

OWNER INFORMATION:

Complete this section for each person who has 5% or more Ownership interest in the business. Use additional sheets as necessary.

Name: _____ Position in Business: _____

Home Street Address: _____
P. O. Box or Street Address City State Zip

Home Phone #: _____ Cell phone #: _____ Email Address: _____

APPLICATION QUALIFICATION QUESTIONNAIRE

1. Was the Business in operation as of January 1, 2020? Yes No

2. Date of the most current Business License for this business: _____

If you do not have a license, please explain why you don't hold a business license.

3. Did you apply for an SBA EIDL loan? Yes No
Amount Received _____ How were funds spent? _____

4. Did you apply for an SBA Grant? Yes No
Amount Received _____ How were funds spent? _____

5. Did you apply for a PPP Loan? Yes No
Amount Received _____

6. Did you apply for unemployment? Yes No
When do you plan to return to work or when do these benefits run out? _____

7. Why did you close your business with regards to COVID-19?
Governor's Order Yes No
Lack of Employees Yes No
Concern for yourself/employees/patrons Yes No

Please add any explanation here: _____

8. Have you reopened your business at this time?

Phase I guidelines	Yes	No
Phase II guidelines	Yes	No
Waiting for Phase III	Yes	No

Please add any explanation here: _____

9. Identify how you plan to continue employment of all or certain employees and the type of positions being retained in comparison to pre COVID-19 disruption. How will your business operate differently moving forward?

10. Detail how you plan to use the grant funds to continue business operations.

11. Any other information that you think is important to your receiving this grant.

- If requesting back rent payment or mortgage, please include a statement or letter from your landlord or bank stating the amount due as of July 1, 2020.
- If requesting PPE, please submit quantities and associated costs for these materials.
- If requesting special cleaning supplies, please submit quantities and associated costs for these materials.
- If construction changes are necessary for future safety, please provide a quote for the work to be done to accomplish this element of safety.

Greenville County Small Business COVID-19 CARES ACT GRANT

Each of the applicants must initial the following statements to indicate that they understand and agree to the following conditions and certifications:

_____ I acknowledge that this completed and signed application is only an application for the COVID-19 grant funds expressed herein.

_____ This application, even if favorably received, does not constitute a commitment on the part of the County or its IDA to extend grant funds.

_____ I agree to notify the County immediately, in writing, if any of the information contained in this application materially changes in any respect.

_____ I agree to hold harmless and indemnify the County, its IDA, its board members, and any associated governmental employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against any of the aforementioned entities whether now existing or arising in the future regarding any damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application.

_____ I understand that by submitting this application, the County is under no obligation to approve and/or extend an assistance grant.

_____ I certify that this application is not made by or for the financial benefit of any of the following persons or their immediate family members (where immediate family members includes a spouse or any other person who resides in the same household of such person and is a dependent of such person): (i) any County Board member, (ii) any IDA member, (iii) any officer or employee of the County of Greenville (including , but not limited to the Board, and either Planning Commission), or (iv) any constitutional officer of the County of Greenville or any employee of a constitutional officer. I further certify that the award of a Small Business COVID-19 CARES ACT Grant to the applicant would not violate the Virginia State and Local Government Conflict of Interest Act.

_____ I understand that a false certification or false statement on this application will subject the signatory and applicant to repayment of the grant funds and other penalties under the law.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE.

Applicant: _____

Name of Business

Authorized Signature

Date

Title