

HARRISONBURG-ROCKINGHAM SMALL BUSINESS RESILIENCE GRANT APPLICATION

*Harrisonburg-Rockingham COVID-19 Business Support Taskforce
c/o Harrisonburg-Rockingham Chamber of Commerce
800 Country Club Road
Harrisonburg, Virginia 22802
frank@hrchamber.org
(540) 434-3862*

We understand the unprecedented hard times businesses are facing right now. To that end, the Shenandoah Valley Small Business Development Center, Harrisonburg-Rockingham Chamber of Commerce, Harrisonburg Economic Development, Rockingham County Economic Development, Harrisonburg Downtown Renaissance and Shenandoah Valley Technology Council have created an emergency grant fund to aid small businesses that are being affected. The maximum grant amount is \$5,000.

Businesses eligible for a Harrisonburg-Rockingham Small Business Resilience Grant must meet the following requirements:

- Had 25 employees or fewer on March 1, 2020 (note: businesses with multiple regional locations are eligible).
- Must be in good standing with regard to state and local taxes and licenses.
- Must have been established and operational in Harrisonburg or Rockingham County for at least the previous 12 months. Businesses that have expanded to a storefront from another business are eligible (e.g., an established caterer who opened a restaurant or an online retailer who opened a boutique).
- Eligible uses of funds: payroll (exclusive of owner compensation), utilities, rent, mortgage payments, insurance, or similar expenses, and products directly used in production of a product for sale.

The Harrisonburg-Rockingham Small Business Resilience Grant program has a limited funding, therefore not all grant requests may be approved. Applications will be reviewed and kept confidential by the review team, which will comprise representatives of the Taskforce.

Please email your completed grant application and supporting documents to Frank Tamberrino at frank@hrchamber.org. You may also drop the grant application off in person at 800 Country Club Road, Harrisonburg, VA 22802.

Harrisonburg-Rockingham Small Business Resilience Grant

Section 1: Business Description

Business Name:

Business Address:

Business Contact:

Name:

Phone:

Email:

How long has the business been located in the City of Harrisonburg or Rockingham County?

EIN Number:

Number of Full-Time Employees as of March 1, 2020:

Number of Part-Time Employees as of March 1, 2020:

Number of Full-Time Employees as of March 27, 2020:

Number of Part-Time Employees as of March 27, 2020:

Current (or 2019) Annual Sales/Business Revenue:

Describe your business:

Describe your products/services:

Describe your target market: *(Who are your customers? Where are they located?)*

Explain how your business has been affected by the impact of COVID-19 and the purpose of the grant.

Do you plan to seek SBA disaster assistance loans or traditional loans from a bank?

List other financial assistance that you have received this month.

Please list your involvement with any and all networking and community organizations (Chamber of Commerce, Small Business Development Center, Rotary, Business Councils, Harrisonburg Downtown Renaissance, etc.), business coaching or similar assistance (such as through the SVSBDC), conferences, and trainings related to small business development that you have attended in the last 3 years:

Please share other information that you would like selection committee to know about your business:

Section 2: Grant Request Information

Grant Amount Requested (grants may not exceed \$5000):

How do you plan to use the grant funding?

How will these funds help your business move towards stability or sustainability?

Section 3: Owner Information

Please circle all choices that apply to you:

Male
Female

Person with disability
Veteran
Non-US Citizen

Hispanic/Latino
Black or African American
White or Caucasian
Other (please specify): _____

Section 4: Certification Statement

I certify that the information above is correct to the best of my knowledge. I authorize the Harrisonburg-Rockingham Small Business Resilience Grant selection committee to make inquiries as necessary to verify the accuracy of the statements made by me in the application. I agree to indemnify and hold harmless the Harrisonburg-Rockingham Chamber of Commerce, its officers, directors, employees, agents and volunteers from any and all claims, loss or other liability arising from or related to the services that Harrisonburg-Rockingham COVID-19 Business Support Taskforce provides before, during, and after the grant review process.

Notice: *Harrisonburg-Rockingham Small Business Resilience Grant selection committee is dedicated to maintaining the confidentiality of all private client information including proprietary business data, business plans, and tax ID numbers.*

Owner or Authorized Representative Signature

Date

Section 5: Documentation Check List

In addition to this application, please submit the following as part of your grant application:

- Copy of your Business License (if applicable)
- Copy of driver's license or other form of ID
- 2 years of financial statements plus interim statement

If your grant is approved, additional documents may be required before transfer of funds.