



WILL COUNTY COVID-19 SMALL BUSINESS ASSISTANCE GRANT PROGRAM WEBINAR

Presented August 28, 2020



WELCOME & INTRODUCTIONS

WITH US TODAY



Bronner Group is a professional services helping Will County administer and ensure compliance with the money it received from the Coronavirus Relief Fund (CRF)



Accion Serving Illinois and Indiana is a nonprofit that helps neighborhood entrepreneurs grow by providing capital, coaching, and connections, and will assist in administering this grant program



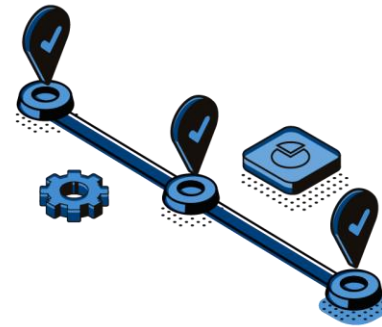
The Joliet Region Chamber of Commerce & Industry's mission is to advance the interests of business, professional and service organizations in the Joliet Region



WELCOME & INTRODUCTIONS

AGENDA

- Introduction
- Program Overview
- Eligibility Criteria
- Application Process
- Application Review, Selection, Notification and Funding
- Partners
- Other Resources
- Questions



PLEASE SUBMIT ANY QUESTIONS IN THE ZOOM CHAT. THEY WILL BE ADDRESSED AT THE END OF THE PRESENTATION

PLEASE REMAIN ON MUTE THROUGHOUT THE PRESENTATION



INTRODUCTION

JEN HOWARD
President



CARES/CRF OVERVIEW

WILL COUNTY FUNDS ALLOCATED TO DATE

Preliminary allocations of CARES Funding within Will County are listed by category below

CATEGORY	\$ ALLOCATED	% ALLOCATED
Local Taxing Bodies	\$33,145,000	27.5%
County	\$33,145,000	27.5%
Businesses/Farms	\$24,106,000	20%
Shelter/Food/Utilities	\$12,053,000	10%
Non-Profits (not shelter, etc.)	\$6,026,000	5%
Contingency/ To Be Determined	\$12,053,000	10%
Total	\$120,529,000	100%



SMALL BUSINESS ASSISTANCE GRANT PROGRAM OVERVIEW

SMALL BUSINESS ASSISTANCE GRANT PROGRAM

PROGRAM OVERVIEW

- **Goal:** Provide financial assistance to Will County small businesses impacted by COVID-19 so that they can maintain operations
- **Budget:** \$24,105,865 was allocated for assistance to local businesses and farms
- **Funding Amount:** Selected businesses receive a grant of up to \$15,000
- **Intended Use of Funds:** This is not an expense reimbursement program. However, these funds are intended to be used for operating expenses such as utilities, rent, mortgage, technology, personal protective equipment (PPE) and expenses due to disruptions from complying with public health orders related to COVID-19
- **Application Period:** August 24th — September 28th
- **More Info and Applications:** www.willcountyillinois.com/COVIDbizgrant



ELIGIBILITY AND PREFERENCE CRITERIA

ELIGIBILITY CRITERIA (PAGE 1 OF 2)

THE FOLLOWING CRITERIA WILL BE USED TO DEFINE ELIGIBLE BUSINESSES. ONLY BUSINESSES THAT MEET THESE CRITERIA WILL BE ELIGIBLE TO RECEIVE FUNDING.

- Physical location (e.g., office, storefront) must be in Will County, IL (not a P.O. box)
- Annual gross revenue must not exceed \$2.5 Million
- Employ fewer than 25 employees
- Demonstrate significant COVID-19 expenses or disruptions
 - Businesses ordered closed by executive order will satisfy this requirement
 - For other businesses, must have significant revenue loss and/or increase in expenses due to COVID-19
- For-profit businesses with ITIN or EIN (SSN for independent contractor)



ELIGIBILITY CRITERIA (PAGE 2 OF 2)

THE FOLLOWING CRITERIA WILL BE USED TO DEFINE ELIGIBLE BUSINESSES. ONLY BUSINESSES THAT MEET THESE CRITERIA WILL BE ELIGIBLE TO RECEIVE FUNDING.

- Independent contractors must demonstrate that they make at least half of their yearly income in 1099 contract work
- Independent contractors must not have received unemployment since March 1, 2020 to be eligible
- Must be in good standing and not in default with the IRS, State of Illinois, and Will County
- Must have been in operation in Will County since at least February 15, 2020 or earlier
- Businesses must not currently be in bankruptcy



PREFERENCE CRITERIA (PAGE 1 OF 2)

THE FOLLOWING CRITERIA WILL BE USED TO GIVE PRIORITY TO CERTAIN BUSINESSES FOR ASSISTANCE.

- Preference will be given to businesses who meet these criteria:
 - Forced to shut down by Illinois Executive Order
 - Have not already received other COVID-19 assistance
- Businesses will be prioritized in the following order:

PRIORITY	CLOSED BY EXECUTIVE ORDER	DID NOT RECEIVE OTHER COVID-19 ASSISTANCE
1	✓	✓
2	✓	
3		✓
4		



PREFERENCE CRITERIA (PAGE 2 OF 2)

INDUSTRIES ORDERED TO SHUT DOWN BY THE STAY AT HOME ORDER

- Day camps
- Day care centers
- Film Production
- Health and Fitness Centers
- Indoor and Outdoor Recreation
- Manufacturing
- Meetings and Social Events
- Museums
- Offices
- Indoor and Outdoor Seated Spectator Events
- Personal Care Services
- Restaurants
- Bars
- Retail
- Service Counters
- Theaters and Performing Arts
- Youth and Adult Sports
- Zoos



ELIGIBLE EXPENDITURES

These funds are intended to be used for operating expenses such as utilities, rent, mortgage, technology, personal protective equipment (PPE) and expenses due to disruptions from complying with public health orders related to COVID-19

Examples Include:

- Payroll costs for employees
- Rent or lease payments
- Mortgage or loan payments
- Utility payments
- Supplier payments
- Purchase personal protective equipment (PPE) and sanitation supplies
- Physical building adaptation / barriers
- Contract labor to implement public health measures
- Rent, lease, or purchase payments for business equipment to implement public health measures
- Purchase Technology/Applications to minimize employee and customer contact
- Other measures to implement social distancing
- Replace perishable inventory that was lost due to COVID-19 pandemic



INELIGIBLE EXPENDITURES

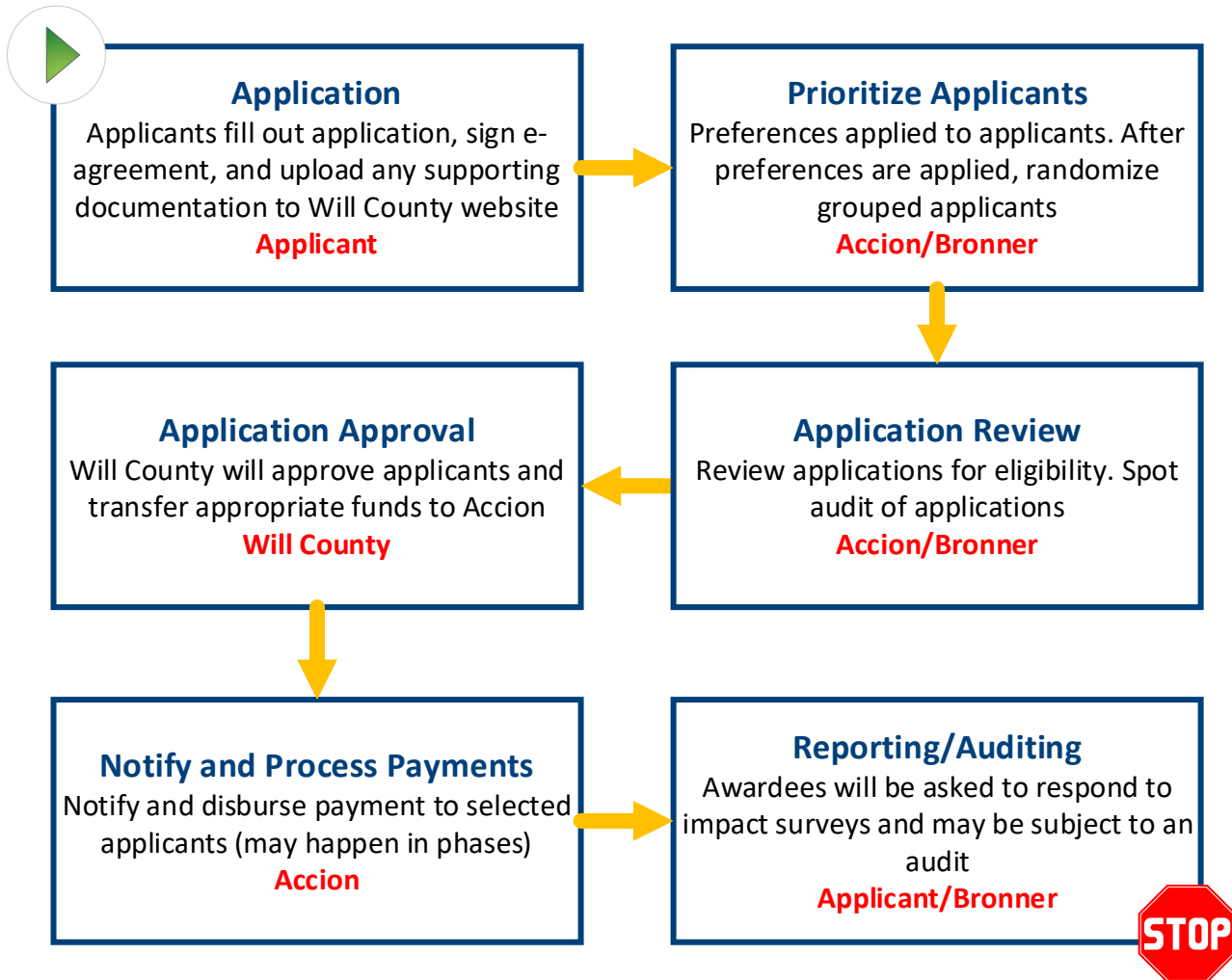
Funds may not be used for:

- Severance Pay
- Workforce bonuses other than hazard pay
- Other taxes/fees/payments due to your municipality or Will County legal settlements
- Expenditures that will be reimbursed through another assistance program or other sources



APPLICATION PROCESS

OVERALL PROCESS



APPLICATION

- To apply and for any questions visit:

WWW.WILLCOUNTYILLINOIS.COM/COVIDBIZGRANT

- Application available in Spanish and English
 - Business must answer a series of questions and upload supporting documentation
- Question form available in Spanish and English



APPLICATION

✔ smartsheet

Application for the Will County Small Business Assistance Grant Program

This is the application for the Will County Small Business Assistance Grant Program.

For information about the Will County Small Business Assistance Grant Program or your application, please submit a question here: <https://app.smartsheet.com/b/form/b3e35c02f20c4ae2bffaac97b58122ea>

Applications will close at 11:59 PM CT September 28th. All information will need to be filled out and submitted by that time in order to be considered for this program.

Eligibility Information

The following questions may impact your eligibility and order of priority for the program. For all questions, "the business" refers to the business for which is applying to receive assistance.

Does your business have a physical location in Will County? *

Yes No

Did the business make less than \$2.5 Million in Annual Revenue for 2019? *

Yes No

Did the business employ fewer than 25 employees in 2020? *

Yes No

Has the business experienced significant COVID-19 related expenses, revenue loss, and/or disruptions? *

Yes No

Has the business been in operation since February 15, 2020 or earlier? *

Yes No



REQUIRED DOCUMENTATION

THE FOLLOWING DOCUMENTATION WILL BE REQUESTED WITH THE APPLICATION

- Two bank statements that demonstrate revenue loss and/or increase in expenses due to COVID-19
- 2019 Federal Tax Returns (if have yet to file in 2019, 2018 plus official notice showing extension is acceptable)
- Copy of signed W-9
- Photo ID of Independent Contractor or Business Owner. Valid forms of identification consist of:
 - A driver's license issued by Illinois or any other U.S. State
 - An identification card issued by Illinois or any other U.S. State
 - A passport
 - Consular identification



REQUIRED DOCUMENTATION

DOCUMENTATION EXAMPLES

Bank Statement



JPMorgan Chase Bank N.A.
Ohio/West Virginia Markets
P O Box 260150
Baton Rouge, LA 70826-0180



0001822 00A 001 LA 1025 - YIN T 1 0000000 07 000
Company Name
Company Address
State, Zip

July 1, 2008 through July 31, 2008
Primary Account: 00000988081483

CUSTOMER SERVICE INFORMATION

WebSite: www.Chase.com
Service Center: 1-800-935-9935
Hearing Impaired: 1-800-242-7383
Para Español: 1-877-312-4273
International Calls: 1-713-262-1679



CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$81,607.40
Deposits and Additions	10	125,883.63
Checks Paid	2	-3,169.04
Other Withdrawals, Fees & Charges	4	-15,025.68
Ending Balance	16	\$189,296.31

This message confirms that you have overdraft protection on your checking account.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
07/02	Deposit	\$17,120.00
07/09	Deposit	24,610.00
07/14	Deposit	11,424.00
07/15	Deposit	1,349.00
07/21	Deposit	5,000.00
07/21	Deposit	3,120.00
07/23	Deposit	33,138.00
07/28	Deposit	18,114.00
07/30	Deposit	6,908.63
07/30	Deposit	5,100.00
Total Deposits and Additions		\$125,883.63

Page 1 of 4

Downloaded from <http://www.tidyforms.com>

W-9

W-9
Form
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2).

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* later.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Form **W-9** (Rev. 10-2018)



REQUIRED DOCUMENTATION

DOCUMENTATION EXAMPLES

■ Corporation Tax Return

1120 U.S. Corporation Income Tax Return
 Form 1120-1040-99
 Department of the Treasury Internal Revenue Service
 For calendar year 2019 or tax year beginning 2019, ending 2019
 OMB No. 1545-0023
 Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check it:
 1a Consolidated return (attach Form 951)
 1b Electronically consolidated return (attach Sch. 999)
 2 Personal holding company (attach Sch. PH)
 3 Personal service corp. (see instructions)
 4 Schedule M-3 attached

B Employer identification number
 Name
 Number, street, and room or suite no. if a P.O. box, see instructions
 City or town, state or province, country, and ZIP or foreign postal code
 Date incorporated
 D Total assets (see instructions)

E Check it: (1) Initial return (2) Final return (3) Name change (4) Address change

Income

1a	Gross receipts or sales	1a
b	Returns and allowances	1b
c	Balance. Subtract line 1b from line 1a	1c
2	Cost of goods sold (attach Form 1125-A)	2
3	Gross profit. Subtract line 2 from line 1c	3
4	Dividends and inclusions (Schedule C, line 23)	4
5	Interest	5
6	Gross rents	6
7	Gross royalties	7
8	Capital gain net income (attach Schedule D (Form 1120))	8
9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9
10	Other income (see instructions—attach statement)	10
11	Total income. Add lines 3 through 10	11

Deductions (See instructions for limitations on deductions.)

12	Compensation of officers (see instructions—attach Form 1125-E)	12
13	Salaries and wages (less employment credits)	13
14	Repairs and maintenance	14
15	Bad debts	15
16	Rents	16
17	Taxes and licenses	17
18	Interest (see instructions)	18
19	Charitable contributions	19
20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20
21	Depletion	21
22	Advertising	22
23	Pension, profit-sharing, etc. plans	23
24	Employee benefit programs	24
25	Reserved for future use	25
26	Other deductions (attach statement)	26
27	Total deductions. Add lines 12 through 26	27
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28
29a	Net operating loss deduction (see instructions)	29a
b	Special deductions (Schedule C, line 24)	29b
c	Add lines 29a and 29b	29c
30	Taxable income. Subtract line 29c from line 28. See instructions	30
31	Total tax (Schedule J, Part I, line 11)	31
32	2019 net 965 tax liability paid (Schedule J, Part II, line 12)	32
33	Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33
34	Estimated tax penalty. See instructions. Check if Form 2220 is attached	34
35	Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35
36	Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36
37	Enter amount from line 36 you want credited to 2020 estimated tax	37

Sign Here
 Signature of officer _____ Date _____ Title _____
 May the IRS discuss this return with the preparer shown below? (See instructions.) Yes No

Paid Preparer Use Only
 Print type preparer's name _____ Date _____
 Preparer's signature _____ Check a PTIN
 Firm's name _____ Firm's EIN _____
 Firm's address _____ Phone no. _____

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 1146902 Form 1120 (2019)

■ Schedule C Tax Return

SCHEDULE C Profit or Loss From Business
 Form 1040 or 1040-SR
 Department of the Treasury Internal Revenue Service (99)
 Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.
 OMB No. 1545-0074
 2019
 Attachment Sequence No. 09
 Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor
 Social security number (SSN)

A Principal business or profession, including product or service (see instructions)
B Enter code from instructions

C Business name, if not a separate business name, leave blank.
D Employer ID number (EIN) (see instructions)

E Business address (including suite or room no.)
 City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses

H If you started or acquired this business during 2019, check here

I Did you make any payments in 2019 that would require you to file Forms 1099? (see instructions)

J If "Yes," did you or will you file required Forms 1099? (see instructions)

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1
2	Returns and allowances	2
3	Subtract line 2 from line 1	3
4	Cost of goods sold (from line 4)	4
5	Gross profit. Subtract line 4 from line 3	5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6
7	Gross income. Add lines 5 and 6	7

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	18	Office expense (see instructions)	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see instructions):	20
11	Contract labor (see instructions)	11	a	Vehicles, machinery, and equipment	20a
12	Depletion	12	b	Other business property	20b
13	Depreciation and section 179 expense deduction (not included in Part II) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part II)	22
15	Insurance (other than health)	15	23	Taxes and licenses	23
16	Interest (see instructions):	16	24	Travel and meals:	24
a	Mortgage (paid to banks, etc.)	16a	a	Travel	24a
b	Other	16b	b	Deductible meals (see instructions)	24b
17	Legal and professional services	17	25	Utilities (see employment credits)	25
18	Total expenses before expenses for business use of your home. Add lines 8 through 27a	18	26	Wages (see employment credits)	26
19	Tentative profit or (loss). Subtract line 28 from line 7	19	27a	Other expenses (from line 48)	27a
20	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).	20	b	Reserved for future use	27b
21	Simplified method filers only: enter the total square footage of: (a) your home;	21	28	Total expenses before expenses for business use of your home. Add lines 8 through 27a	28
22	and (b) the part of your home used for business _____.	22	29	Tentative profit or (loss). Subtract line 28 from line 7	29
23	Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	23	30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).	30
31	Net profit or (loss). Subtract line 30 from line 29.	31	31	Simplified method filers only: enter the total square footage of: (a) your home;	31
				and (b) the part of your home used for business _____.	
				Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	
				31 Net profit or (loss). Subtract line 30 from line 29.	
				• If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 .	
				• If a loss, you must go to line 32.	
				32 If you have a loss, check the box that describes your investment in this activity (see instructions).	
				• If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 .	
				• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	

32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule C (Form 1040 or 1040-SR) 2019



APPLICATION REVIEW, SELECTION, NOTIFICATION AND FUNDING

AFTER APPLICATIONS CLOSE

APPLICATION REVIEW AND SELECTION

- After the application period has closed:
 - Applicants prioritized based on pre-established preference criteria
 - Prioritized groups of applicants randomized
- The eligibility of selected applicants will be verified

GRANTEE NOTIFICATION AND FUNDING

- Applicants will be notified of decision and potential award beginning in early October
- Payments will be made via ACH



AFTER AWARD

AFTER BUSINESSES RECEIVE THEIR GRANTS

- Grantees may be subject to an audit
 - All businesses are required to comply with all provisions set forth in the program guidelines may be subject to repayment of funds
- Grantees will be asked to respond to a follow-up impact survey



PARTNERS

PARTNERS

OUTREACH AND APPLICATION ASSISTANCE PARTNERS

THESE ORGANIZATIONS WILL BE SUPPORTING THE PROGRAM (E.G., SHARE INFO, PROVIDE CONTACT LISTS, ASSIST BUSINESSES WITH THEIR APPLICATIONS, ESL SUPPORT)

- Accion
- City of Joliet Community Development
- Coalition of Neighborhood Organizations
- Forest Park Community Center
- First Midwest Bank
- IDOT DBE Certified Small Businesses
- Illinois Hispanic Chamber of Commerce
- Joliet City Center Partnership
- Joliet Region Chamber of Commerce
- Mount Zion Baptist Church
- Minority Supplier Development Council
- National Association for the Advancement of Colored People
- Polish American Chamber of Commerce
- Quad County Urban League
- Small Business Development Center at Joliet Junior College
- Spanish Community Center
- Will County Center for Economic Development
- Will County Governmental League
- Workforce Investment Board of Will County



OTHER RESOURCES

FEDERAL

- [Small Business Administration \(SBA\) Paycheck Protection Program](#)
- [SBA Disaster Loans & Economic Injury Disaster Loans](#)
- [SBA Debt Relief](#)
- [SBA Express Bridge Loans](#)
- [IRS Employee Retention Tax Credit](#)
- [Centers for Disease Control \(CDC\)](#)

STATE

- [Illinois Business Interruption Grants Program](#)
- [Rebuild Distressed Communities Program](#)
- [Illinois State Treasurer Small Business COVID-19 Relief Program \(financial inst.\)](#)

OTHER RESOURCES

- [Accion COVID-19 Resources](#)
- [Will County Center for Economic Development](#)
- [Joliet Region Chamber of Commerce](#)
- [University of Chicago Polsky Center](#)
- [Grants Plus](#)

RESOURCES FOR FAMILY FARMS

- [Will County Farm Bureau](#)
- [Navigating COVID-19 Relief for Farmers](#)
- [Farmers' Legal Action Group COVID-19 Guide](#)
- [Cornell Small Farms Program](#)
- [American Farm Bureau](#)

REOPENING GUIDELINES AND RESOURCES

- [Illinois Department of Commerce & Economic Opportunity](#)



Q & A

WHICH OF MY BUSINESS EXPENSES MAY BE COVERED BY THIS GRANT?

The intent of Will County's small business grant program is to provide financial relief for small businesses adversely impacted by COVID-19, if located in Will County. You may purchase, or have purchased personal protective equipment (PPE) for employees; sanitation supplies; retrofits for health and safety compliances; rent, mortgage, and utilities; telework, communications equipment, as well as other reasonable expenses you may need to recover your losses, and prepare for openings and an expanded re-opening.

I HAVE A SMALL FARM IN UNINCORPORATED WILL COUNTY. SINCE THE MANDATORY CLOSURE OF PUBLIC GATHERINGS, FAIRS, ETC., I HAVE SUFFERED TREMENDOUS FINANCIAL LOSS. AM I ELIGIBLE TO APPLY FOR THIS GRANT?

Yes. All grant applicants must attest to any financial loss as indicated in the online application. You will need to upload all supporting documents as requested in the small business application portal.



Q & A

I HAVE A MICRO BUSINESS, AND MY ANNUAL REVENUE WAS LESS THAN \$18,000 IN 2019. CAN I QUALIFY FOR A GRANT AWARD?

If your annual revenues are less than \$18,000 based on your 2019 Federal Tax returns, and your application is approved, your grant amount will be prorated to reflect ten (10) months of annual income in (March 1-December 30, 2020) coverage period for expenditures.

I MUST PURCHASE ADDITIONAL SANITATION EQUIPMENT AND PPE SUPPLIES BEFORE I CAN FULLY RE-OPEN MY FEED STORE TO ITS PREVIOUS CAPACITY. WILL THESE PURCHASES QUALIFY FOR REIMBURSEMENT UNDER THIS SMALL BUSINESS GRANT PROGRAM?

Yes. Any reasonable expenses purchased for new safety standards to mitigate the spread of COVID-19 are eligible.



QUESTIONS





TIPS TO STAY HEALTHY

Practice the 3 W's every time you are away from home and unable to spatial distance from others

- Wear a face covering
- Wash your hands with soap & water
- Watch your physical distance, staying 6 feet from others