

# Wayne County COVID-19 OCRA Phase 3 Small Business Grant Application

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## Applicant Information

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Business Name

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Owner's Name

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Phone

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Email

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Business Address

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City, State, Zip

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EIN# or SSN

\$ \_\_\_\_\_ Requested grant amount (*\$10,000 maximum request*)

The Grant Applicant herein certifies that:

To the best of the applicant's knowledge and belief, the information presented in this grant application is true and correct; and,

- a. The business was operating prior to March 1, 2020.
- b. Is a for-profit business located within Wayne County.
- c. Business has suffered a financial hardship due to the COVID-19 pandemic.
- d. Business has 50 employees or less (can be combination of FT and PT).
- e. The applicant understands that Wayne County will be required to collect and submit, semi-annually, a status of business report to the Indiana Office of Community and Rural Affairs for two years after grant funds are received.
- f. The grant applicant agrees to allow Wayne County government to include your business name in all award announcements to the media.
- g. The applicant understands that the grant funds received will be considered taxable income and a 1099g will be sent to grant recipients.
- h. The applicant agrees to submit Profit and Loss Statements for Year-End 2019 and 2020 as part of this application. If Profit and Loss Statements are unavailable, you may provide 2019 and 2020 tax returns.
- i. This is a competitive grant application and therefore applying does not ensure that you will receive the amount you are requesting or any funding at all.

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Name and title

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Electronic Signature

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Date

## Application

1. Please indicate the type of for-profit business:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail-Storefront | <input type="checkbox"/> Restaurant/Food |
| <input type="checkbox"/> Service           | <input type="checkbox"/> Manufacturing   |
| <input type="checkbox"/> Lodging           | <input type="checkbox"/> Other: _____    |

2. Please provide specific details of how your business has been impacted by COVID-19. Tell us why you need this assistance. (Your answer to this question will determine how your application ranks for funding.)

3. Please give a brief description of how you plan to use the funds.

4. Is your business: *(Please check all that apply)*

- Minority-owned
- Female-owned
- Veteran-owned

5. How many years have you been in business?

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Less than 1 | <input type="checkbox"/> 11 - 14 |
| <input type="checkbox"/> 1 - 5       | <input type="checkbox"/> 15 +    |
| <input type="checkbox"/> 6 - 10      |                                  |

6. How many employees did you have March 1, 2020 including yourself?

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 1 - 10  | <input type="checkbox"/> 31 - 40 |
| <input type="checkbox"/> 11 - 20 | <input type="checkbox"/> 41 - 50 |
| <input type="checkbox"/> 21 - 30 |                                  |

7. How many employees do you have now including yourself?

- 1 - 10                       31 - 40  
 11 - 20                     41 - 50  
 21 - 30

8. Are you currently operational?

- Yes, fully operational  
 Partially operational  
 Not operational

9. Compared to 2019, what percentage of your 2020 annual revenue was negatively impacted?

- Less than 10%                       Between 21 - 40%  
 Between 11 - 20%                     41% +

10. Are both real and personal property taxes paid for 2019, payable 2020?

- Yes  
 No

11. Have you received assistance from other COVID-19 relief programs? This will not exclude you from being considered for this grant program. *(Please select all that apply and enter the amount awarded)*

- a.  Center City Development Corporation COVID-19 Response Program                      \$ \_\_\_\_\_  
b.  Heart of Hagerstown Grant Program                      \$ \_\_\_\_\_  
c.  Wayne County COVID-19 Small Business Loan Program                      \$ \_\_\_\_\_  
d.  Richmond/Wayne County COVID-19 Subsidy Program for Restaurants                      \$ \_\_\_\_\_  
e.  Indiana Small Business Restart Grant Program                      \$ \_\_\_\_\_  
f.  SBA Payroll Protection Program (PPP) Forgivable Loan  
    (Rounds 1 and 2 combined)                      \$ \_\_\_\_\_  
g.  SBA Economic Injury Disaster Loan (EIDL)                      \$ \_\_\_\_\_

12. Please enclose with your application Profit and Loss Statements for Year-End 2019 and 2020 as part of this application. If Profit and Loss Statements are unavailable, you may provide 2019 and 2020 tax returns.





**Completed applications should be submitted to:**

**EMAIL**

theresa@whywaynecounty.com

**DROP OFF**

Theresa Lindsey  
EDC of Wayne County  
900 North E Street, Suite 100  
Richmond, Indiana 47374  
*(located in Richmond's Depot District)*

**QUESTIONS?**

theresa@whywaynecounty.com

765-983-4769