



City of Hurricane

147 North 870 West
Hurricane UT 84737
435-635-2811

Small Business Economic Recovery Grant

Application

Due: Tuesday, September 15, 2020 at 5pm

The Small Business Economic Recovery Grants are intended to assist businesses that have been negatively affected by the COVID-19 epidemic. Businesses may apply for their losses and additional incurred expenses to be covered by these grants. Applications will be processed by the City of Hurricane. Funds will be awarded at the discretion of the selection committee until the funds are depleted.

I request a total of \$ _____ in grant funding to cover business costs incurred as a result of business interruption cause by health orders (between \$500 and \$10,000).

The following documentation must accompany this application:

- 1) W-9 form for applying entity
- 2) Estimated gross business revenue from March 1, 2019 to August 31, 2019 and March 1, 2020 to August 31, 2020.
- 3) Estimated business expenses from March 16, 2020 to August 31, 2020.

Business Information

Business Legal Name: _____

Business Trade Name: _____

Business Address: _____

Mailing Address (If different): _____

Federal EIN or SSN Number: _____ State Tax ID Number: _____

Year Business Established: _____

Your Industry: _____

Main Product or Service: _____

Description of Business: _____

Contact Information

Name: _____ Title: _____

Business Phone Number: _____ Mobile Number: _____

Email: _____

Grant Criteria

1. I own a registered business in the City of Hurricane with a business license as of March 1, 2020:
 Yes
 I am exempt from a business license with my home business, and I am in good standing with Utah Division of Corporations
 Not-for-profit entity
 Faith-based organization
2. At my business location (check two):
 I operate my business out of a storefront
 I operate a home business
 I am the property owner where my business is located, and I am current on my property taxes through May 1, 2020.
 I lease or rent
3. I operate a small business with the following number of employees in the City of Hurricane:
As of March 1, 2020
 full-time employees (including owner)
 part-time employees
As of July 31, 2020:
 full-time employees (including owner)
 part-time employees
4. My business is:
 A franchise with a business that is locally owned
 Not a franchise
5. I incurred a business loss from March 16, 2020 to August 31, 2020 as a result of (check all that apply):
 My business experienced interruption caused by required closure as the result of the COVID-19 public health order
 My business was affected by decreased customer demand as a result of the COVID-19 public health order
 My business was closed voluntarily to promote social distancing measures.
6. If you were forced to close, have you re-opened? Yes, re-open date _____; No
7. My business experienced an economic lose from March 16, 2020 to August 31, 2020.
(Documentation Required)

a. Estimated gross business revenue from March 1, 2019 to August 31, 2019.

\$ _____

Exception given for a first-year business.

b. Estimated gross business revenue from March 1, 2020 to August 31, 2020.

\$ _____

c. Estimated economic loss as a result of COVID-19 crises and public health orders (“a” minus “b”):

\$ _____

8. _____ My business incurred business expenses from March 16, 2020 to August 31, 2020. List your estimated business expenses from March 16, 2020 to August 31, 2020. (Documentation Required)

Ave. monthly lease, rent, or mortgage \$ _____

Ave. monthly utilities \$ _____

Ave. monthly payroll & benefits \$ _____

Ave. monthly other expenses \$ _____; explain _____

COVID-19 related costs \$ _____

Explain: _____

Total business expenses \$ _____

_____ My business did not experience business expenses from March 16, 2020 to August 31, 2020.

9. My business applied for and received the following compensation from other sources as a result of the COVID-19 pandemic. (Check all that apply) Receiving any of the following grants does not limit your opportunity for this grant:

_____ Economic Injury Disaster Loan (EIDL) funds.

Grant amount received ONLY \$ _____

_____ Payroll Protection Program (PPP)/SBA.

_____ State business recovery grant. Grant amount received \$ _____

_____ Other grant(s) for COVID recovery.

Name of Grant: _____ Grant amount received \$ _____

Name of Grant: _____ Grant amount received \$ _____

Name of Grant: _____ Grant amount received \$ _____

Total amount received \$ _____

10. Total economic loss (“7” plus “8” minus “9”) \$ _____

11. Comments:

Applications and supporting documentation can be emailed to CARESgrant@cityofhurricane.com or delivered in person to the Hurricane Police Department at 90 South 700 West, office hours 9am-5pm.

Application support is available in both English and Spanish. Please contact the Hurricane Police Department at 435-635-9663 during regular business hours, 9am-5pm, to set up an appointment.

Acceptance of the Grant Agreement by Business Owner

I authorize the City of Hurricane or its designee to verify the information provided in this application and the accompanying documentation of my business expenses and income. I agree that an audit may be performed to verify the information and representations set forth herein.

I have read and agreed to be bound by this grant agreement for accepting Coronavirus Relief Fund monies from the City of Hurricane. I affirm that the documentation provided is correct and the estimates set forth herein are actual business expenses and income incurred from March 16, 2020 to August 31, 2020. I agree to retain documentation related to this application and to any uses of the funds, including but not limited to invoices, sales receipts, payroll expenditures, income and bank statements, for a period of not less than 3 years. I agree to retain receipts of business expenses incurred from March 16, 2020 to August 31, 2020, in the amount at least totaling the amount of grant received. Receipts reflect business expenses such as utilities, rent, payroll, payroll taxes, employee health benefits, insurance, improvements to building to encourage social distancing, PPE, etc.

I have read and understand the eligibility requirements for accepting this Small Business Economic Recovery Grant funded through Coronavirus relief fund monies from the City of Hurricane. I am authorized to submit this application and accept this grant on behalf of the business named in this application. Funds provided through this agreement and application are considered government financial assistance. If audit findings determine that any funds were obtained or expended by the recipient in violation of this program or application, I agree to make full repayment of those funds.

Knowingly and willfully providing false information for the purpose of obtaining these public funds is a violation of law and could subject you to fines, imprisonment, or both.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the _____ day of _____, 2020.

Signature of applicant: _____

Date: _____

Printed name of applicant: _____

Title: _____