



Small Business Assistance Application COVID-19

Please bring application and all required and supporting documents to the City of Sulphur Springs Business Office located at 125 S. Davis St between the hours of 8:00 A.M. to 5:00 P.M., Monday-Friday. All information should be placed in a sealed envelope with your business name, and “COVID-19 Business Grant” written on the envelope. Envelope will be marked with the date and time the envelope is delivered and received at the Business Office.

BUSINESS INFORMATION

Applicant Name: _____ Name of Business Owner(s): _____

Business Name & DBA: _____

Type of Business: _____

NAICS Code (located on Texas Sales and Use Tax Permit): _____

Must begin with 44, 45, 71, 72, 8121.

Business Address (must be commercially classified): _____

Owner(s) home address: _____

Business Phone Number: _____ Owner(s) Phone Number: _____

Business or Owner(s) Email Address: _____

Number of full-time Employees at time of Application: _____

Number of Employees prior to March 13, 2020: _____

Number of Part-time employees at time of application: _____

Number of part-Time employees prior to March 13, 2020: _____

Assistance must be used for one of the following:

Please indicate how you would use the proceeds if awarded a grant

- Business Lease/Mortgage Payment
- Utility Payments (excluding City of Sulphur Springs utilities)
- Payroll for employees still employed by the business

How long has your business had a physical presence (brick and mortar) within the city limits of Sulphur Springs? _____

Has your business remained open to the public since the disaster declaration was issued March 13, 2020?

How do you plan to adapt and remain financially viable for the next 3 months?

Did your business apply for and receive any COVID-19 related assistance from the Small Business Administration or a Financial Institution?

Is the business in good standing with the City of Sulphur Springs with respect to taxes, fees, utility payments, and other financial obligations?

BUSINESS IMPACT

Please indicate how your business has been impacted by COVID-19:

Current percentage decline in revenue:

- | | |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> less than 5% | <input type="checkbox"/> 10-25% |
| <input type="checkbox"/> 5-10% | <input type="checkbox"/> >25% |

Anticipated percentage decline in revenue:

- | | |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> less than 5% | <input type="checkbox"/> 10-25% |
| <input type="checkbox"/> 5-10% | <input type="checkbox"/> >25% |

What are the impacts to your business from COVID-19? Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Forced business closure | <input type="checkbox"/> Reduced hours of operation |
| <input type="checkbox"/> Restricted access to capital to address costs | <input type="checkbox"/> Inability to respond to home delivery |
| <input type="checkbox"/> Interrupted supply/deliveries from vendors | <input type="checkbox"/> Increased operating cost |
| <input type="checkbox"/> Employee layoff/furlough | <input type="checkbox"/> Revenue decline |
| <input type="checkbox"/> Inability to serve customers | <input type="checkbox"/> Decreased customers |
| | <input type="checkbox"/> Other |

Briefly describe how your business has been impacted and how grant funds will assist your business.

REQUIRED DOCUMENTS

- Copy of current Texas Sales and Use Tax Permit.
- Most recent copy of IRS Form 941 or 944.
- IRS form W-9. Must be signed and dated within last 12 months.
- Attach supporting documentation to show evidence of financial impact of COVID-19.

ACKNOWLEDGMENT

I certify that:

I have read the COVID-19 Small Business Assistance Program Policy.

I am in good standing with the City of Sulphur Springs with respect to taxes, fees, utility payments and other financial obligations.

Publicly traded companies, non-profit organizations and home-based businesses are specifically excluded from and ineligible to receive grants under the program.

A business is ineligible if it only has 1 employees or has more than 50 employees.

The business will use its best efforts to continue or resume its operations in the City of Sulphur Springs.

I understand the City of Sulphur Springs will not accept and/or evaluate incomplete applications.

The City may require additional information/documentation/clarification.

I understand that my business is not entitled to a grant.

I understand that to receive funds, I will be required to execute a 380 agreement with the City and shall be required to remain open for at least 90 days after the disbursement of funds or will be subject to pay back the grant funds.

I understand the City of Sulphur Springs will review applications and approve grant funding on a first-come, first-served basis. The City of Sulphur Springs does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, or any other basis of discrimination prohibited by law.

By submitting an application under the program, the applicant consents to submitting all required or supporting documentation and information to the City of Sulphur Springs and to the public disclosure of such documentation and information by the City of Sulphur Springs in response to any request submitted pursuant to the Texas Public Information Act and/or other applicable law.

I certify that the information I have given is truthful and accurate to the best of my ability. Financial information provided has not been manipulated to exaggerate the financial duress of this business. I understand that the information submitted in this application will be shared with a committee, comprised of individuals selected by the City Council of the City of Sulphur Springs that will determine the allocation of funding to applicants. I understand that if my business is selected to receive funding, the City of Sulphur Springs will notify me when the check has been processed.

Signature(s)_____

Date_____

To be completed by City:

Application # _____

Date Received _____

Time Received _____

Received By _____