

NAME OF BUSINESS:

DID YOUR BUSINESS RECEIVE BENEFIT FROM ANY OF THE BELOW PROGRAMS?

- SBA Payment Protection Program Loans
- SBA Economic Injury Disaster Loans
- SBA Express Bridge Loans
- SBA Debt Relief Program
- FEMA Disaster Relief Fund
- FEMA Public Assistance Program
- FEMA Emergency Food and Shelter Program
- TREASURY The Corona Virus Relief Fund
- TREASURY Unemployment Insurance Provisions
- IRS Economic Impact Payments
- USDA Commodity Assistance Program
- USDA Child Nutrition Programs
- USDA Supplemental Nutrition for Women, Infants and Children
- USDA Nutrition Assistance Block Grant to Territories
- USDA Disaster Household Distribution
- USDA Summer Food Service Program
- USDA The Emergency Food Assistance Program
- USDA Pandemic EBT
- USDA Supplemental Nutrition Assistance Program Emergency Allotments
- HHS Community Living Allocation
- LABOR Dislocated Worker Grants

IF SO, PLEASE CIRCLE THE ABOVE PROGRAMS UTILIZED AND LIST BELOW **EXACTLY** WHAT THOSE FUNDS WERE USED FOR:

PLEASE NOTE THAT YOU CANNOT APPLY FOR ANY CV FUNDING THAT DUPLICATES THE "ACTIVITY" YOU USED THE ABOVE FUNDS FOR. IE: IF YOU USED PPP, YOUR FIRM IS INELIGIBLE FOR PAYROLL. IF YOU USED EIDL FOR INVENTORY, YOUR FIRM IS INELIGIBLE FOR INVENTORY. CV FUNDS CANNOT BE USED TO PAY FOR EXISTING DEBT.

INELIGIBLE BUSINESSES

- HOME BUSINESSES SUCH AS MARY KAY, AVON, ETC.
- FARMERS AND RANCHERS
- NON-PROFIT ORGANIZATIONS
- BUSINESSES THAT WERE NOT IN EXISTANCE PRIOR TO 3/1/2020

Gross Revenue for the previous 12 months.

Cost of Goods Sold for the previous 12 months.

IS THIS A MICRO BUSINESS (1-5 EMPLOYEES)? YES OR NO
IS THIS AN ED BUSINESS (6-50 EMPLOYEES)? YES OR NO

HOW MANY JOBS ARE BEING RETAINED?

PLEASE PROVIDE JOB CERTIFICATION FORMS FOR THOSE EMPLOYEES ONLY.

LIST EACH EMPLOYEE AND JOB STATUS. THIS IS ONLY FOR RETAINED EMPLOYEES:

EMPLOYEE NAME:

JOB STATUS: (full or part time)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

DOLLAR AMOUNT OF CV FUNDS YOU ARE APPLYING FOR:

CONFLICT OF INTEREST

ARE YOU A COUNTY COMMISSIONER?	Yes	No
ARE YOU A COUNTY EMPLOYEE?	Yes	No
ARE YOU A CITY COMMISSIONER?	Yes	No
ARE YOU A CITY EMPLOYEE?	Yes	No
ARE YOU RELATED TO ANY OF THE ABOVE?	Yes	No

IF YES, PLEASE DESCRIBE:

Please be sure to attach documentation that matches or exceeds the amount of funds you are applying for. If you are applying for payroll, be sure to attach payroll documentation. If you are applying for other working capital needs (inventory, utilities, taxes, etc.), please provide receipts to document all costs. Remember, only expenses after March 1, 2020 are eligible. ONLY 60 DAYS WORTH OF INVOICES!

Certified by:

Business Owner

Date: