



York CARES Grant Application Form

Business Information

Legal Business Name: _____
(Grant checks will be written to this entity)

Trading as (If Applicable): _____

Contact Person: _____ Phone: _____

Business Inception Date in York County: _____

Number of Full Time Equivalent Positions as of March 1, 2020: _____

Current Number Full Time Equivalent Positions at date of grant application: _____

Physical Address: _____

Lease or Own: _____ Home or Commercial Based: _____

Mailing address: _____

Website: _____ Email: _____

Please describe in detail how your business has been affected by the impact of COVID-19 and Executive Orders 53. (Attach additional sheets if necessary)

Use of Grant Funds (Be specific - Attach additional sheets if necessary):

Summary of Costs

Total Grant Funds Requested for COVID-19 Recovery Related Expenses: _____
(Up to \$3,000 per business)

Examples of Acceptable Uses of Funds:

Per the grant program guidelines, approvable expenses are those that are directly related to the reopening of the business per the State of Virginia's reopening guidelines specific to your industry. Examples include:

- Purchase of protective supplies, tools, equipment, or inventory
- Cleaning services or supplies
- Property improvements or renovations of a commercial location to accommodate social distancing and/or outdoor dining, recreation, etc.
- Software/Hardware expenses to accommodate delivery, online payments, online reservations, etc.
- Signage, advertising, marketing expenses, etc. to promote that your business is open and/or operating under modified condition
- Payments for rent, mortgages, insurance, and/or utilities during times of business closure due to the pandemic

Please attach the following items to this application:

- Copy of 2019 & 2020 York County Business Licenses
- Completed IRS Form W9
- Detailed paid receipts for each service, item or project for which you are requesting reimbursement. (Bank statements, canceled checks, and/or credit card receipts may also be acceptable.)

Certifications and Signatures:

I understand that all approved items must have been purchased/paid after the Governor of Virginia declared the COVID-19 emergency (March 13, 2020) and before November 30, 2020. All reimbursement requests must be made no later than December 1, 2020 and grant checks must be cashed by December 29, 2020 or approved funds will be forfeited. I agree to submit copies of all paid invoices/receipts and copies of all required permits and approvals in order to receive approved grant funds. I understand that grant funds will be awarded on a first-come, first-served basis and that applications may be evaluated based on the following criteria, at the discretion of the York County Economic Development Authority and/or their staff representatives:

- proposed use of the grant funds & the extent to which the request is COVID-19 recovery related
- extent to which my business was affected by the COVID-19 pandemic and Virginia's Executive Orders 53.
- current number of employees at grant application date

I certify that I have read and understand the York CARES Grant requirements and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that this business is currently open for business or will be reopening within three months of this application date. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public

review and is subject to the Virginia Freedom of Information Act. By signing below, I agree that the grant will be used for business purposes only, and not for household, personal, or consumer usage. I understand that any willful misrepresentation on this application and any other grant related documents could result in a requirement to repay grant funds and/or a violation of Local, State and/or Federal code.

I (Applicant) hereby confirm that _____ is currently a licensed business located in York County and that said business is not a corporately-owned national chain. I certify that my company employs less than two hundred and fifty (250) full time equivalent employees. I confirm that I have not received funding from any other local, state, or federal assistance program for the same expenses I am requesting reimbursement for on this application under this York County program. Lastly, I certify that my company is current with all local taxes, licenses, permit fees, etc. and that my company is in compliance with all York County ordinances.

Signature: _____

Printed Name: _____

Title: _____

Date: _____