

Stokes County COVID-19 Small Business/Non-Profit Grant Program

Application Checklist:

- Completed and Signed Application
- IRS form W-9
- Proof of Non-Profit Status if applicable
- 2019 Tax Return
- Monthly gross receipts from January 2019-Current

Primary Business Function:

Summary about business (how long in business, services/products offered, hours of operation, track record prior to the COVID-19 crisis)

Legal Name of Business

| | |
|-----------------------|--|
| DBA: | |
| Tax ID Number: | |

Mailing Address

| | |
|----------------|--|
| Street: | |
| City: | |
| State: | |
| Zip: | |

Primary Physical Address in Stokes County

| | |
|----------------|--|
| Street: | |
| City: | |
| State: | |
| Zip: | |

Contact Information

| | |
|----------------------|--|
| Name: | |
| Phone Number: | |
| Email: | |

How many employees in Stokes County as of March 1, 2020:

How many employees in Stokes County as of July 31, 2020:

If you are a non-profit please provide information on any special events, fundraisers, etc. that have been impacted by COVID-19:

Is this business current on its Stokes County Tax obligations?

Yes No

Organization Type:

Sole Proprietorship

Partnership

Franchise

Corporation

LLC

Other: _____

Is your business for Profit?

Yes No

**Stokes County COVID-19 Small Business/Non-Profit
Grant Program**

2019 Gross Receipts, by month

| | | |
|----------------|-----------------|------------------|
| January | February | March |
| | | |
| April | May | June |
| | | |
| July | August | September |
| | | |
| October | November | December |
| | | |

2020 Gross Receipts, by month

| | | |
|--------------|--------------|---------------|
| March | April | May |
| | | |
| June | July | August |
| | | |

What is the current status of your business?

If your business is not open with Normal Operations, what would you need for your business to re-open or resume full operation?

***Please attach any additional documentation that you feel is relevant to your application.**

**Stokes County COVID-19 Small Business/Non-Profit
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Please check the following statements indicating that you understand and agree to the following conditions:

This application, even if favorably received, does not constitute a commitment on the part of Stokes County to extend grants.

I agree to notify Stokes County immediately in writing if any of the information contained in this application changes in any respect.

I certify that all information contained in the application is true and accurate to the best of my professional ability.

I understand that by submitting this application that Stokes County is under no obligation to approve and/or extend an assistance grant.

I agree to hold harmless and indemnify Stokes County, its Board members, and County employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against Stokes County, its Board members and, County employees whether now existing or arising in the future, for damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application process.

I agree that a false certification, false statement, or false receipts on this application will subject the applicant to repayment of the grant funds and other penalties under the law.

I certify that I have not received and do not expect to receive federal or state funds to partially offset the expenses that I am submitting for reimbursement through this program.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE.

Applicant

Authorized Signature

Title

Date

| |
|---|
| Please submit application via email to sshaver@co.stokes.nc.us |
| Or by mail to: |
| Stokes County Manager's Office |
| Attn: Shannon Shaver |
| PO Box 20 |
| Danbury, NC 27016 |