

**Community Investment Partnership
Tazewell County Chamber of Commerce
Clinch Valley Community Action**

ELIGIBILITY

- Applicants must be located in Tazewell County. (Due to the large volume of requests, the Community Investment Partnership will not be able to grant every request)
- Applicants must be a Sole Proprietor, Non-profit or profit, or Micro Business (salons, restaurants, retail, brewery, etc.)
 - Less than 50 employees
 - Must plan to reopen.
- Applicants must complete the application in its entirety and review board members may arrange a call with businesses to conduct further investigation after an application has been completed.

(Applicant should retain a copy of the application for his/her files)

* - Required Field

First Name * _____

Last Name * _____

Email * _____

Name of Organization: * _____

Federal Tax ID Number * _____

Owner /Operator's Name: * _____

Mailing Address * _____

***Telephone *** _____

Grant Amount Requested * _____

Description of your business (4-10 words) * _____

How has your business been affected by the COVID-19 outbreak? Provide a brief description of your business in the space provided and the impact COVID-19 has had on your business and employees and how this grant would be used. *

What type of business are you? * _____

Do any of the following apply to your business? *

Choose up to 3 (check below)

veteran-owned _____

woman-owned _____

minority-owned _____

Check the following. Has your business been affected by any of the following? Check all that apply. *

Choose up to 11

Business Closure _____

Reducing hours of operation _____

Employee layoffs _____

Revenue decline _____

Increased operating costs (e.g. employee paid leave) _____

Access to capital to address increased costs_____

Inability to respond to home-delivery requests_____

Interrupted supply/delivery_____

Employee absenteeism_____

Inability to serve customers_____

Decreased customers_____

If you have had layoffs, how many employees have been furloughed or laid off? *_____

Fiscal Information of Applicant Organization Total operating income. Complete income and expense statements for last year, current year and budget for forthcoming year on the Agency Budget page included . Place an X on each year you have enclosed. *

Choose up to 3

_____ **Last Year**

_____ **Present Year**

_____ **Next Year Budget**

Has your organization received/applied for federal stimulus funding? Please check one. *

Yes

No

Has your organization received/applied for any additional support from other sources? Please check one. Provide a detailed list of funding received or applied for:

Yes

No

What new or innovative ideas do you plan to implement into your business due to the effects and impact of COVID-19?

Certification

1. The information contained in this application, including all attachments, is true and correct to the best of your knowledge.
2. The funds requested in this application are necessary to continue the ongoing operations of the applicant.
3. The applicant plans to maintain its existing operations for at least the next six months.
4. The applicant agrees to not relocate outside the region (as defined above) for six months after receipt of funds.
5. The applicant agrees to submit to an audit in six months to confirm funds have been used as stated in the application.
6. The applicant agrees to full return of funds if all commitments are not met.

Signature, President or Board of Directors/

Authorizing Officials (up to 4 additional)

Please full out the details below about your Business Budget

Total Business Revenue

March 18- to date _____

2020 Budget _____

2019 Actual _____ *

Program Expense and Cost

March 28 to date _____

2020 Budget _____

2019 Actual _____

Professional Fees

March 28-to date _____

2020 Budget _____

2019 Actual _____ *

Supplies

March 18-to date _____

2020 Budget _____

2019 Actual _____ *

Telephone

March 18-to date _____

2020 Budget _____

2019 Actual _____ *

Postage/ Shipping

March 18-to date _____

2020 Budget _____

2019 Actual _____ *

Occupancy

March 18- to date _____

2020 Budget _____

2019 Actual _____ *

Insurance Taxes

March 18-to date _____

2020 Budget _____

2019 Actual _____ *

Equipment Rental/Repair/Maintenance

March 18- to date _____

2020 Budget _____

2019 Actual _____ *

Printing/Publications/Marketing

March 18- to date _____

2020 Budget _____

2019 Actual _____ *

Travel /Staff/Volunteer Training

March 18- to date _____

2020 Budget _____

2019 Actual _____ *

Organization Dues

March 1 8- to date _____

2020 Budget _____

2019 Actual _____ *

Salaries/Wages

March 18- to date _____

2020 Budget _____

2019 Actual _____ *

In the future, when your business is back on its feet, would you consider making a contribution to the Community Investment Partnership to help fulfill our mission of helping more businesses thrive?

Yes

No