

Franklin CARES Act Business Grant Application

Fill out the information in the application form below to be considered for a small business grant up to \$5000.00. Upon submittal, your application will be reviewed and either approved or denied. If your application is approved, you will receive information about how to proceed with verification and payment of your grant award.

IMPORTANT – Upon submission, you will receive a confirmation email. You must reply to that email as soon possible and attach the required documents in order for your application to be considered. Failure to do so will result in your application’s process being delayed. Required documents are listed on the General Information page of the Franklin CARES Act Business Grant Application. Select your type of business and you will see the list of documents you will need to attach to your confirmation email.

Business Name: _____

Majority Business Owner’s Name: _____

Business Street Address (No PO Box): _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Business Owner’s Phone Number: _____

Business Owner’s Email Address: _____

Year Business was Founded: _____

Number of Full Time Employees as of March 31, 2020: _____

Average monthly expenses prior to COVID-19: _____

Business Type: Sole Proprietorship ___ Partnership ___ Corporation ___ Non-Profit ___

Business Ownership Type: Minority Owned ___ Veteran Owned ___ Woman Owned ___ None ___

Please provide a brief description of your business:

Federal Tax ID Number: _____

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Other Sources of Pandemic Relief:

Has your business received funding, including grants and loans of **any** kind, from other sources (SBA Loans, PPP, EDIL, Insurance, etc.) since March 1, 2020 relating to financial hardship from COVID-19? No ____ Yes ____

If Yes, please provide a brief description of how the funds were spent:

If funds are not expended to date, please provide your intended use of the funds:

NOTE: You will need to provide your funding agreement and all of documents detailing the terms along with the backup documentation supporting your expenditures.

Have you discussed rent/mortgage flexibility with your landlord/lender? Yes ____ No ____

Business expenses and COVID-19 impact:

Please summarize your current situation and how the COVID-19 crisis has impacted your business (e.g. impact to revenue, laying off employees, etc.)

Please list your allowable Actual fixed recurring business expenditures (e.g. rent or commercial mortgage, insurance, utilities only) from January 1, 2020 through March 31, 2020.

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Please list your projected allowable Actual fixed recurring business expenditures (e.g. rent or commercial mortgage, insurance, utilities only) from June 1, 2020 through December 31, 2020.

Disclosures:

Is the organization, business, or a listed owner delinquent on any federal, state or local taxes or assessments; direct or guaranteed loans; leases; contracts; grants; child support payments; or any other obligations? No _____ Yes _____

Does the organization, business, or a listed owner have any outstanding judgements, tax liens, pending bankruptcy proceedings, pending lawsuits against them, or criminal proceedings?

No _____ Yes _____

Does any owner, owner's spouse, or household member work for or serve in an official capacity for Franklin County or any other entity associated with the Franklin CARES Act program? No _____ Yes _____

Does your organization or business have less than \$1,000,000 in gross revenue? Yes ____ No _____

Monthly Budget: _____

Monthly Total Expenditures:

Mortgage/Rent: _____

Business Insurance: _____

Electricity: _____

Gas: _____

Water: _____

Business Internet: _____

Business Phone: _____

Other expenditures: _____

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Disclaimer:

Applications for the Franklin CARES Act Grant DOES NOT GUARANTEE award of funding. The total amount awarded will be based on funds available. It is the sole responsibility of the Applicant to determine or seek independent advice to determine the tax implications to the Applicant and its Owners. Please confirm your understanding of these disclaimers by initialing here: _____

Certification:

By signing your full name in the space below, you are certifying that all of the information provided in this application is true and accurate. You are also agreeing to assist in the verification of information provided in this application and to provide additional information, if requested.
