



# Back to Business Grant

Please complete each of the fields below. Blank or insufficient information may cause your application to be denied.

## Business Information:

Business Name (as listed on IRS Form W-9):

DBA/Trade Name of Business (if applicable):

First and Last Name of Legal Business Owner:

Applicant Name (if you are not the business owner):

Applicant Title:

Physical Business Address: Street:

City:

Zip:

Contact Phone Number:

Contact E-Mail Address:

Business Website Address:

Mailing Address (if different than physical address): Street:

City:

Zip:

Type of Business:

Date Business Established in Goochland County:

Number of full-time equivalent employees as of January 1, 2020:

Number of full-time equivalent employees of August 1, 2020:

*Permanent full-time employee defined as employed for minimum of 35 hours over a minimum of 48 weeks a year, or 1,680 hours per year. Part-time or seasonal employee hours must be converted to FTE positions. For example, two part-time employees working a combined 1,680h/year would be considered 1 FTE position.*

Are you SWAM certified?

Woman-owned

Minority -owned

Veteran-owned

### Grant Request Information:

Please provide a brief narrative of the impact COVID-19 has had on your business and what you have had to do to comply with COVID19 regulations:

Total amount requested: \$

- Businesses with 1 – 25 FTE employees: up to \$10,000
- Businesses with 26 – 49 FTE employees: up to \$16,000
- Businesses with 50 – 150 FTE employees: up to \$20,000

Businesses will only be reimbursed for costs accounted for through receipts or proof of purchase. Please see page 2 of the grant guidelines for guidance on expense documentation.

Please describe the expenses incurred that you are requesting reimbursement.

Please submit the following as attachments:

- Copy/verification of Goochland County 2020 business license
- W-9 Form
- Documentation of expenses you are requesting to be reimbursed. Each documented expense must include invoice/charge of expense **and** proof of payment (credit card receipt/statement, cancelled check) by the applicant business.

### **Certifications and Signatures:**

- I certify that I do not promote, sell, or advertise any products, ideas, or services that fail to comply with all applicable laws, acts, regulations, rules and ordinances.
- I certify that I am not seeking reimbursement for expenses that were already funded by other federal dollars/federal programs or other publicly-funded programs such as the Paycheck Protection Program or the Goochland e-Commerce grant program.
- I certify that the applicant business is not owned (in whole or in part) by any individuals who are an employee of Goochland County or the Goochland County Economic Development Authority, nor any family members or household members of the same. For purposes of this Grant Program, the term “family members” is defined as any spouse, partner, parent, legal guardian, child, sibling, grandparent, grandchild, or in-law
- I certify that the applicant business has not at any point since March 1, 2019 employed: (i) any individuals who are or were an employee of Goochland County or the Goochland County Economic Development Authority; or (ii), any family or household members of the same.
- I understand that by submitting this application, the Goochland County Economic Development Authority is under no obligation to approve and/or extend the grant and that all applications and materials submitted will be public records and subject to the Freedom of Information Act (FOIA). Documents identified as proprietary are exempt under FOIA.
- I agree to hold harmless and indemnify Goochland County and the Goochland County Economic Development Authority, their board members, and associated County employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against the County and the EDA, their board members, and associated County employees whether now existing or arising in the future regarding any damages, losses, liability, costs or expenses (including reasonable attorneys’ fees) incurred and arising from this application or from the applicant’s misuse of grant funds.
- I understand that application for the grant constitutes an unconditional agreement and acceptance of the grant terms, conditions, and guidelines and that I am responsible for ensuring familiarity with the terms, conditions, and guidelines.
- I certify the above and the statements and those contained in the attachments are true, accurate, and that documented expenses were incurred as a result of business closure or disruption due to COVID-19.
- I understand that a false certification or false statement on this application will subject the signatory and the applicant to forfeiture and/or repayment of the grant funds and other penalties under the law.

### **Additional Certification for Independent Contractor/Sole Proprietorship**

- I certify that I am not receiving unemployment benefits and that I pay self-employment tax.

This application may be executed by an electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of the original signature, electronically scanned and transmitted versions of an original signature, or a typed signature.

***By signing below, I represent and warrant that I have complete authority to bind the business listed above to each and every term on this agreement.***

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

Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_