

Union County Coronavirus Relief Fund Small Business Grant Program Application

Applicant Information

* Will not be seen by scoring committee

Application # _____

Name of Business _____

Business Address _____

City: _____ Zip: _____

Does your business have multiple locations? If yes, provide addresses:

Business Owner(s): _____ Email: _____

Home Address: _____ Phone: _____

Date Business Established: _____

Union County Coronavirus Relief Fund application process:

The Kentucky Department for Local Government has allocated funding from Kentucky's share of the Federal Coronavirus Relief Fund to assist counties and cities in response to Covid-19. A portion of Union County's allocation, which is based on population, has been set aside for immediate grant assistance to already existing and qualifying small businesses with less than 50 employees. The purpose of this grant program is to capture those businesses that were not assisted by other sources.

The following application will be reviewed by a scoring committee comprised of 5 individuals with various backgrounds. The committee will be chosen by the Union County Judge Executive, Adam O'Nan, Union County First Director, Melissa Coker and Union County Planning Commissioner, Sean Sheffer. The scoring committee will be approved by the members of the Fiscal Court. The members of the scoring committee will not see the application until the day of scoring. Additionally, all business-related identifying information on the application will be unavailable to the scorer.

Each business that qualifies will be awarded funds with a minimum amount of \$2,500.00. Please note that there will be businesses that do not qualify for this program. If a business received funding from the SBA for Coronavirus relief, that business is not eligible for this grant.

The application process will be open starting on Friday, October 16, 2020 and will close on Friday, October 30, 2020 to give ample time for submission. Awards will be granted on Friday, November 13, 2020. There is a possibility that this timeline will be altered due to unforeseen circumstances given the nature of the pandemic.

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Is your business located in Union County? _____

Is your business for profit? _____

Do you reside in Union County? _____

Do you pay Occupational Taxes in Union County? _____

Does your business have multiple locations or are you a part of a subsidiary? If yes, provide addresses:

Nature of Business in detail:

Is your business a franchise? _____ Is your business licensed? _____

Are you an independent contractor? _____

Are you a certified minority owned business? _____

Employer's Federal Identification Number: _____

Employer's State Identification Number: _____

Number of employees prior to Pandemic: _____

Were you forced to lay off or terminate employees due to Pandemic? _____

If yes, how many employees? _____ Current # of employees: _____

Is your business considered essential? _____

Has your business ever received funding or loans from Union County Fiscal Court or Union County Industrial Development Authority? If yes, please detail.

Did your business have loss of business income insurance? _____ If so, what was the amount paid to your business? _____

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Financials

Please attach the following Profit/Loss Statements:

- January 2019 – June 2019
- January 2020 – June 2020

Pandemic Related Information

Was your business forced to shut down due to Covid-19? If yes, please elaborate.

If you were still able to operate, was your business altered due to Covid-19? If yes, please elaborate.

Overall, what was the effect of Covid-19 to your business?

Provide your Covid-19 related expenses to reopen or keep your business open (attach a separate itemized list if needed to better understand your expenses).

If applicable – Date business shut down: _____ Date reopened: _____

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Did you apply for a **SBA (Small Business Administration)** Loan or Grant? Including PPP (Payroll Protection Program) or EIDL (Economic Injury Disaster Loan): _____

Was your application denied? If yes, detail the reasons why (if known): _____

If accepted, detail the amount of funds received for each program:

If you did not apply, detail the reasons why: _____

Did your business receive any other assistance related to Covid-19 (ex. US Chamber, GRADD, Unemployment Insurance, etc.) If yes, detail source and amount:

Were you forced to close your business due to the pandemic? _____

Date of closure: _____

If you were to be granted funds from this program, would it help you to reopen your business? _____

I hereby certify that all statements and information provided on this application are true, complete, and correct to the best of my knowledge. If asked, I agree to provide proof of the information on this application and/or provide additional information if needed.

Applicant Signature _____ Date _____

Printed Applicant Name _____