

# **Town of Weathersfield Small Business Relief Fund**

Weathersfield small business owners impacted by the pandemic can apply for funds through December 18, 2020 at 12:00pm. Please print the attached application and fill in the blanks. Afterwards, place the application in an envelope and contact Olivia Savage at 802-674-2626 or by email at [osavage@weathersfield.org](mailto:osavage@weathersfield.org) to schedule a time/date to drop it off at Martin Memorial Hall, 5259 US Route 5, Ascutney, VT. Please note: Late applications will not be accepted.

## **Eligibility Requirements**

- Weathersfield business address
- Vermont Certificate of Good Standing
- Experienced a decline in revenue and/or increased expenses due to COVID-19 between March 1, 2020 and December 31, 2020
- 1.5 million or less in annual gross revenue
- 50 or less employees

## **Grant Priorities**

- Businesses that experienced a decline in revenue as a result of COVID-19.
- Businesses for which resources will help them remain operational.
- Businesses that did not receive enough federal funds.
- Childcare focused businesses.
- Restaurants, hair salons, farmers markets, retail, arts, entertainment, agriculture, convenience stores and recreation.
- Any other small business affected by COVID-19.

## **Grant Requests**

- \$250.00
- \$500.00
- \$750.00
- \$1000.00

## **Selection & Distribution Process**

Applicants will be ranked in order of priority. The Selection Committee includes members of Weathersfield Staff and Elected Officials. Applicants will be recommended to the Select Board for funding on 12/21/20. The Select Board will determine awarded applicants on 12/21/20 and checks will be mailed on 12/22/20.

## **Submission Requirements**

- Signed & Completed Application
- Most Recent Tax Return Documents demonstrating business income.

## **Other Terms**

Resources from grant funds may not be used for personal uses or those prohibited by federal, state, or local law or regulation. Grants must be used only to cover expenses that were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020. A signed application is required.

## Town of Weathersfield Small Business Relief Fund Application

Thank you for applying to the Weathersfield Small Business Relief Fund. To be eligible for this grant opportunity applicants must own a small business in the Town of Weathersfield that was affected by COVID-19. A small business is defined as 50 or less employees and annual revenue of less than 1.5 million. Applications must be submitted no later than December 18, 2020 at 12:00pm. Incomplete applications may not be funded.

### Applicant Information

Business City/ Town			
<b>Applicant:</b>			
Business Name:			
Owner Contact Name & Title:			
Business Address:			
Business City/State/Zip			
Email Address:			
Telephone #:			
<b>Grant Contact (if different) – for technical questions, follow up, and/or reporting:</b>			
Contact Name & Title:			
Email Address:			
Telephone #:			
<b>Business Information:</b>			
Vermont Tax ID # / SUTA:			
EIN #:			
# of Full Time Employees		# of Part-Time Employees	
<b>Additional Information (If Any):</b>			

## Business Assessment & Forecast Plan

**Please provide your responses in the blank sections below. If you need more space, please attach an additional page, and write “see attachment” in the blank spaces on the application.**

Please provide a brief overview of your small business. Include a summary about the business including information about products and/or services, operation hours and days, and the target market it serves.

Please describe the impact that COVID-19 has caused.

Is this business currently operating? (Yes or No) If no, when did your business close?

If Yes to the question above, please provide a brief description of the plan to operate during the next six months.

If No to the question above, please provide a brief description of the plan to reopen within the next six months.

If closed, will you reopen in the Town of Weathersfield?

**GRANT REQUEST FORM**

<b>Grant Amount Requested (up to \$1000.00):</b>
\$

How will you use the Grant Funds? (Check all that apply)

- Working Capital
- Rent/ Lease Costs
- Employee Support

Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Data