



Roanoke County Department of Economic Development
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Roanoke County Small Business Recovery Grant

Roanoke County and the Town of Vinton have established a \$1,000,000 grant fund to support small business recovery following the COVID-19 outbreak. One-time grants of up to \$10,000 are being provided to eligible businesses on a first-come, first-served basis and subject to availability of funds. **Applications will be accepted beginning July 6, 2020 and no later than July 31, 2020.** A business must substantiate a direct COVID impact, and eligible uses of the grant funds include, but are not limited to the following:

- 1) Operations (i.e., payroll, rent, mortgage, supplies, utilities, working capital, insurance, etc.)
- 2) Pivot to respond to new market conditions (i.e., develop online sales/e-commerce, delivery or take out; develop new product line, etc.).
- 3) Deep cleaning services, PPE, protective barriers, etc.
- 4) Purchase of equipment and inventory

Check List	<p>Please include these attachments with your application:</p> <ul style="list-style-type: none"> ✓ Copy of your County of Roanoke 2020 Business License ✓ IRS Form W-9 Request for Taxpayer Identification Number and Certification ✓ Signed and completed application form
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Eligibility	<p>I certify that my business:</p> <ul style="list-style-type: none"> ✓ Is a for-profit enterprise located in Roanoke County with fewer than 500 employees ✓ Suffered negative impacts from COVID-19 (e.g., revenue/sales loss, reduction of employees/hours, full/partial/temporary closure, etc.) ✓ Was operational for at least one year prior to March 1, 2020 ✓ Had at least one full-time equivalent (FTE) employee (excluding owner) prior to March 1, 2020 ✓ Is current on all fees, taxes and permits as of March 1, 2020 <p>Ineligible businesses: businesses that are permanently closed, engaged in illegal activities, banking and financial services, non-profit and seasonal businesses, franchises except those that are locally owned and operated.</p>
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Date of Application

Requested Grant Amount

Full-time equivalent (FTE) employees on February 29, 2020 (excluding owner)	Maximum Grant Amount Available
1-5 FTEs	\$2,500
6-10 FTEs	\$5,000
11-25 FTEs	\$7,500
More than 25 FTEs	\$10,000

Business Name

Physical Business Address City State Zip

Mailing Address (if different) City State Zip

Primary Business Contact Name and Title

Contact Phone Contact Email Address

Website address (if any)

Contact Information

Primary business type: (select one)

- ✓ Arts, Entertainment, Recreation
- ✓ Child Care, Education, Instruction
- ✓ Construction, Engineering, Design Services
- ✓ Distribution, Logistics, Warehousing
- ✓ Finance, Insurance, Real Estate
- ✓ Health and Medical Services
- ✓ Hotel and Accommodations
- ✓ Information Technology, Broadcasting, Publishing
- ✓ Manufacturing
- ✓ Personal Services (barber shop, nail salon, fitness, dry cleaner, etc.)
- ✓ Private Household Services
- ✓ Professional, Technical, Business Services
- ✓ Repair and Maintenance Services
- ✓ Restaurant, Food Services
- ✓ Retail—please specify _____
- ✓ Social Services
- ✓ Transportation
- ✓ Other _____

Is your business home based? Yes No

Entity Type:

- | | | |
|-------------------|---------------|---------------|
| ✓ Sole Proprietor | ✓ Franchise | ✓ Partnership |
| ✓ LLC | ✓ Corporation | ✓ Other _____ |

What year was your business established in Roanoke County? _____

Have you received an EIDL or PPP loan? Yes No

If yes, what was the loan amount? _____

of full-time employees in Roanoke County as of: 2/29/2020 _____ 6/30/2020 _____

of part-time employees in Roanoke County as of: 2/29/2020 _____ 6/30/2020 _____

If fewer employees in Roanoke County as of 6/30/2020, was this due to

- ✓ Layoffs # of employees _____ timeframe _____
- ✓ Temporary furlough # of employees _____ timeframe _____

If at any time during COVID-19 business closed or reduced operations, why? (check all that apply)

- ✓ State mandate
- ✓ Not enough customer demand
- ✓ Supply chain disruption
- ✓ Workforce availability
- ✓ Health and safety concerns
- ✓ Other _____

What is the current status of the business? (check all that apply)

- ✓ Open with normal operations
- ✓ Open with limited operations (e.g., fewer employees, reduced hours/shifts, etc.)
- ✓ Operating online
- ✓ Delivery/take out only
- ✓ Closed temporarily
- ✓ Other _____

Is the primary location of the business owned or rented?

- ✓ Own outright
- ✓ Own with mortgage: monthly mortgage amount _____
- ✓ Rent: monthly rent amount _____

Does the business have any capital reserves or available credit? Yes No

If yes, how many months can reserves or credit cover business operations? _____

Attach additional pages if needed.

Describe business operations and financial well-being prior to COVID-19

Describe how COVID-19 has affected your business, including impacts on workforce, revenue and profits, closures, space modifications, etc.

Describe uses of grant funds and estimated cost of each (e.g., payroll, rent, etc.)

Describe how grant funds will help the business sustain operations in Roanoke County

Grant Narrative

What would you need for your business to resume full operations? (check all that apply)

- ✓ State authorization to re-open
- ✓ Rehiring employees
- ✓ Creating new marketing campaign
- ✓ Working capital
- ✓ Revising business plan to new circumstances
- ✓ Opening of adjacent businesses
- ✓ Resumption of essential supply chain
- ✓ Relaxing of social distance guidelines since successful operation necessitates crowds
- ✓ Other _____

Applicant Signature and Certification

The Applicant covenants to save, defend, hold harmless and indemnify the County, and all of its officers, departments, agencies, agents and employees (Collectively the “County”) from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney’s fees, charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application.

The Applicant provides a waiver of confidential information provided to the Commissioner of the Revenue and Treasurer of Roanoke County and the Town of Vinton, authorizes the internal use of this information for the grant analysis. The Applicant acknowledges that the County will keep all proprietary information voluntarily provided by the Applicant confidential to the extent permitted by the Virginia Freedom of Information Act and other applicable laws and regulations pertaining to the disclosure of records in its possession, and acknowledges that all grant award decisions are final and are not subject to appeal.

I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

 Contact Name and Title

 Date

For Internal Use Only

Approved Amount _____

Reason for Denial _____