



# Grayson County Small Business Recovery Funds Application

## General Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Precise business name & description of work/services performed: \_\_\_\_\_

1. Is your business located in Grayson County? \_\_\_ Yes \_\_\_ No
2. Was your business in operation prior to February 15, 2020? Yes\_\_\_ No\_\_
3. Does your business have 25 or less employees across all locations? Yes\_\_\_ No\_\_
4. Did your business receive any PPP (Paycheck Protection Program) Funds? Yes\_\_\_ No\_\_
5. Is your business current in paying county taxes? Yes\_\_\_ No\_\_
6. Do you have a business EIN (If applicable)? Yes\_\_\_ No\_\_ If yes please list the number\_\_\_\_\_
7. Is your business in good standing with the State Corporation Commission (SCC) annual fees (if applicable)? Yes\_\_\_ No\_\_
8. If you do not have an EIN for your business do you file a Schedule C, E or F Tax Form? Yes\_\_\_ No\_\_ If yes, please include a copy of your most recent tax return.

## Financial Summary

Please give a summary how your business has been impacted by Covid-19:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards are up to \$3000.00; please indicate how much funding your business needs:

\$1,000      \$1,500      \$2,000      \$2,500      \$3,000

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Approved: Yes\_\_\_ No\_\_



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The following items are approved expenses under the CARES Act, please estimate how the funds that you receive will be used. All expenses must have occurred AFTER March 1, 2020 and BEFORE December 30, 2020.

Type of Expense	Amount	Description
Rent/Mortgage		
Payroll (employees/Owner draw)		
Employee Benefits		
Utilities		
Marketing		
Vendor Payments		
Equipment Purchase/Lease		
Supplies		
Equipment		
Software		
Other		

It is a requirement to fill out the W-9 attached to the application.

*I certify, by my signature below, that my answers are true and complete to the best of my knowledge. If approved, I understand that false or misleading information in my application or use of the funds for expenses other than those deemed eligible for sustaining the business due to business interruption as a result of COVID-19, may result in having to return any funds received. I further understand that I should be prepared to provide documentation of eligible expenses for audit purposes and to maintain them for a period of five years.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications can be submitted via email to [caresact@graysoncountyva.gov](mailto:caresact@graysoncountyva.gov) or applications can be picked up and dropped off, in the designated drop box, at the Grayson County GATE Center (122 Davis St. Independence, VA 24348).**



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**KEEP THIS PAGE FOR YOUR RECORDS ONLY:**

Be prepared to document all funds, per the chart below, that are spent and keep receipts for a period of 5 years.

Type of Expense	Date(s)	Amount	Vendor	Receipt attached	Description
Rent/Mortgage					
Payroll (employees/Owner draw)					
Employee Benefits					
Utilities					
Marketing					
Vendor Payments					
Equipment Purchase/Lease					
Supplies					
Equipment					
Software					
Other					