



**COVID-19 RECOVERY & STIMULUS PLAN FOR SMALL BUSINESSES
GRANT APPLICATION**

Legal Name of Small Business:	Fictitious Business Name (Doing Business As):

Business Phone Number:	Business Email Address:

Business Property Address:	Business Mailing Address:

Describe Your Business and the Services/Products Offered:

Describe the Economic Loss Suffered: (Either Forced Reduction of Services <u>or</u> Documented 25% Loss of Income).

Number of Workers (Only Include Part Time Employees That Worked Over 20 Hours per Week):					
Full Time Employees:		Part Time Employees:		Independent Contract Workers:	
As Of March 1, 2020:	Current Number:	As Of March 1, 2020:	Current Number:	As Of March 1, 2020:	Current Number:

By signature of this application, the applicant(s) agree that this application and other relevant documents are subject to verification by the City and may be shared with internal and external stakeholders and hereby certify that my Business has been negatively impacted by the COVID-19 Pandemic and that a small business assistance grant has not been received from Indian River County:

Primary Owner's Name: <small>(If Primary Owner has less than 51% of Equity, Attach List with Names, Signatures and Titles of Collective Owners Equaling at least 51%).</small>	Primary Owner's Title
Primary Owner's Signature:	Date:

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| Documentation Required With This Application: <ol style="list-style-type: none"> Unless Business was mandated to reduce or eliminate services, provide: (1.) Certified Point of Sale or QuickBooks Report(s), (2.) Certified Income Statements or (3.) Sales Tax Returns, which demonstrate a comparison of the current months of sales revenues versus the same months the previous year. Documentation of Workers with either: (1.) the 2019 IRS Form W-3, (2.) the IRS Form 941 or (3.) the Summary filed with IRS of 1099s issued to individual independent contractual workers for that time period. A Copy of the Primary Applicants Current Driver's License, Current Passport or Other Photographic Identification. A Completed and Signed IRS Form W-9. All COVID-19 Small Business Worker Grant Application(s). |
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