



## City of Clarksburg, WV

### Small Business Assistance Grants - Application

The information provided in this form and any submitted attachments allows the City of Clarksburg to evaluate your grant application.

#### Section 1 – Applicant Information

Business Name: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_

Are you a Minority/Veteran/Woman Owned Business?: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Federal Tax ID No.: \_\_\_\_\_

#### Section 2 – Existing Businesses (New Businesses Please Skip to Section 3)

Number of Years in Business: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Social Media Profile: \_\_\_\_\_

How many part-time employees worked for you before March 1, 2020?: \_\_\_\_\_

How many full-time employees worked for you before March 1, 2020?: \_\_\_\_\_

How many part-time employees work for you presently? \_\_\_\_\_

How many full-time employees work for you presently? \_\_\_\_\_



### Section 3 – Business Information

Who is your target market? \_\_\_\_\_

Industry Sector related to your business: \_\_\_\_\_

Please provide the nature of your business: \_\_\_\_\_

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Do you have a recent Business Plan? \_\_\_\_\_

Would you be interested in learning more about Small Business Administration businesses programs?

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Would you be interested in learning more about federal contractor resources available?

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### Section 4 – COVID Impact, Grant Request, and Use of Funds

Please describe how your business has been impacted by the COVID-19 pandemic and the need for financial assistance:

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Have you applied for additional financial assistance from other government sources?:

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If yes, please list the funding source (name), amount requested and status of your application:

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Total amount of SBAG funds requested (max request is \$25,000.00)?: \_\_\_\_\_



Explain in detail how grant monies will be utilized – be specific in outlining scope of efforts:

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Any awarded funds for the activities listed in this section will require a subrecipient agreement that details a period of performance and regular requests for reimbursement. Please describe the timeline for spending SBAG funds:

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Provide any other pertinent information which would be helpful in the grant decision making process (If attaching documents not listed in this application, please list attachments here. Please list any contributions of funds beyond what is requested here for matching):

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## Section 5 – Detailed Budget for Requested Funds

Please use the table below to indicate the expense category and amount requested for each to help us understand how you would use the requested funds. Please see the ARPA – Small Business Assistance Grant Information and Application Process form for a list of potentially eligible expenses through this program.

Expense Category	Amount Requested
<b>TOTAL</b>	

Please use additional pages as necessary or provide similar information in attachment form.

## Section 6 –Application Attachments

The following items should be included with this application form. If an item is unavailable, please note on this application.

- Copy of lease or documented ownership of building. \_\_\_\_\_
- Copy of most recent tax return. \_\_\_\_\_
- Most recent Income (or Profit and Loss) Statement enclosed. \_\_\_\_\_
- Current City of Clarksburg Business License. \_\_\_\_\_
- Letter/s of Support. \_\_\_\_\_