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1. Business Name

1. Owner’s Name

1. Federal EIN, Tax ID, or SSN#

1. DUNS Number

1. Business Physical Address

1. Business Mailing Address (if different from physical address)

1. Form of Business Ownership

[ ]  LLC

[ ]  S-Corp

[ ]  C-Corp

[ ]  Partnership

[ ]  Sole Proprietorship

[ ]  Non-Profit Corporation

1. Type of Business

[ ]  Food/Restaurant

[ ]  Retail

[ ]  Service

[ ]  Contracting/Construction

[ ]  Daycare

[ ]  Other: What Type of Business? [ ]

1. Primary Contact

1. Business Phone Number

1. Owner’s Phone Number

1. Business Email Address

1. Owner’s Email Address

1. Brief Description of Business

1. Date Business Established

1. Annual Gross Revenue (2019)

1. Is your business a certified MBE/WBE?

[ ]  Yes

[ ]  No

1. Is the Primary Business Owner a Greenville resident?

[ ]  Yes

[ ]  No

1. Does your business employee 5 or less people, including yourself? If yes, how many?

1. Are you a low or moderate income business owner? If yes, please state income level and

House-hold size. Low income means less than or equal to 50% of the Area Median Income (AMI). Moderate income means less than or equal to 80% of the Area AMI. See Chart Below.

[ ]  Yes

[ ]  No

If you answered “Yes”, please state your income level and House-hold size

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Size** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Income Limit Moderate** | $35,500 | $40,600 | $45,650 | $50,700 | $54,800 | $58,850 | $62,900 | $66,950 |
| **80% of Median** |

1. What is your ethnicity?

[ ]  Hispanic or Latino

[ ]  Non Hispanic or Latino

1. What is your race?

[ ]  Asian

[ ]  Black/African American

[ ]  Native American/Alaskan Native

[ ]  Native Hawaiian/Pacific Islander

[ ]  White

[ ]  Other

**COVID-19 IMPACT**

1. Have you laid off employees since April 1, 2020?

[ ]  Yes

[ ]  No

1. Are you planning to lay off any employees in the future?

[ ]  Yes

[ ]  No

1. Will this assistance allow you to retain at least one full time job for a person that is part of a low income household?

[ ]  Yes

[ ]  No

1. Is your business still open?

[ ]  Yes

[ ]  No

1. What was your total gross revenue as of November 30, 2021?
2. What is your total gross revenue as of December 31, 2020?

1. What is the total monthly rent for your business?

1. What is your business’ Mortgage payment (principal and interest) (if applicable)?

1. Does the business owe Federal or state taxes currently?

[ ]  Yes

[ ]  No

If yes, please list entity and amount

1. Does the business currently owe taxes to Greenville?

[ ]  Yes

[ ]  No

If yes, state the amount

**Expenses related to re-opening or restarting of a business line after a Covid-19 related closure or business interruption**

**All expenses listed must be accompanied by a copy of the invoice and proof of payment.**

1. Business Rent or Mortgage paid for December 1, 2020 through May 31, 2021

1. W-2 employee payroll paid for December 1, 2020 through May 31, 2021

1. Business insurance premiums paid for December 1, 2020 through May 31, 2021

1. Please provide a brief narrative of how your business has been impacted by the public health emergency and associated business restrictions, including financial loss.

1. How much grant assistance are you requesting?

1. Have you applied for funding from Federal Programs (PPP or SBA), State of North Carolina, or any other Covid-19 related funding programs?

[ ]  Yes

[ ]  No

If Yes, please explain and include a copy of the award notice(s) and what costs the award covered

1. Please provide a brief narrative of how you intend to use any grant funding that you may receive and how that assistance will benefit your business and the objectives of this program.

**Certifications:**

By signing below, I make the following certifications:

1. All answers and representations that are made in this Application are true and correct to the best of my knowledge and I will submit truthful information in the future.
2. Any grant funds received will be used for business operating purposes as specified in the grant award; I understand that if the funds are used for unauthorized purposes, I shall return those grant funds and further may be subject to criminal fraud charges or civil action.
3. **I have not received funding from any federal, state, or any other COVID-19 related funding programs for the expenses I have requested funding for in this application. Any such “duplication of benefits” will result in the necessary return of the grant funds to Greenville.**
4. Neither I nor any owner of my business is presently subject to an indictment or formal criminal charges, nor presently incarcerated.
5. I understand that I will be required to execute a Grant Agreement outlining all of my responsibilities as an awardee, should my application be accepted and funded.
6. My business is current on all taxes due to Greenville and no liens are on record against my business for unpaid taxes.
7. I pledge my best efforts to resume full operation of my business at the earliest possible to time and to retain or rehire employees as soon as practicable.
8. I agree to cooperate with Greenville in any audit or business review upon request and will retain records of expenses funded by this grant.

**Business Owner Signature:**

**Printed Name:**

**Date:**