



Pittsylvania County has been awarded funds from the Virginia Department of Housing & Community Development to aid small businesses in the recovery from COVID-19. Up to a total amount \$15,000 for rent/mortgage assistance covering a maximum of 6 months and/or non-construction related retooling is available per small business. A scoring matrix will be used to choose grant recipients. For more information, please contact Susan McCulloch, Project Manager, Pittsylvania County at 434/432-1770. No more than 2 applications may be submitted by any business owner or person; 1 application per business allowed.

Eligible Businesses:

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

1. Locally or regionally owned, and Physically located in Pittsylvania County
2. 20 or fewer employees,
3. Has been impacted by COVID-19,
4. Has not received federal CARES Act assistance for the same purpose and same time period as the SBRAF request, AND
5. Have opened by March 12, 2020.

Application Questions:

- 1) Business DUNS number _____ <https://www.dnb.com/duns-number/get-a-duns.html>
- 2) Is your Business located within the Pittsylvania County limits? Yes No
- 3) Business Name _____
- 4) Physical Address of Business _____

- 5) Mailing Address of Business _____
- 6) Owner of Business _____
- 7) Phone Number _____
- 8) Email _____
- 9) Business Website _____
- 10) How has your business been impacted by COVID-19? _____



11) Has your business at your current location been in operation in Pittsylvania County on or before March 12, 2020? Yes No

12) Are you currently open and in operation? _Yes No If no, please explain

13) Is your business owned and operated by a resident of Pittsylvania County? Yes No

14) Have you received federal CARES Act assistance for rent/mortgage or retooling? Yes No

If Yes, please explain _____

15) Does the business named in the application have fewer than 20 employees? Yes No How many employees? _____

16) Type of Business

_____ Home Occupation (if so, what type of business) _____

_____ Construction

_____ Retail

_____ Restaurant

_____ Farm

_____ Healthcare Provider (if so, what type) _____

_____ Personal Services (if so, what type) _____

_____ Barber, Beauty Salon, Manicure, Pedicure, Spa

_____ Museum

_____ Event Center

_____ Caterer

_____ Art Gallery

_____ Education Services

_____ Other (please name) _____

17) Are you applying for (note: can't exceed \$15,000):

- o _____ Rent/Mortgage Relief Only (Amount _____) (**Home-based businesses must provide a copy of a business license. A maximum of 25% of the total rent/mortgage may qualify**)



_____ Retooling for Non-Construction related needs Only (Amount _____)

_____ Both Rent/Mortgage and Retooling (Amount _____)

Attachments Required:

- A. Please attach your W-9 for 2020 or the most recent
- B. Please attach your Monthly Profit & Loss Statements from January 1, 2019 to Present
- C. Please attach your Dun and Bradstreet Number (DUNS) proof
- D. Please attach your most current business license
- E. If mortgage or rent relief is requested, please provide documentation of expenditures - mortgage statements, proof of payment, lease agreement

18) Is your business woman-owned and/or operated? Yes No

19) Is your business minority-owned and/or operated? Yes No

20) If retooling and technology is requested, please describe what needs your business has related to the business response to COVID-19.

21) Do you need technical assistance with COVID-19 related issues, such as long-term sustainability planning or protecting your employees/customers? Yes No Unsure

22) How did you hear about our Program?

23) Would you be willing to provide information regarding your clients or employees for reporting purposes? Yes No

READ CAREFULLY BEFORE SIGNING:

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Verification of any or all information contained in this application may be obtained from any source named herein.



My signature below certifies that the information contained in this application is accurate and complete to the best of my **knowledge**. I hereby grant permission to project staff to verify any or all information contained in this application or any additional information that I may provide in support of this **application**. I understand that the information in this application will be held in strict confidence as required under the provisions of the Virginia Privacy Protection Act, and will only be used to determine my eligibility for business assistance under this project.

Date

Signature of Applicant

Date

Signature of Co-Applicant

Staff only:

Date

Signature of Intake Surveyor