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|  | **Small Business Recovery Assistance Fund**  **APPLICATION** |

The Brunswick County Small Business Recovery Assistance Fund will help businesses throughout the County meet their long-term business goals by adjusting to COVID-19 demands. Establishing safe and clean re-opening procedures, in accordance with the Governor’s guidance, is necessary for the safety of customers and employees. It will allow businesses to regain and sustain operations, ideally helping them retain existing staff, fill vacant positions, create new jobs, and become more efficient and resilient.

**Eligible Businesses**:

Assistance through the program will be targeted to businesses that meet each of the following five criteria.

1. Businesses physically located in Brunswick County
2. 20 or fewer total employees
3. Has been negatively impacted by COVID-19
4. Has not received federal CARES Act assistance for the same purpose as the SBRAF request AND
5. Was open for business by March 12, 2020
6. Provides local or regional services, including those in the program’s areas of emphasis:
   * tourism related businesses, nonprofit destination marketing organizations
   * accommodations (i.e. hotel, motel, bed and breakfast)
   * restaurants/food service
   * professional services (i.e. banking, legal, design, real estate)
   * cultural & educational services
   * arts
   * recreation
   * retail
   * nonprofit/social services *(The County reserves the right to review non-profits on a case-by-case basis)*
   * health practitioners
   * personal care (i.e. beauty/barbershop, nail salon, dry cleaner and more).

The County has been awarded $500,000. The maximum benefit to any individual business is $10,000 in total funding to reopen and conduct business safely in a COVID-19 environment. It is anticipated that at least 45 businesses will be served by this program. Funding will be dispersed on a reimbursement basis only.

**Eligible Expenditures:** All expenditures must have been made AFTER the March 12, 2020 State of Emergency Declaration. Each requested reimbursement line item must be supported by required documentation such as purchase receipts, invoices, rent agreements, mortgage statements, utility bills, AND proof of payment for each. Eligible Expenditures and specific funding limits are as follows:

1. **Up to $5,000 in reimbursement for Retooling and Technology Activities is allowed for:** 
   * + **Space and Technology Upgrades** including modifications to structures or purchases made to comply with recommended social distancing guidelines such as:
       - Purchases of furniture, sneeze/cough guards, informational signage, and/or the installation of such items
       - Non-construction building modifications to improve social distancing
       - Technology purchases such as laptops, software, or touch-free credit card payment systems to accommodate socially distant transactions
     + **Supplies/Services** purchases related to Covid pandemicincluding but not limited to:

* Professional cleaning services
* Cleaning supplies, EPA-approved disinfectants
* Supplies such as gloves, masks, and face shields
  + **Technical Assistance** in the form of Training or Planning activities (provided by Longwood Small Business Development Center) to address any of the following:
* Protecting employees and customers from COVID-19
* Modifying business model to address current operating conditions
* Long-term sustainability planning: Businesses will be encouraged to register with the local/regional workforce council or equivalent body, such as Virginia Workforce Boards for continued support

1. **Up to $10,000 in reimbursement is allowed for up to six months of the following eligible expenses (The $10,000 maximum benefit amount is contingent on no reimbursement sought for Business Operations, Supplies/Services, or Technical Assistance):**
   * Rent or mortgage
     + - Payments for commercial space only; residential/non-business space must be subtracted from the payment amount
       - Mortgage principle and interest only; taxes and insurance must be subtracted from reimbursement request
       - Limit of six months total rent or mortgage reimbursement
2. **Expense documentation** from the approved business will be included in a reimbursement request to DHCD.
3. **Reimbursement requests** to the state can take up to two (2) to three (3) weeks, and the businesses should allow an additional 5-10 days for the County to disburse grant funds received from the reimbursement request.

**Ineligible Activities:**

The activities listed below are ineligible uses:

* Payroll costs incurred to maintain existing employees
* Utilities such as power, gas, water, and sewer
* Relief from employer payroll taxes
* Costs of daily, routine business operations
* Regular maintenance of the facility or equipment
* Refinancing of existing debts
* Activities not deemed to be in response to COVID-19 impacts
* Any cost previously reimbursed by any other funding source

**To Apply:**

To apply for funding please complete the following application:

Applicants can submit requests on a first-come, first-approved, first-served basis until funds are depleted. All funds will be disbursed, and the grant will be closed-out, by September 28, 2021.

**Required Attachments:**

In addition to the COVID-19 Small Business Recovery Assistance Application, the borrower will also be required to provide the following supporting documentation:

* **W-9** (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
* **Monthly Profit and Loss Statements**or**Bank Statements** beginning January 1, 2020 through date of application to demonstrate COVID-19 impact. A Profit and Loss Statement is a financial statement that summarizes the revenues, costs, and expenses of operating the business and the resulting profit or loss incurred. The statements do not need to be prepared by an accountant. They may even be handwritten.
* **Most Recent Federal Income Tax Return**
* **Current Business License** if applicable
* **Prior CARES Act Assistance**, if applicable
* **Expense Documentation**
* **Payroll Documentation** (i.e. Quarterly 941)
* **Dun and Bradstreet – Data Universal Numbering System (DUNS) Number**: Purpose of DUNS - A DUNS number is a unique nine-character number used to identify your organization. The federal government uses the DUNS number to track how federal money is allocated and is required by DHCD for this funding. **How to Register for a DUNS Number**: If your organization does not yet have a DUNS number, visit the Dun & Bradstreet (D&B) website (<https://fedgov.dnb.com/webform/displayHomePage.do>) or call 1-866-705-5711 to register for a DUNS number. Registering for a DUNS number is **free of charge**, so if you encounter any organizations or websites soliciting a fee or charge to acquire a DUNS number it is likely a scam or fraudulent. **Allow up to two business days** to obtain a DUNS number, but it can occur in one business day. **You will need all the information listed below to obtain a DUNS number:**
* Name of organization
* Organization address
* Name of the chief executive officer (CEO) or organization owner
* Legal structure of the organization (e.g., corporation, partnership, proprietorship)
* Year the organization started
* Primary type of business
* Total number of employees (full and part-time)

**COMPLAINTS AND APPEALS PROCEDURES**

During the program, it is probable that business owners will make complaints. The Project Management Team will follow its written policy for handling disputes and complaints. This policy will be given to each applicant. The policy is as follows:

1. During the intake and application process, applicants will be informed that if their application is denied, they will be notified in writing that they have thirty (30) days from receipt of such notice to make a written appeal to the Grant Manager. The Grant Manager will review the appeal and issue a written response within fifteen (15) business days. If necessary, the appeal will be further reviewed by the Project Management Team before a final decision is made.
2. When invoices and proof of payment are submitted for reimbursement, applicants will be informed that if their full reimbursement request is denied, they will be notified in writing that they have thirty (30) days from receipt of such notice to make a written appeal to the Grant Manager. The Grant Manager will review the appeal and issue a written response within fifteen (15) business days. If necessary, the appeal will be further reviewed by the Project Management Team before a final decision is made.
3. The Grant Manager will respond to all written complaints and appeals in writing and will include an explanation of the reason(s) for the decision reached, information on the next step in the appeals process, and a specified date by which the complainant has to appeal the decision. Appeals of the Grant Manager’s decision shall be addressed to the Project Management Team; appeals of that decision shall be addressed to the locality’s appropriate official; and appeals to that decision shall be addressed to the Board of Supervisors. Final appeals shall be addressed, in writing, to the DHCD Community Representative. The appeal will include a copy of all correspondence that has taken place to date. The appeal will identify the problem and the desired solution. DHCD will investigate the complaint and respond, in writing, in a timely manner. All involved parties will be copied. Documentation of complaints will be kept on file in the Grant Manager’s office.
4. If the complainant requires assistance in putting his or her complaint in writing, the Grant Manager will make assistance available. The same is true for appeals.

**Denied Application:**

Write the grant manager:

Ann Taylor Wright, Southside PDC, 200 S. Mecklenburg Ave., South Hill, VA 23920

Email: CTWconsultingVA@gmail.com

**Denied Full Reimbursement:**

Write the grant manager:

Ann Taylor Wright, Southside PDC, 200 S. Mecklenburg Ave., South Hill, VA 23970.

Email: CTWconsultingVA@gmail.com

**The Appeals Process:**

If you would like to appeal a decision made by the grant manager:

1. Write the Project Management Team at 200 S. Mecklenburg Ave., South Hill, VA 23970

Email: CTWconsultingVA@gmail.com

2. Write the County Administrator at P.O. Box 399, Lawrenceville, VA 23864

3. Write the Board of Supervisors at P.O. Box 399, Lawrenceville, VA 23864

4. Write DHCD at Main Street Centre, 600 E. Main St., Suite 300, Richmond, VA 23219.

**COMPANY INFORMATION:**

(All questions should be answered or noted as inapplicable)

|  |  |
| --- | --- |
| BUSINESS NAME |  |
| LEGAL ENTITY TYPE |  |
| FEDERAL TAX ID # |  |
| COMPANY OWNERSHIP |  |
| BUSINESS LICENSE # |  |
| PHYSICAL ADDRESS |  |
|  |  |
| MAILING ADDRESS |  |
|  |  |
| BUSINESS OWNER NAME |  |
| EMAIL |  |
| PHONE |  |
| DUNS NUMBER |  |

Is this a minority-owned business?  Yes  No

Is this a female-owned business?  Yes  No

Is this a Section 3 business?  Yes  No

*If Yes, you will need to complete supporting documentation.*

A Section 3 business is a business that:

* That is at least 51 percent or more owned by Section 3 residents,
* Whose permanent, full-time employees include persons, at least 30 percent of whom are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents, or
* That provides evidence of a commitment to subcontract in excess of 25 percent of the dollar award of all subcontracts to be awarded to a Section 3 business concern.

**REQUESTED AMOUNT:**

**Retooling and technology activities** **(up to $5,000)**

* **$ : Space and technology upgrades** to reopen and conduct business safely, including but not limited to furniture, barriers, signage for social distancing requirements, non-construction related modifications to enhance social distancing and limiting ingress/egress, and technology such as laptops, software, and touch-free credit card payment systems to accommodate social distancing.
* **$ : Sanitization** – including but not limited to cleaning service and/or supplies - EPA-approved disinfectants, gloves, masks, and sneeze/cough guards.
* **I am requesting assistance with job training, classes and/or technical assistance** such as protecting the employees from COVID-19, protecting customers from COVID-19, pivoting or modifying the business model, long-term sustainability planning. I understand I will be referred to Longwood Small Business Development Center.

**$ : Rent/ Mortgage: (up to $10,000) (The $10,000 maximum benefit amount is contingent on no assistance sought for retooling and technology activities):**

* + All businesses will be eligible for rent/mortgage assistance from March 12, 2020 to the time of application, or up to 6 months in rent/mortgage relief.
  + Taxes and insurance must be removed from the escrowed mortgage amount.
  + Only commercial space can be reimbursed. Residential or non-business space must be subtracted from the payment amount.

**COMPANY BACKGROUND / COVID-19 IMPACT:**

Date Established: Owner Since:

Current Number of Employees: (attach most recent quarterly 941 or supporting documentation)

Describe how the current COVID-19 situation has adversely affected your business and why you need this grant.

**OTHER CARES Act Assistance:**

Have you received federal CARES Act assistance?  YES (please attach documentation)  NO

Source/Type: $ Applied towards:

Source/Type: $ Applied towards:

**REQUIRED ATTACHMENTS:**

W-9 (https://www.irs.gov/pub/irs-pdf/fw9.pdf)

Most recent federal tax return

Monthly Profit and Loss Statements (may be handwritten) or Bank Statements beginning January 1, 2020 to demonstrate COVID-19 impact

Current Business License, if applicable

DUNS Number

Prior CARES Act documentation, if any previously received

Payroll documentation (i.e. quarterly 941)

Expense documentation for what you are seeking reimbursement

* Space/technology upgrades – Invoices **and** Proof of Payment (i.e. cancelled checks, online bill pay transaction history, or bank statements)
* Sanitation– Invoices **and** Proof of Payment (i.e. cancelled checks, online bill pay transaction history, or bank statements)
* Rent/Mortgage – Lease Agreement, Mortgage Statement, **and** Proof of Payment (i.e. cancelled checks, online bill pay transaction history, or bank statements)

**SIGNATURE**:

**PRINT NAME & TITLE**:

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_