

Additional Questions

Year Established

Number of Employees

Full Time

Part Time

Average Wage

Demographics (check all that apply)

This information is being requested to help the Office of Economic Development & Tourism assess the equity of our work and our ability to reach and include a diverse business owner population.

- Minority Owned Business
- Woman-Owned Business
- Veteran-Owned Business

The City of Lynchburg Office of Economic Development & Tourism is partnering with the Small Business Development Centre – Lynchburg Region (SBDC) to provide business counseling and education. Please check if you are interested in any of the following:

- 1:1 with SBDC Counselor
- Industry-specific training session (ex. Business of Health Care)
- Risk Mitigation Seminar

The City of Lynchburg Office of Economic Development & Tourism is partnering with Centra Health, HealthWorks and Piedmont Community Health Plan to provide education and focus groups for health and safety operations for small businesses. Please check if you are interested. Yes No

By indicating your interest, you agree to allow the City of Lynchburg to share business contact information with these service providers.

Eligibility

- Are you current on all taxes and utilities to the City of Lynchburg? Yes No
- Upload a copy of your 2020 City of Lynchburg Business License *required
- Upload a copy of a completed and signed IRS W-9 Form *required
- Upload a copy of the completed Financial Statement of Impact *required

Qualifying Expenses

Grant funds must be expended in compliance with state and federal law. Funds may be used to reimburse the cost of business interruption caused by required closures, which may include:

- Operations (i.e., payroll, rent, supplies, working capital, insurance, etc.)

- Pivot to respond to new market conditions (i.e., develop or expand online sales/e-commerce, delivery or take out; develop new product line, etc.)
- Equipment and inventory purchases
- Rent or mortgage expenses
- Deep cleaning services, PPE, protective barriers, etc.
- Other critical operating expenses

Please check all that apply.

Please provide a brief description on how the grant funds will be used.

City of Lynchburg grant funds may not be used for expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act or otherwise, including State unemployment funds, PPP and EIDL.

Have you received any other assistance related to COVID-19 or CARES Act funding from the United States or the Commonwealth of Virginia, such as the Paycheck Protection Program (PPP) or Economic Injury Disaster Loan (EIDL)? Yes No

If yes, please upload a copy of your application or forgiveness form.

The City reserves the right to audit expenses. Please keep documentation for five years.

[initial] I certify that grant funds are only used for the expenses listed above.

Deposit Information

The Economic Development Authority of the City of Lynchburg will utilize ACH for grant payments.

Company Name (as it appears on the business deposit account)

Routing Number

Account Number

Account Type (checking, savings, money market)

I prefer a paper check mailed to my business address.

Certifications

[initial] As the undersigned representative of the business which has applied for a grant from the Economic Development Authority of the City of Lynchburg, I declare that I have the authority on behalf of the business to authorize this release.

[initial] I understand that this completed and signed application is only an application and does not constitute a commitment on behalf of the Economic Development Authority of the City of Lynchburg to extend credit, grant and/or loan funds. I understand I may be asked to produce additional documentation to clarify my submitted answers before a grant decision is made final.

[initial] I consent to public recognition as a participating business in the Lynchburg CARES Business Recovery Grant Program. My business name will be included in a published list of participating businesses in print or digital format. The City of Lynchburg may contact me for further information to promote my business's participation in this program.

[initial] I authorize the City of Lynchburg, on a confidential basis, to obtain any information it deems necessary to verify the information on this application as well as information needed to make a determination of grant eligibility. I further authorize the Commissioner of the Revenue to release any subsequent audit findings of said business, which may alter and/or adjust the original disclosure. The information provided by the Commissioner of Revenue's Office as part of the application process is exempt from public disclosure under Section 58.1-3(A) of the Virginia Code and will not be made available to the public in response to a Freedom of Information Act request.

[initial] I affirm that all the information given herein is true and accurate to the best of my knowledge.

[initial] I acknowledge that I may be required to submit receipts for funds expended and to submit to an inspection of the premises to confirm grant funds were expended as stated in this application.

Signature

Date