COVID-19 Business Interruption Small Business Grant Application

Business Name: _____

DBA (if different): _____

Applicant Name: _____EIN: _____

Business Website: _____Facebook: _____

BUSINESS CONTACT INFORMATION
☐ use this information for official correspondence

_____
Address

_____
City/State/Zip

_____
Phone

_____
Email

APPLICANT CONTACT INFORMATION
☐ use this information for official correspondence

_____
Address

_____
City/State/Zip

_____
Phone

_____
Email

Grant Amount Requested (up to $2,000): _____

Please describe how your business has been impacted by COVID-19?:

Brief description of how grant will be used:

I certify that the business is:

☐ Current on all local business taxes and fees.

☐ Affected by Covid-19.

☐ Not a franchised business, see application concerning motels

☐ Has fewer than 20 employees as of 3/15/2020

I have attached:

☐ Copy of current City Business license

☐ I certify that if awarded the loan, I agree to abide by program guidelines and provisions of the notice of award.

BUSINESS REPRESENTATIVE

Printed Name: _____

Signature: _____Date: _____

Completed applications and attachments may be emailed to kbarker@galaxva.com.
Mail or drop off applications at 111 E. GraysonSt., Galax, VA 24333