

Henry County COVID-19, Phase 3 - Small Business Grant Application A grant program for small businesses impacted by COVID-19

Section I, Business Information:

Business Owner(s): <u>Name</u> <u>Home Ado</u>	<u>dress</u>	Mobile Phor	<u>10</u>	<u>E-mail Address</u>		
Business Name:						
Business Address:		City:	State:	_ Zip:		
Business Phone: ()	_ Fax #: () E-m	nail Address:			
Federal ID#:	I	DUNS #:				
Describe Type of Business (product	t or service): _					
Gross Sales/Revenue in 2019:		Gross Sales/Reve	nue in 2020:			
Gross Sales/Revenue through May	31, 2021:	· · · · · · · · · · · · · · · · · · ·				
Type of Business Organization (Check One):						
S" Corporation	"C" Corporation	on 🗌 Other:				
Date Business Established:						
How long has business been operation	ting under cur	rent owner?				
Please check if your business is the following: Female-owned business? Yes No Minority owned business? Yes No Veteran owned business? Yes No						
Amount of grant funding requested? (May not exceed \$10,000):						
What is the intended use of the funds?						
Working Capital Continue Operations Support Remote Work						
Have you received additional Federal CARES Act financial assistance for your business?						
Program (PPP, CDBG Small Business Grant COVID 19, Phase 1 or Phase 2, etc.)	<u>Amoun</u>	t of Assistance	<u>Use of</u>	<u>Assistance</u>		

For each employee or position (job type) retained please complete the following table. Please include additional sheets as necessary.

Employee Initials	Job Type (Position) (Owner, Cashier, Server, Hairstylist, Custodian, Designer, Hostess, Customer Service assoc., etc.)	Average Annual Income from Position	Race*	Ethnicity (Latino or Hispanic) Y / N	Gender (Male / Female) M / F	County Use Only

*Race: White (W), Black or African-American (B/AA), American Indian/Alaska Native (AI/AN), Asian (A), Native Hawaiian or Other Pacific Islander (NH/OPI), Other (O)

Section II, Financing Information:

How will the grant assist in retaining jobs? Please explain:

Section III, Other Supporting Information:

If there is additional supporting information you would like to provide before your application is reviewed, please explain below.

Section IV, Certifications:

Please read the following and sign the Application Form below.

The information in this grant application is provided for the purpose of applying for funds under the Henry County CDBG COVID-19 Small Business Grants program in response to the coronavirus pandemic. If I have received Federal CARES Act funding listed in Section 1, I certify that I am not using multiple COVID 19 relief programs to pay for the same expense. The information is accurate to the best of my knowledge. I further understand that my name and grant amount and other <u>non-financial</u> information may be subject to the Indiana Public Access Law. I also understand that the Henry County COVID-19 response grant program retains the sole discretion as to whether this grant application is approved, disapproved, or modified. It is my right to accept or decline the grant amount.*

Name (Printed):	Name (Printed):
Signature:	Signature:
Date:	Date:

*An agreement or contract is required between the County and each successful business applicant prior to funds being released. Additionally, the grant committee reserves the right to request additional information as needed during the application review process.

Application should be submitted to:

New Castle Henry County Economic Development Corporation Attn: Corey Murphy 100 S Main St., Ste 203 New Castle, IN 47362 Email: cmurphy@growinhenry.com Phone: 765-521-7402

County Use Only		
Date Received:	Date(s) Reviewed:	Tracking Status: 🔲 🔲 🔲 🔲