**2021 ARPA Non-Governmental Business Interruption Grant Application**

The American Rescue Plan Act (“ARPA”) established a Coronavirus Local Fiscal Recovery Fund (“Fiscal Recovery Fund”) that may be used for expenditures that respond to the COVID-19 public health emergency or its negative economic impacts, “including assistance to households, small businesses, and nonprofits, or aid to impacted industries such as tourism, travel, and hospitality.”

The U.S. Treasury’s “Coronavirus State and Local Fiscal Recovery Funds Frequently Asked Questions” (last updated July 19, 2021) provides that under ARPA, Fiscal Recovery Fund assistance to small business and non-profits includes, but is not limited to:

• Loans or grants to mitigate financial hardship such as declines in revenues or impacts of periods of business closure, for example by supporting payroll and benefits costs, costs to retain employees, mortgage, rent, or utilities costs, and other operating costs;

• Loans, grants, or in-kind assistance to implement COVID-19 prevention or mitigation tactics, such as physical plant changes to enable social distancing, enhanced cleaning efforts, barriers or partitions, or COVID-19 vaccination, testing, or contact tracing programs; and

• Technical assistance, counseling, or other services to assist with business planning needs.

FAQ at 5, Question 2.5.

Section 35.3 of the Interim Final Rule issued by the U.S. Treasury currently defines the term “non-profit” to mean “a nonprofit organization that is exempt from Federal income taxation and that is described in section 501(c)(3) of the Internal Revenue Code.” 86 Fed. Reg. 26820 (May 17, 2021).

Section 35.3 of the Interim Final Rule issued by the U.S. Treasury currently defines the term “small business” to mean “a business concern or other organization that: (1) Has no more than 500 employees, or if applicable, the size standard in number of employees established by the Administrator of the Small Business Administration for the industry in which the business concern or organization operates; and (2) Is a small business concern as defined in section 3 of the Small Business Act (15 U.S.C. 632).” 86 Fed. Reg. 26820 (May 17, 2021).

Applicants must be appropriately licensed and operating in the County. Applicants must also operate from a physical location in the County. [List additional County requirements, if any, such as at least a \_\_\_% loss in revenue that can be attributed to COVID-19 for \_\_\_ months; have less than $\_\_\_ million in annual receipts; etc.]

**Instructions**:

Answer all questions completely and accurately. It is important that this form be completed in its entirety.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Legal Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAICS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your entity in operation prior to March 1, 2020?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Yes or No)

Date Entity Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internet Website (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Representative

Submitting Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List names and addresses of all owners, if applicable.

Is your organization appropriately licensed and operating in the County? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Yes or No)

Does your organization operate from a location in the County? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Yes or No)

List all addresses where your organization operates in the County.

Is your organization a private small business as defined above or a Section 501(c)(3) non-profit entity under the Internal Revenue Code of 1986?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Yes or No)

Specific Type of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For Profit Corporation, Sole Proprietorship, Partnership, LLC, PC, 501(c)(3), or Other)

If you responded “Other” to the previous question, please explain the nature of you organization and its classification for legal and tax purposes.

Does your organization have 500 or fewer total employees?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Yes or No)

How many total employees does your organization have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization primarily engaged in the travel, tourism or hospitality industry?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Yes or No)

If the answer to the previous question is yes, explain how your organization is primarily engaged in the travel, tourism or hospitality industry.

During the period that began on March 1, 2020 and runs through December 31, 2021, how has your organization been financially affected by COVID-19, including but not limited to due to required closure orders, voluntary closures to promote social distancing measures, expenditures to mitigate or respond to COVID-19, or decreased customer demand as a result of the COVID-19 public health emergency?

Did your organization receive CARES Act Paycheck Protection Program assistance, CARES Act Economic Injury Disaster Loan Program assistance, CARES Act Coronavirus Relief Fund Business Interruption grant or any other type of state, federal or local COVID-19 related grant or loan?

(Receipt of such funds will not disqualify applicants, but first priority is given to applicants that did not receive such funds.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Yes or No)

If yes, indicate types and amounts received and dates of payments.

**Operating Expenditures and Revenue Losses**

Please list unreimbursed expenditures related to implementing COVID-19 prevention or mitigation tactics, such as physical plant changes to enable social distancing, enhanced cleaning efforts, barriers or partitions, or COVID-19 vaccination, testing, or contact tracing programs

Please list your organization’s operating expenditures in the following categories for the period running from March 1, 2020 through December 30, 2020. The maximum amount of business interruption grant may not exceed the total of your expenses minus reimbursement for those expenditures that has been or will be received from other sources:

Rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility bills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPE purchases \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cleaning supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll and Benefits costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Costs associated with the preparation

of the place of business to mitigate

the spread of COVID-19 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement that has been or will be

Received for any of these costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total minus reimbursement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have other similar expenditures that you believe should be considered in determining the maximum amount of a business interruption grant, please list those expenditures and explain your basis for believing that they should be included. If there are other similar operating expenditures that you believe should be considered in determining the maximum amount of the business interruption grant you are applying to receive, please list the type and amount of those expenditures with an explanation of your basis for believing that they should be considered.

If you have COVID-19 related revenue losses from March 1, 2020 to the present that you believe should be considered in determining the maximum amount of a business interruption grant, please list those revenue losses and explain your basis for believing that they were COVID-19 related. Documentation supporting the revenue loss, including differences in revenue between the period in question and comparable periods prior to the pandemic, will be required.

[***Insert additional questions, if any, relating to additional County requirements.]***

Private for-profit businesses must provide a completed W-9 form and most recent federal tax return. Sole Proprietorship applicants must provide a 2019 or 2020 Schedule C.

Non-profit entities must provide a copy of their IRS determination letter, their most recent financial statement, and a copy of their most recent annual report, if applicable.

All entities should provide gross monthly revenues for 2019 and 2020 and documentation that demonstrates COVID-19 related impact.

Please submit such documentation to [***insert name of designated individual***] by [***insert date***].

**Applicants selected to receive a grant will be required to sign a** **Business Interruption Grant Agreement.**

**I certify that all information on this application is truthful and complete to the best of my knowledge and that I am authorized to submit this application.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization