



Grant Application

Fill out the information in the application form below to be considered for a small business grant up to \$10,000. 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.

Business Name		
Majority Business Owner's First Name		Majority Business Owner's Last Name
Business Street Address (No PO Box)		
Address Line 2		
City	State	Zip Code
Business Owner's Phone Number		Majority Business Owner's Email
Year Business was Founded		Average monthly expenses prior to COVID-19 (Numerals Only)
Business Type		Business Ownership Type
Please provide a brief description of your business		
Federal Tax ID Number	DUNS Number	NAICS Number

Other Sources of Pandemic Relief:

Has your business received funding, including grants and loans of any kind, from other sources (e.g. SBA loans, the Paycheck Protection Program, etc.) since March 1, 2020 relating to financial hardship resulting from COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please list all funding sources awarded and/or received and the corresponding amounts and the status of those applications.		
Have you discussed rent / mortgage flexibility with your landlord / lender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please describe the outcome of those discussions, including any agreements on reduced payments or payment deferral.		



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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, closure, etc.)

Please list your allowable Actual fixed recurring business expenses (e.g. rent or commercial mortgage, insurance, utilities only) from January 01, 2020 through March 31, 2020 in the first column and list your Projected allowable fixed recurring business expenses (e.g. rent or commercial mortgage, insurance, personal protective equipment (PPE), technology, utilities, and other operating costs) from September 01, 2020 thru December 31, 2020 in the second column.

Expenditures	Pre-COVID Monthly Expenses	Projected Monthly Expenses
Mortgage/Rent		
Business Insurance		
Electricity		
Gas		
Water		
Personal Protective Equipment (PPE)		
Technology		
Total Expenditures		
Number of FT employees or equivalent		

Please list amount requested up to \$10,000. If amount requested includes funds requested for projects, include a summary of project expense and how it applies to COVID-19 response or adaptation for your business.



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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the organization, business, or a listed owner have any outstanding judgments, tax liens, pending bankruptcy proceedings, pending lawsuits against them, or criminal proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any owner, owner's spouse, or household member work for or serve in an official capacity for City of Wilmington or any other entity associated with the Office of CARES Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" to any of the previous three questions, please explain.		
Does your organization or business have less than \$1,000,000 in gross revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disclaimer

Application for the City of Wilmington 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 to 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 below, you are certifying that all 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.

 Signature

 Date