



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

**Application**

**Section I, Business Information:**

Business Owner(s):  
Name                      Home Address                      Mobile Phone                      E-mail Address

\_\_\_\_\_

\_\_\_\_\_

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

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Describe Type of Business (product or service): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Annual Gross Revenue: \_\_\_\_\_

Type of Business Organization (Check One):

- Partnership       Sole Proprietorship       Microenterprise (5 or fewer employees)  
 "S" Corporation       "C" Corporation       Other: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

How long has business been operating under current 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?

<u>Program (PPP, CDBG Small Business Grant COVID 19, Phase 1 or Phase 2, etc.)</u>	<u>Amount of Assistance</u>	<u>Use of 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 these funds enable your business to recover from the ongoing need related to the COVID 19 pandemic or build resiliency for future pandemics? Please explain:

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**Section III, Other Supporting Information:**

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

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**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 Phase 3 Supplemental 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 non-financial information may be subject to the Indiana Public Access Law. I also understand that the Henry County COVID-19, Phase 3 Supplemental 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 New Castle Henry County Economic Development Corporation 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: