

## Rockingham County COVID-19 Small Business Grant Program Application

### Application Checklist:

- Completed and Sign Application
- IRS form W-9
- Monthly gross receipts history for the previous two years

### Legal Name of Business

<b>DBA:</b>	
<b>Tax ID Number:</b>	

### Mailing Address

<b>Street:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	

### Primary Physical Address in Rockingham County

<b>Street:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	

### Contact Information

<b>Name:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

Is this business current on its Rockingham County Tax obligations?

Yes     No

### Organization Type:

Sole Proprietorship  
 Partnership  
 Franchise  
 Corporation  
 LLC  
 Other: \_\_\_\_\_

Is your business for Profit?

Yes     No

### Primary Business Function:

Summary about business (how long in business, services/products offered, hours of operation, track record prior to the COVID-19 crisis)

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How many employees in Rockingham County as of February 29, 2020:

FTE

How many employees in Rockingham County as of May 30, 2020:

FTE

If you have fewer employees as of May 30, 2020, please explain:

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## Rockingham County COVID-19 Small Business Grant Program Application

### 2018 Gross Receipts, by month

<b>January</b>	<b>February</b>	<b>March</b>
<b>April</b>	<b>May</b>	<b>June</b>
<b>July</b>	<b>August</b>	<b>September</b>
<b>October</b>	<b>November</b>	<b>December</b>

### 2019 Gross Receipts, by month

<b>January</b>	<b>February</b>	<b>March</b>
<b>April</b>	<b>May</b>	<b>June</b>
<b>July</b>	<b>August</b>	<b>September</b>
<b>October</b>	<b>November</b>	<b>December</b>

### 2020 Gross Receipts, by month

<b>January</b>	<b>February</b>	<b>March</b>
<b>April</b>	<b>May</b>	<b>June</b>

At the time of this application, will any of the following persons financially benefit from the receipt of this grant....an immediate family member including a spouse or any other person who resides in the same household of such person and is a dependent of such person: (i) any EDA board member, (ii) any officer or employee of Rockingham County (including the Board of Supervisors and Planning Commission), or (iii) any constitutional officer of

Rockingham County or any employee of a constitutional officer. If so, please provide their name: \_\_\_\_\_

### Current Status of Business:

- Open with Normal Operations
- Open with Limited Capacity
- Operating Virtually
- Closed Temporarily
- Delivery/Take-Out Only
- Other:

If your business is not open with Normal Operations, what would you need for your business to re-open or resume full operation? \_\_\_\_\_

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If the grant was awarded, how will you spend the funds?

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(Please use an additional sheet of paper to supply further information.)

# Rockingham County COVID-19 Small Business Grant Program

## Application

Please check the following statements indicating that you understand and agree to the following conditions:

This application, even if favorably received, does not constitute a commitment on the part of the EDA to extend grants.

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

I certify that all information contained in the application is true and accurate to the best of my professional ability.

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

I agree to hold harmless and indemnify the EDA, its board members, and County employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against the EDA its board members and Rockingham County, County employees whether now existing or arising in the future, for damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application process.

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

I certify that I have not received and do not expect to receive federal or state funds to partially offset the expenses that I am submitting for reimbursement through this program.

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

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Applicant

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Authorized Signature

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Title

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Date

<b>Please submit application via email to</b> <a href="mailto:publiccomment@rockinghamcountyva.gov">publiccomment@rockinghamcountyva.gov</a>
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<b>Or by mail to:</b>
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<b>Rockingham County Finance Department</b>
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<b>Attn: Trish Davidson</b>
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<b>20 E Gay Street</b>
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<b>Harrisonburg, VA 22802</b>
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