

Clarke County CARES Act Emergency Grant Program



Program Description

Clarke County will be awarding grants up to \$10,000 to eligible, locally owned businesses that have been negatively impacted by the COVID-19 pandemic.

Qualification Criteria

- Must be located within the limits of Clarke County, Virginia
- Must be able to demonstrate at least 25% loss in revenue attributed to the COVID-19 pandemic either by an interruption of business operations or COVID-19 related expenditures
- Must employ between 1 and 100 employees
- Business applicants must be for-profit, independently owned (non-national chain and/or nationally recognized franchise)
- Must have less than \$10 million in annual gross receipts
- Must provide a 6- to 12-month projection of cash flow
- Must provide documentation for the proposed use of grant funds. Qualifying expenditures include payments of rent, mortgage, payroll, utilities, and other operational business expenses deemed applicable under the CARES Act program relating to COVID-19
- Business applicants must possess a valid business license
- All applicants must be current on all local tax payments
- Businesses must have been open and operational from at least January 1, 2020

Instructions

Applications can be found on the Clarke County Economic Development website at (www.YesClarkeCounty.com) and the Clarke County website at (www.ClarkeCounty.gov) Applicants should mail their completed applications to:

Clarke County Government Center
c/o Felicia Hart
101 Chalmers Court
Berryville, VA 22611

If you choose to drop off your application, drop it in the Treasurer's Office drop box located in the drive through behind the Government Center. Mark the outside of the envelope with "CARES Act program" and mark attention to Felicia Hart. The deadline to submit your completed application and materials is **September 11, 2020 at 5:00 pm.**

Required Information

- Completed and signed application form
- A projection of cash flow for the next 6- to 12-months
- A copy of your current business license
- A copy of your last filed W-9
- Most recent federal tax return
- Copy of driver's license or other form of ID
- Copies of the bills for which you are seeking reimbursement. For rent, include a copy of your lease
- A W9 for tax purposes; see last page of this document.

CONTACT INFORMATION

1. Applicant name and title: _____
2. Grant amount requested: _____
3. Mailing address: _____
4. E-mail address: _____
5. Phone number: _____
6. Business address: _____

BUSINESS INFORMATION

7. Name of business: _____
8. Business address: _____
9. How is your business set up: Sole Prop Partnership LLC S Corp C Corp
10. EIN number: _____
11. Is your business located in Clarke County: Y N
12. Date of business opening in Clarke County: _____
13. Is your business locally owned and operated: Y N
14. Business description (services/products offered): _____

15. Describe how COVID-19 has impacted your business/operation and your plan to remain open:

16. Primary industry sector:

Agriculture Construction Manufacturing Retail
 IT Real Estate Finance/Insurance
 Personal Serv Hospitality Whole trade
 Arts/Entertain. Professional Serv Transportation/Warehousing
 Other _____

17. Have you applied for any additional aid during this time? If so, explain if the funds have been accepted, denied or are pending – and for how much.

PPP: _____

SBA Economic Injury Disaster Loan: _____

Unemployment Benefits: _____

Other (rent suspension, EDA Disaster Relief Loan, etc.): _____

18. If you had to close or limit capacity, check all that apply:

State mandate Supply chain disruption Health and safety concerns

Workforce availability Not enough customer demand

Other: _____

19. Number of W2 employees as of March 13, 2020: Part-time: _____ Full-time: _____

20. Number of W2 employees as of date of application: Part-time: _____ Full-time: _____

21. Have you had to lay off or furlough any employees? If yes, how many? _____

22. Describe your plans for hiring or recalling employees from furlough: _____

23. Describe how you adapted your business practices during this time (*use a separate sheet of paper if needed*): _____

24. Financial Analysis Table: Please enter the 12-month revenue, expenses and taxable income totals for fiscal years ending in 2018 and 2019.

Income Statement	Calendar Year 2018	Calendar Year 2019
Revenue		
Less Total Expenses		
Taxable Income		

Enter 1-month revenue, expenses and taxable income totals for January to July of 2020.

Income Statement	Jan	Feb	March	April	May	June
Revenue						
Less Total Expenses						
Taxable Income						

Enter 1-month revenue projections, expenses and taxable income totals for July to December of 2020.

Income Statement	July	August	September	October	November	December
Revenue						
Less Total Expenses						
Taxable Income						

USE OF FUNDS

Grant funds must be used to reimburse the costs of business interruption caused by required closure and/or costs related to reopening. Acceptable uses of grant funds include:

- Personal Protective Equipment (PPE)
- Other equipment and supplies to promote health and safety
- Technology to facilitate e-commerce and/or virtual business operations
- Professional services related to the design and construction/alteration of the building environment necessary to promote physical and social distancing, as well as the actual costs of the alterations
- Initial cleaning and disinfection services prior to reopening
- Inventory
- Equipment
- Rent or mortgage costs
- Utilities (gas, electric, communication)

Please provide a line item list including dollar amount of how you will use the grant if awarded.

Use	Amount
Example: May rent	\$1,200
Total	

CERTIFICATION STATEMENT

I certify that the information I am providing is true and accurate to the best of my knowledge. I authorize Clarke County to make inquiries as necessary to verify the accuracy of the statements made by me. I understand that false statements will result in forfeiture of benefits. I understand this application, even if favorably received, does not constitute a commitment on the part of Clarke County to extend grants. I understand that by submitting this application, Clarke County is under no obligation to approve and/or extend an assistance grant. I agree to indemnify and hold harmless Clarke County, its officers, directors, employees, agents and volunteers from any and all claims, loss or other liability arising from or related to the services that Clarke County provides before, during, and after the grant review process (including reasonable attorney fees). I agree to be bound by the grant agreement, if my application is accepted. I understand that if I move my business outside of Clarke County or my business closes within one year of receiving grant funds, I will have to return the full amount of the grant award. I agree to provide documentation, if needed, of all uses of grant funding. I certify that if I receive any other grant funding between the date of my application and before the award date of October 9, I will let Clarke County know and understand that I could forfeit these grant dollars

Notice: Clarke County is dedicated to maintaining the confidentiality of all private client information including proprietary business data, business plans, and tax ID numbers. As an organization receiving financial support from state and federal agencies, we may be required to document and share client information with public and non-profit agencies as a condition of program funding.

Clarke County will make available to the public, through FOIA, the names of any business receiving these public funds.

NOTE: The IRS does consider monies through this grant program taxable income. Therefore, a 1099 will be issued.

Owner's Signature

Date

Print Owner's Name

CHECKLIST OF REQUIRED DOCUMENTS INCLUDED

- ___ A completed and signed application form
- ___ A copy of your current business license
- ___ A copy of your last W-9
- ___ A copy of your most recent federal tax return
- ___ A copy of your driver's license or other form of ID
- ___ Copies of bills for which you are seeking reimbursement. For rent, include a copy of your lease
- ___ A W9 for tax purposes

Questions? Please contact Felicia Hart, Director of Economic Development and Tourism for Clarke County, at fhart@clarkecounty.gov

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____		(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.