



City of Huntington COVID-19 Grant Program *Application*



Business Information

Contact Name: _____ Phone: _____ Email: _____

Legal Business Name: _____

Trade Name (dba): _____

Business Address: _____

Business Structure: Sole Proprietor (dba) General Partnership Limited Liability Partnership (LLP)
 Limited Liability Company (LLC) Sub-C Corporation Sub-S Corporation _____

Date of Organization: _____ State of Organization: _____

**Attach your most recent Indiana Secretary of State Business Entity Report (available at inbiz.in.gov)*

Type of Business (see FAQ on website for more info): Microenterprise Traditional Business

Ownership:

Name	Title	% Ownership	Yrs with Business

Business Location: Leased (lease expires: _____) Owned (if mortgaged, est. payoff date: _____)

As of March 15, 2020 were the following up to date:

Payroll taxes: Yes No

Sales taxes: Yes No

Property taxes: Yes No

Describe the Nature _____
of the Business: _____

Operations Information

Current Status: Closed Partially Open (limited capacity) Open as normal

Number of Employees: (if you have part-time employees, please complete and submit the FTE form)

As of March 15, 2020:

_____ Full Time Employees

_____ Part Time Employees

As of June 15, 2020:

_____ Full Time Employees

_____ Part Time Employees

Financial:

Gross Annual Revenues:

\$ _____ 2018

\$ _____ 2019

Annual Expenses:

\$ _____ 2018

\$ _____ 2019

Average Weekly Revenues:

\$ _____ since January 1, 2020

\$ _____ since March 15, 2020

Average Weekly Expenses:

\$ _____ since January 1, 2020

\$ _____ since March 15, 2020

Cash Reserves as of:

March 15, 2020: \$ _____

June 1, 2020: \$ _____

Disclosure of other grants or loans:

State Assistance:

Indiana Small Business Restart Grant: Awarded Applied Didn't Apply \$ _____

Federal Assistance:

Payroll Protection Program (PPP): Awarded Applied Didn't Apply \$ _____

SBA Economic Injury Disaster Loan (EIDL): Awarded Applied Didn't Apply \$ _____

SBA Express Bridge Loan (EBL): Awarded Applied Didn't Apply \$ _____

Use of awarded grant or loan funds from above:

Certification

- Yes No The applicant is a for-profit business and geographically located within the City of Huntington
- Yes No The applicant has employees who are not the owner(s) OR is a qualified microenterprise
- Yes No The applicant business was in operation as of January 1, 2020
- Yes No The applicant business will be retaining at least 51% of jobs held by LMI persons
- Yes No The applicant can show documentation that jobs would be lost if not for grant assistance
- Yes No The applicant acknowledges that the grant funds will only be used for approved purposes
- Yes No The applicant acknowledges that the business name and award may be publicized by the City

By signing below, I, on behalf of the applicant business certify:

1. I am fully authorized to sign this application on behalf of the business.
2. If awarded grant funding, agree to abide by the terms and conditions contained herein, including those contained in the COVID-19 Response Program Grant Agreement, and program requirements through the Indiana Office of Community & Rural Affairs (OCRA) and U.S. Department of Housing and Urban Development (HUD) as the parent funding agencies.
3. I have reviewed and verified the content of this application and certify that the financial, job and LMI information provided is true and accurate.

Authorized signer on behalf of Applicant Business

Date

Printed Name

Title

Authorized signer on behalf of Applicant Business

Date

Printed Name

Title

Authorized signer on behalf of Applicant Business

Date

Printed Name

Title

Authorized signer on behalf of Applicant Business

Date

Printed Name

Title

All persons with ownership stake in the business must sign the same form.

Once completed, print all pages, sign and return this form along with all other required documentation to:

Community Development & Redevelopment
300 Cherry Street
Huntington, IN 46750