

Small Business Operating Assistance Micro-Grant

This application will be used to determine eligibility and financial need for a micro-grant of \$1,000 from Town of Mount Airy funds to assist with some business operating expense due to the Coronavirus (COVID-19) pandemic and related mandated State closures. All financial information requested will be kept confidential by the Town of Mount Airy Staff and Micro-Grant Committee.

* Required

1. Does your business have a physical establishment located in the Town of Mount Airy? *

Mark only one oval.

Yes

No

2. Did your business have 15 or less full time employees on March 13, 2020? *

Mark only one oval.

Yes

No

3. Have you experienced a 50% or greater revenue loss due to COVID-19? *

Mark only one oval.

Yes

No

4. The following entities are NOT eligible for the program: home-based businesses, churches, non-profit organizations, banks & financial institutions, investment real-estate entities, food trucks, and government agencies. I certify that the business entity meets the basic eligibility requirements for the micro-grant program. *

Mark only one oval.

Yes

No

5. Registered Business Name *

6. Tax ID # *

7. Legal Form of Business *

Mark only one oval.

Sole Proprietorship

Limited Liability

Partnership

Corporation

S-Corporation

Other

8. Nature of Business *

9. Owner First and Last Name *

If multiple owners, please choose one for form purposes.

10. Business Role/Title *

11. Email Address *

12. Cell Phone Number *

13. Business Address *

14. Is your business closed? Or did your business close for a period of time? *

A closure may include a portion of your business that has closed such as restaurant seating.

Mark only one oval.

Yes

No

15. If yes to above, please enter the dates that your business was closed. If no, please write N/A. *

16. Are your April bills current? *

Mark only one oval.

Yes

No

17. What is the dollar amount of your immediate need to make your April bills current?

*

18. Do you have any other sources of income? *

Mark only one oval.

Yes

No

19. How has the COVID-19 pandemic affected your business? *

20. What are your future plans for the business? *

21. Please attach a W-9 form, filled out with your information. *

A blank form is provided at <https://www.mountairymd.org/286/Incentives> as "W-9 Form Available for Download".

Files submitted:

22. Do you own or rent the space your business is located in? *

Mark only one oval.

Rent

Own

23. What is the monthly rent (inclusive of CAM/NNN) or mortgage payment on the property? If you are only paying property taxes, please list amount of annual tax. *

Your response should be a dollar amount.

24. # of Full-Time Employees *

This number should represent your employees on March 13, 2020.

25. # of Part-Time Employees *

This number should represent your employees on March 13, 2020.

26. What staffing layoffs have you made as a result of COVID-19? *

Mark only one oval.

- None
- 1-5 layoffs
- 5-10 layoffs
- 10-15 layoffs
- 15 or greater layoffs
- All

27. Have you received any government relief funding for COVID-19? *

Mark only one oval.

- Yes
- No

28. Have any of your funding applications been rejected? *

Mark only one oval.

- Yes
- No

29. What program did you receive funds from? Answer N/A if you have not received any funds. *

Please list the program name(s).

30. How much funding did you receive from relief programs? *

Please list the total dollar amount.

31. Have you received loan, line of credit, or other funding from a bank or credit institution during March or April 2020 to lessen the financial impact of COVID-19? *

Mark only one oval.

Yes

No

32. What was your revenue in April 2019 (last year)? *

Please provide documentation in the next section. If your business has been operational for less than one year, please provide revenue for February 2020.

33. Supportive Documentation for April 2019 Revenue (Such as QuickBooks or similar reports, Profit and Loss Statement, etc.) *

Files submitted:

34. What was your projected revenue for April 2020 originally - prior to the events of COVID-19? Please explain any variations between these projections & historic numbers from the previous year? (i.e. business expansions) *

35. What was your revenue in April 2020? *

Please provide documentation in the next section.

36. Supportive Documentation for April 2020 Revenue (Such as QuickBooks or similar reports, Profit and Loss Statement, etc.) *

Files submitted:

37. What is your estimated revenue for May 2020? *

38. Please upload the December 31, 2019 Balance Sheet for the business. *

Files submitted:

39. Please upload the most current Balance Sheet for the business. *

Files submitted:

40. Please attach a copy of your business license. *

Files submitted:

41. Please attach proof of good standing from the State of Maryland. *

Visit <https://egov.maryland.gov/BusinessExpress/EntitySearch> and find your business name.

Files submitted:

42. I certify that if awarded this grant, that I will use award money only for my business operating expenses. *

Mark only one oval.

Yes

No

43. I certify I am authorized to submit this form on behalf of the applicant organization and enter into an agreement with the Town. *

Mark only one oval.

Yes

No

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