## **Cleveland County Small Business Recovery Fund Application**

The application is divided into ten sections. Please note that non-profits are eligible; however, throughout the application, the language primarily used to describe the applicant is “business”.

1. **Eligibility Certifications**

Please carefully read and answer the following certifications, to ensure that you are eligible to receive grant funding. You must be able to answer "yes" for all of the following certifications in this section to be eligible.

If you have questions about eligibility, or any other part of the form, FAQs and technical assistance are available at [mountainbizworks.org/ccsbrf](http://mountainbizworks.org/ccsbrf); a direct link to the Round Two [Eligibility Criteria document](https://www.mountainbizworks.org/wp-content/uploads/2020/11/Round-2-CCSBRG-Eligibility-Criteria.pdf) can be found here.

* 1. My business is based in Cleveland County (Yes/No)
  2. My business has been in operation since at least September 1, 2018 (Yes/No)
  3. As of March 10, 2020 my business had no more than 25 Full-time equivalent employees(Yes/No)
  4. If awarded, I agree to report on the uses of funds and outcomes six months and one year after receiving the award, potentially including providing additional financial documentation. (Yes/No)
  5. My firm has had less than $500,000 in annual revenue in 2019 (Yes/No)
  6. My business experienced 15% or greater revenue decline due to COVID-19 (Yes/No)
  7. I understand that if I receive an award, my business name, award amount, and the number of jobs supported will be publicly announced, and I agree to this disclosure. All other information will be kept strictly confidential. (Yes/No)
  8. If awarded, I agree to report on the uses of funds and outcomes 6 months and one year after receiving the award. (Yes/No)
  9. I understand and agree that funds may only be used for operating costs and expenses incurred in reopening or otherwise safely resuming normal operations of my business and hiring employees in Cleveland County. (Yes/No)

1. **Individual Applicant (Authorized Representative\*)**

Please provide us with the following information about the person who is authorized to fill out and submit this form:

* 1. Name
  2. Title
  3. Email
  4. Phone Number
  5. Gender
  6. Race/Ethnicity
  7. Current Military Status
  8. Primary Language

1. **Business/Organization**
   1. Business/ Non-profit Name
   2. Please provide a short description of your business (max 250 characters)
   3. Website
   4. Date of incorporation
   5. Business or Organization Tax ID or EIN (SSN)
   6. Legal Status of Business/Organization
   7. Business Mailing Address  
      Street

City

State

Zip

* 1. Business Physical Address

Street

City

State

Zip

* 1. County

1. **Grant Amount Requested\***

Applicants are eligible for a grant equal to two times average 2019 monthly expenses, or the grant cap for their employment size, whichever is lower. The grant cap for firms with between 2-25 FTE employees is $10,000. The grant cap for solopreneurs is $2,500.This section will establish the eligible grant funding amount and the anticipated use of funds.

* 1. 2019 Annual Business Expenses
  2. Eligible grant requested amount (calculated field: Answer from 4A divided by 6)
  3. List your expected uses of the requested grant funds, providing as many specific details as possible around which reopening expenditures it will support (Max 1000)
  4. Did or will your business experience any substantial one-time expenses to re-open safely? If so, please describe the expense or expenses and the amount (Max 500 characters)

1. **COVID Impact**
   1. Describe how COVID-19 has negatively affected your business including the revenue losses and any necessitated changes in operations. Please back up this description with data from the financial documents you’ve provided. (Max 1,200 characters)
   2. Have you applied for other disaster funding? If so, what is the status or result of these applications? (Table question)

|  |  |  |
| --- | --- | --- |
| Funder and Fund (I.e. SBA, Emergency Injury Disaster Grant) | Amount (i.e. dollar amount applied for or received) | Status (i.e. Applied, Awarded, Declined) |
| Paycheck Protection Program |  |  |
| SBA EIDL Advance Grant |  |  |
| SBA EIDL Loan |  |  |
| N.C. Rapid Recovery Loan |  |  |
| Shelby1Fund |  |  |

* 1. Was your business required by the state of North Carolina to suspended in-person operations? (Yes/No)

1. **Reopening**
   1. What is your current operating status (list question: Open, Partially Open, Closed)
   2. What is your plan to continue to adapt to the current environment and remain financially viable for at least one year? (Max 1000 characters)
   3. What additional needs and support (besides funding) do you think you’ll have for re-opening? (Max 500 characters)
2. **Impact on Jobs**

A key part of the program is helping to retain and recover jobs in Cleveland County. To fully understand potential job impacts, we need to understand your pre-pandemic, current, and estimated post-pandemic job levels.

* 1. How many Full-Time Equivalent (FTE) employees did your business have as of NC’s COVID-19 State of an Emergency declaration on March 10, 2020?
  2. How many FTE employees do you currently have (as of October 1, 2020)?
  3. If awarded, how many FTEs do you anticipate having one year from now? (On November 1, 2021) (number question)
  4. Please provide your reasoning on your projected FTE figures (Max 250 characters)

1. **Local & Independent**

It is not required that your business is independent; however, preference will be given to applications from local and independent businesses.

* 1. The business is locally-owned (50% controlling interest or board members live in Cleveland County or one of the surrounding counties): Yes/No
  2. Ownership details: If a for-profit entity: list all individuals with a 20% or greater ownership stake in the company. Include Name, ownership percentage, and city and state of a primary residence. (table answer)
  3. Is the business led by a person of color (50% or more of the owners or directors identify as persons of color)?
  4. Is the business woman-led (50% or more of the owners or directors identify as women)?

1. **Required Uploads**
   1. 2019 tax returns
   2. 2020 year-to-date profit and loss statement
   3. Copy of NC Driver’s License or other government-issued photo ID
2. **Certifications of Accuracy and Signing of Application Form**
   1. Anything else you would like to share? (max 250 chars)
   2. I the Authorized Representative certify that all information and documentation provided in this application is not fraudulent and to the best of my knowledge is accurate