business interruption from COVID-19 or revenue loss/business distress due to COVID-19 and must be current with local taxes and in good standing with all local, state and federal codes.

Ineligible organizations

- Independent contractors operating multilevel or network marketing businesses (such as Avon, Mary Kay, etc.)
- Independent contractors working on gig platforms (such as Airbnb, Uber, Lyft, etc.)
- Home-based businesses
- Nonprofit organizations
- Banks, businesses engaged with speculation or real estate
- Franchises not headquartered in the County of Lancaster

Eligible Use of Funds

The program will provide emergency grants of up to \$5,000 to qualifying small businesses to cover expenses such as employee wages, rent and other immediate financial needs. Funds can only be used to reimburse the costs of business interruption caused by required closures provided those costs are not paid by insurance or by another federal program (such as the Payroll Protection Program).

Eligible uses of the grant funds include, but are not limited to the following:

- Operations (payroll, rent, mortgage, supplies, utilities, working capital, insurance, etc.)
- Adaptation to respond to new market conditions (i.e., develop online sales/e-commerce, delivery or take out; develop new product line, etc.).
- Deep cleaning services, PPE, protective barriers, etc.
- Purchase of equipment and inventory.

Required Documentation

- Current W-9 Form
- Documentation to support business interruption caused by COVID-19 (profit & loss statements, closures by mandated executive orders, etc.)
- Documentation to support use of funds (receipts of purchased Personal Protective Equipment (PPE), invoices/receipts for operations (payroll, rent, mortgage, etc.)
- Completed Application Form

Application and Document Submission

Once the attached application is completed along with all supporting documentation, the complete package can be submitted by either of the following ways:

- Scanned and emailed to <u>dgill@lancova.com</u>
- Hand delivered or mailed to: Lancaster County Administration Office c/o Don G. Gill, County Administrator 8311 Mary Ball Road Lancaster, VA 22503

Deadline for receipt is Friday, December 4, 2020 at 5 PM



County of Lancaster And its Economic Development Authority CARES Act Small Business Grant Application

This application period will open beginning 11/20/2020 at 9:00am and close on 12/4/2020 at 5:00pm.

The County of Lancaster has established a grant fund to support small business recovery following the COVID-19 pandemic. Grant funds will be used to reimburse the costs of business interruption caused by required closures. Grants of up to \$5,000 will be awarded to eligible businesses on a first-come, first-served basis and subject to availability of funds.

| Date of Application |
|---------------------------------------|
| Requested Grant Amount |
| CONTACT INFORMATION |
| Business Name |
| Physical Business Address |
| |
| Mailing Address (If Different) |
| |
| Primary Business Contact Name & Title |
| |
| Contact Email |

BUSINESS FUNCTION

Select your business category

___ Arts, Entertainment, Recreation ____ Child Care, Education, Instruction Construction, Engineering, Design Services Distribution, Logistics, Warehousing ____ Health & Medical Services Hotel and Accommodations ____ Information Technology, Broadcasting, Publishing ____ Manufacturing Personal Services (barber shop, nail salon, fitness, dry cleaner, etc.) Private Household Services ____ Professional, Technical, Business Services ____ Repair and Maintenance Services ____ Restaurant, Food Services ____ Retail - please specify _____ ____ Social Services ___ Transportation Other - please specify _____ **BUSINESS TYPE** Sole Proprietor ___ LLC ____ Franchise ___ Corporation ____ Partnership Other Did you receive an EIDL or PPP loan? ____ Yes ____ No If yes, what was the loan amount? _____ I certify that my business: Is a for-profit enterprise located in the County of Lancaster and OUTSIDE the incorporated town limits of Kilmarnock, Irvington or White Stone Suffered business interruption (mandated or voluntary, full or partial) in

| response to the COVID-19 pandemic Has been operational for at least one year prior to March 1, 2020 Is a small business employing 1-25 full time equivalent (FTE) employees Is current on all fees, taxes and permits Is not a franchise with headquarters located outside the County of Lancaster |
|--|
| *All 6 certifications must be checked to proceed with the application* |
| BUSINESS OPERATIONS |
| Number of full-time employees as of 03/1/2020 Number of part-time employees as of 03/1/2020 Number of full-time employees as of 10/31/2020 Number of part-time employees as of 10/31/2020 |
| If fewer employees as of 10/31/2020, was this due to |
| Layoffs Temporary furlough Other – please specify |
| Why did the business close (fully or partially) during the COVID-19 health emergency?(check all that apply) |
| State Mandate Not enough customer demand Supply chain disruption Workforce availability Health and safety concerns Other – please specify |
| What is the current status of the business? |
| Open with normal operations Open with limited operations (fewer employees, reduced hours/shifts, etc.) Operating online Delivery/take out only Closed temporarily Other – please specify |

| Is the primary location of the business owned or rented? | |
|--|--|
| Own outright Own with mortgage Rent | |
| Please specify the mortgage or rent amount. | |
| Does the business have any capital reserves or available credit? | |
| Yes No | |
| If yes, how many months can reserves or credit cover business operations? | |
| BUSINESS INTERRUPTION | |
| Describe business operations and financial well-being prior to COVID-19. | |
| | |
| | |
| Describe how COVID-19 has affected your business, including impacts on workforce, revenue and profits, space modifications, etc. | |
| | |
| | |
| Describe uses of grant funds and estimated cost of each (payroll, rent, etc.) | |
| | |
| | |

| Describe how grant funds will help the business sustain operations in the County of Lancaster. | |
|--|--|
| | |
| BUSINESS RECOVERY | |
| What would you need for your business to resume full operations? (check all that apply) | |
| State authorization to re-open Rehiring employees Creating new marketing campaign Working capital Revising business plan to new circumstances Opening of adjacent businesses Resumption of essential supply chain Relaxing of social distance guidelines | |
| ADDITIONAL DOCUMENTATION NEEDED | |
| -W-9 Request for Taxpayer Identification Number and Certification. | |

- -Documentation to support business interruption caused by C0VID-19 (profit & loss statements, closures by mandated executive orders, etc.)
- -Documentation to support use of funds (receipts of purchased Personal Protective Equipment (PPE), invoices/receipts for operations (payroll, rent, mortgage, etc.)

APPLICANT CERTIFICATION AND SIGNATURE

The Applicant covenants to save, defend, hold harmless and indemnify the County of Lancaster and the Lancaster County Economic Development Authority and all of its officers, departments, agencies, agents and employees from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability or exposure,

however caused, resulting from, arising out of, or in any way connected with this application.

The Applicant provides a waiver of confidential information provided to the Lancaster County Economic Development Authority and the County of Lancaster and authorizes the internal use of this information for the grant analysis. The Applicant acknowledges that the County of Lancaster and the Lancaster County Economic Development Authority will keep all proprietary information voluntarily provided by the Applicant confidential to the extent permitted by the Virginia Freedom of Information Act and other applicable laws and regulations pertaining to the disclosure of records in its possession, and acknowledges that all grant award decisions are final and are not subject to appeal.

I certify that I have read and understand and am authorized to complete and submit this application on behalf of the applicant. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

| Applicant Printed Name |
|------------------------|
| |
| Applicant Signature |
| |
| |
| Date |