

TOWN OF LA VETA BUSINESS RECOVERY GRANT APPLICATION

ABOUT THE GRANT

The La Veta Business Recovery Grant allows eligible businesses to apply for reimbursement for incurred expenses during the COVID-19 pandemic to provide financial relief. Eligible expenses include-

- Fixed expenses such as rent, utilities, and mortgages
- Payroll
- Marketing, advertising, and point of sale systems
- Cleaning supplies and Personal Protective Equipment (PPE)
- Accounts payable and other business-related expenses

Businesses awarded grant funds must be able to provide receipts and other documentation to show what expenses are being reimbursed. Funds are limited and may be awarded on a first come first served for fully completed and eligible applications.

ELIGIBILITY:

- Must be a business or contractor licensed in the Town of La Veta on or before April 1, 2020 with a physical location in the Town of La Veta
- Must be an independently owned for-profit company or agricultural business, 501(c)(3) non-profit, sole proprietor, or independent contractor.
- Be engaged in activities that are legal under Colorado and federal law
- Ability to demonstrate need for grant funds due to the impact of COVID-19, including:
 - Business Closure
 - Reduced Operations
 - Inability to Serve Customers
 - Employee Layoffs
 - Customer Decline
 - Revenue Decline
- Business and owner must not have any outstanding judgments, tax liens, or pending lawsuits against them

SUBMIT APPLICATIONS BY NOT LATER THAN 5:00 PM MDT FRIDAY 30 OCTOBER 2020

Send via email (Preferred): admin@townoflaveta-co.gov

Mail: Town of La Veta, P.O. Box 174, La Veta, Colorado 81055-0174, Attn: Recovery Grant Committee

Applications may be dropped off at La Veta Town Hall

NOTE: APPLICATIONS NOT RECEIVED BY THE DEADLINE WILL NOT BE ELIGIBLE FOR GRANT AWARD

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GENERAL INFORMATION

BUSINESS INFORMATION

Legal Name:	
Trade Name:	
Street Address:	
City:	
Zip Code:	
Employment Identification Number:	
Year Business Opened:	
Number of Employees:	
Brief Description of Business Operations:	

BUSINESS OWNER INFORMATION

OWNER #1

First Name:	
Last Name:	
Phone Number:	
Email Address:	
Percentage of Ownership:	

OWNER #2

First Name:	
Last Name:	
Phone Number:	
Email Address:	
Percentage of Ownership:	

PLEASE ATTACH A SEPARATE SHEET WITH ANY ADDITIONAL OWNERS

TOWN OF LA VETA BUSINESS RECOVERY GRANT APPLICATION

POINT OF CONTACT

First Name:	
Last Name:	
Phone Number:	
Email Address:	
Role in Business:	

IMPACTS OF COVID-19

WHAT IMPACTS HAS COVID-19 HAD ON YOUR BUSINESS? (CHECK ALL THAT APPLY)

<input type="checkbox"/>	Business Closure
<input type="checkbox"/>	Reduced Operations
<input type="checkbox"/>	Inability to Serve Customers
<input type="checkbox"/>	Employee Layoffs
<input type="checkbox"/>	Customer Decline
<input type="checkbox"/>	Revenue Decline

ECONOMIC IMPACTS OF COVID-19

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. Please note ways you have demonstrated adaptability by reconfiguring your business model during the COVID-19 economic disruption.

FEDERAL ASSISTANCE

Did your business receive direct federal assistance? If so, please check the appropriate box.

<input type="checkbox"/>	Paycheck Protection Program (PPP) Loan
<input type="checkbox"/>	Economic Injury Disaster Loan
<input type="checkbox"/>	Other Federal Loan or Grant Assistance

If your business received a PPP loan, please initial below to certify that you will not use grant funds for Payroll Expenses

Initial Here:

BUSINESSES THAT RECEIVED FEDERAL FUNDS ARE STILL ELIGIBLE FOR ASSISTANCE. HOWEVER, THESE FUNDS MAY NOT BE USED TO COVER AN EXPENSE COVERED BY ANOTHER FEDERAL PROGRAM

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GRANT ASSISTANCE REQUEST

ELIGIBLE SMALL BUSINESSES MAY RECEIVE GRANT ASSISTANCE REIMBURSEMENTS FOR THE FOLLOWING ELIGIBLE GRANT EXPENSES:

- FIXED EXPENSE PAYMENTS INCURRED DURING THE PANDEMIC
- PAYROLL FOR EMPLOYEES WHOSE SERVICES WERE DEDICATED TO MITIGATING OR RESPONDING TO THE COVID-19 PUBLIC HEALTH EMERGENCY
- EXPENSES FOR FOOD DELIVERY
- MARKETING, ADVERTISING, AND POINT OF SALE SYSTEMS
- CLEANING SUPPLIES AND PERSONAL PROTECTIVE EQUIPMENT
- ACCOUNTS PAYABLE AND OTHER BUSINESS-RELATED EXPENSES

GRANT ASSISTANCE IS FOR REIMBURSEMENT OF INCURRED OR PAID EXPENSES, FROM 01 MARCH- 30 SEPTEMBER 2020

GRANT FUNDS ARE NOT INTENDED TO REPLACE LOST SALES OR PROFITS, OR FOR EXPANSION. GRANT FUNDS CANNOT BE USED TO PAY DOWN LONG-TERM DEBT.

INTENDED USE OF FUNDS

Line Item	Amount
Fixed Expenses (rent, mortgage payments, insurance):	
Payroll:	
Marketing:	
Cleaning Supplies and Personal Protective Equipment:	
Accounts Payable:	
Other (please specify): _____	
Total Grant Assistance Request (Cannot Exceed \$5,000):	

SUPPORTING DOCUMENTATION

Please attach the following documentation.	
	Business license from Town OR a Contractor's License Issued by the Town of La Veta
	Certificate of good standing from Secretary of State (Required)
	W-9 Form (Required)
	Expense/Revenue documentation for March, April, and May of 2019 and 2020 (if haven't been in business a year then show only receipts for expenses)
	Receipts, Proof of Payment, or Invoices for Expenses Already Incurred

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APPLICATION CERTIFICATIONS

I hereby certify by reading and initial each statement listed below that:	Please Initial
Applicant's business activities are legal under Colorado and federal law.	
Applicant understands a complete application with all required supporting documents must be submitted by the specified deadline in order to be considered for award.	
Business has a physical location in the Town of La Veta.	
Applicant certifies the expenses submitted in this application have NOT been covered under any other Federal program.	
Business and business owner do not have any outstanding judgments, tax liens, or pending lawsuits against them.	
Applicant will not claim any Federal COVID-19 financial assistance funds for the same expenses used for this application.	
Business is not currently in bankruptcy proceedings or anticipating filing for bankruptcy in the next six months.	
Applicant is current with Huerfano County Personal Property Taxes and State of Colorado Sales and Withholding Taxes.	

BY SIGNING THIS APPLICATION, I CERTIFY THAT:

1. I AM AUTHORIZED BY THE OWNERS OF THE BUSINESS TO SUBMIT THIS APPLICATION
2. ALL INFORMATION IN THIS APPLICATION, AND SUBMITTED WITH THE APPLICATION, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
3. I WILL SUBMIT ACCURATE INFORMATION IN THE FUTURE.

Signatory's Full Legal Name: Please Print Legibly	
Business Name:	
Title:	
Date:	
Signature:	

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SUBMISSION INFORMATION

Submission deadline: **NOT LATER THAN 5:00 PM MDT FRIDAY 30 OCTOBER 2020**

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