

Scott County Disaster Recovery Fund Grant Application



In response to COVID-19's effect on the economy, Scott County has enacted a grant fund with an application process as included below. Please review eligibility and the process below.

To apply, complete the eligibility checklist and the complete application. Submit to: jkilgore@scottcountyva.com. The application process will occur electronically including electronic signatures.

The Disaster Recovery Grant Program will provide up to \$10,000 per cash grant per applicant.

GRANT ELIGIBILITY:

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
- Have a physical location within the corporate limits of Scott County
- Are a for-profit business
- Taxes and fees to Scott County are current
- Locally owned and operated
- Had between one and twenty-five or more (Full Time Equivalent) W2 employees as of March 13, 2020
- Did not receive or been approved for an SBA-backed Paycheck Protection Program (PPP) loan or an Economic Injury Disaster *Loan* (EIDL). Recipients of the EIDL *Grant* are eligible.
- 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

APPLICATION PROCESS:

- Applications are due no later than September 30th, 2020 at 2:00 p.m.
- Only electronically submitted applications will be accepted
- Applications must be emailed to jkilgore@scottcountyva.com
- Applications must 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. If you have any questions regarding the application, please contact John Kilgore at 276-386-2525 or jkilgore@scottcountyva.com prior to submitting.

- Should the application pool be larger than the grant funds available, the Grant Review Committee will score applications based on the severity of impact that COVID-19 has had on your business.
- Grantees will be notified of grant awards no later than October 8th, 2020
- Grantees will be required to furnish additional information, including, but not necessarily limited to a W9 and certify that 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 checks will be mailed no later than October 14th, 2020
- Grantees will be reported to the U.S. Treasury Department as part of the County of Scott's required report 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.
- Personal information pertaining to financials and grant documents will be kept confidential. Only business name and amount may be released.

Please fill out the application and submit the required documentation listed on the final page to: John Kilgore at jkilgore@scottcountyva.com.

CONTACT INFORMATION

Owner Name: _____
Social Security Number: _____
Address: _____
Email: _____
Telephone Number: Home: _____
Mobile: _____
Office: _____
Previous Address: _____

BUSINESS DESCRIPTION

Business Name/
Full Legal Name: _____
Business Physical
Address: _____

Business Mailing Address:
(if different) _____

Business Email: _____
Business Contact: Name: _____
Phone: _____
Address: _____

Organization Type: Sole Proprietorship _____
Partnership _____
LLC _____
S Corp. _____
C Corp. _____

Date Business Established
And Date Of Ownership: _____
If your business was not
active on January 1, 2020,
Provide details on your
first year or months of
operation: _____

EIN Number:
(if applicable) _____
DUNS Number:
(if applicable) _____

Current Business License
Number (if applicable): _____

Is your business located
within the county limits
of Scott County? _____

YES ____ NO ____

Is your business locally
owned and operated? _____

YES ____ NO ____

Is the provided physical
address a physical
address that receives
customers? _____

YES ____ NO ____

Primary Industry Sector:

- | | |
|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance and insurance |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Real estate and rental leasing |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Professional and technical services (medical) |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Personal Services (salon, dry cleaner) |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Arts, entertainment, and recreation |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Hospitality (restaurant, catering, hotels) |
| <input type="checkbox"/> Information | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Technology | |

Is Your Business SWaM
Certified? (Small, Women-
Owned, and Minority Owned) _____

YES ____ NO ____

GRANT REQUEST INFORMATION & ELIGIBILITY

The Disaster Recovery Grant Program will provide up to \$10,000 cash grants per applicant.

Grant Amount Requested: _____

\$ _____

Number of W2 employees as of
date of application: _____

Full-time: _____

Part-time (30 hours per week or less): _____

Number of W2 employees as of
March 13, 2020: _____

Full-time: _____

Part-time (30 hours per week or less): _____

What was the businesses' gross
revenue in January – May 2019? _____

\$ _____

What was the businesses' gross
revenue in January – May 2020? _____

\$ _____

Are your County of Scott taxes
and fees current? _____

YES ____ NO ____

Is your business currently in
bankruptcy proceedings? _____

YES ____ NO ____

Did you receive an Economic
Injury Disaster Loan (EIDL)
and/or Grant? If yes, what was
the amount? _____

YES: LOAN ____ Amount: \$ _____

YES: GRANT ____ Amount: \$ _____

NO ____

Have you previously applied for

EIDL, been denied and are in the appeal process? _____

YES _____

NO _____

Have you been awarded reimbursement under any other federal program for the expenses that would be reimbursed by this grant? If yes, name the program.

YES _____

Program: _____

Amount: \$ _____

NO _____

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

YES _____

NO _____

Have you received any other local grants or loans (Bridging the GAP COVID-19 Loan Program, etc.)

YES _____

If yes, please describe _____

NO _____

Describe how your business has been impacted by COVID-19:

Describe your plans for hiring or recalling employees from furlough:

Describe how you adapted your business practice during this time:

Describe your business' efforts to adapt to future needs should such widespread business interruption occur in the future:

USE OF FUNDS

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 (Electric, Gas, Communication)

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

USE	AMOUNT
<i>Example: May Rent</i>	\$500
TOTAL	\$ _____

CERTIFICATION STATEMENT

I certify that the information above is correct to the best of my knowledge. I authorize the Scott County Economic Development Authority to make inquiries as necessary to verify the accuracy of the statements made by me. I agree to indemnify and hold harmless Scott County Economic Development Authority, its officers, directors, employees, agents, and volunteers from any and all claims, loss or other liability arising from or related to the services that Scott County Economic Development Authority provides before, during, and after the grant review process. I agree to be bound by the grant agreement, if my application is accepted. I agree to provide documentation, if needed, or all uses of grant funding. I certify that if I receive an EIDL loan between the date of my application and before the award date of October 8th, 2020, I will let Scott County Economic Development Authority know and agree to forfeit grant dollars from this program.

Notice: The Scott County Economic Development Authority is dedicated to maintaining the confidentiality of all private client information including proprietary business data, business plans, and tax ID numbers. As an organization receiving financial support from state and federal agencies, we may be required to document and share client information with public and non-profit agencies as a condition of program funding. Such information will be treated as confidential by all parties and shared only to the extent required for program compliance and not for further distribution.

Name

Date

_____ **By checking this box and typing my name above, I am electronically signing my application.**

REQUIRED DOCUMENTATION

In addition to this application, please submit the following:

With every application:

- _____ Complete Grant Application
 - _____ Most recent federal tax return
 - _____ W-9
 - _____ Copy of driver's license or other form of ID
- If your grant is approved, additional documents may be required pertaining to use of funds

Please initial here to indicate your acknowledgement of reading and understanding this checklist of required documentation:

Initials

Date