**CARES Grant Small Business Application** 

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

Business Structure (X): Corporation \_\_\_ LLC \_\_\_ Sole Prop \_\_\_ Partnership \_\_\_ Non-Profit \_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS Number (for Federal Awards) OR EIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your business close or become altered due to the COVID-19 Pandemic? Yes \_\_\_\_\_ No\_\_\_\_\_

If yes, dates of closure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, dates reopened \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of employees – Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Has your business received CARES Act/COVID-19 financial assistance (PPP, EIDL, etc.)? Yes\_\_ No\_\_

If yes, amount received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses incurred by your business from March 1, 2020 through July 15, 2020 for which you are applying for reimbursement. Expenses can include, but are not limited to payroll, rent, mortgage interest, utilities, inventory replacement and COVID-19 supplies. Use the **CARES Grant Business Application Expense Sheet** to list the items being requested for reimbursement. Provide additional pages as necessary. Documentation of each expense is required.

Any request will be approved if it follows the guidelines pertaining to the COVID-19 Pandemic. Not every item or application is guaranteed to be accepted.

 Received by County Clerk

 Seal

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The signature of the above individual indicates that the information provided below is both correct and accurate. The signature is also indicating the expenses were truly related to the COVID-19 Pandemic and are within the guidelines for CARES Grant Funding. The Clinton County Commission reserves the right to accept or refuse any applications or items listed in the ledger below.*