



## City of Fernley COVID-19 Small Business Economic Assistance Program Application

**PURPOSE:** To assist the City’s business community in recovering from the fiscal impacts of the COVID-19 pandemic by providing economic support during the COVID-19 public health emergency.

**ELIGIBILITY:**

- The business must be a local, Fernley, business
- The business must qualify as a “small business” per federal "size standards" found in Title 13 of the Code of Federal Regulations (CFR), Part 121
- Applies to businesses that were required to be closed due to the COVID-19 public health emergency or those that remained open, but had a severe reduction in operations
- Must be in good standing with Federal, State and City business licensing and/or taxes
- Brick and Mortar businesses/traditional street side businesses must have been open for business at least 12 months prior to the COVID-19 stay-at-home order or on March 17, 2019
- Must not have received other State, Federal or local COVID-19 related financial assistance
- Home-based businesses do not qualify for this grant (businesses that are not brick and mortar businesses/traditional street side businesses)
- This grant is open to the first fifty (50) eligible applicants

**GRANT OPENING:** Applications will be accepted the week of September 14-18, 2020 by email only at [FernleyCARESAct@cityoffernley.org](mailto:FernleyCARESAct@cityoffernley.org). Incomplete applications may not be considered.

<b>Business Name:</b> <b>Address:</b> <b>City:</b> <b>State: NV</b> <b>Zip Code:</b>	<b>Year of Establishment:</b>	<b>In Operation since March 17, 2019?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fernley Business License #</b>  <b>Nevada Business License #</b>
<b>Business Owner Name:</b> <b>Email:</b> <b>Phone:</b>		<input type="checkbox"/> Minority-owned <input type="checkbox"/> Tribal-owned <input type="checkbox"/> Women-owned <input type="checkbox"/> Veteran-owned	
<b>Industry Sector:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Food Business <input type="checkbox"/> Hospitality <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other: _____			
<b>Has your business been affected by emergency public health protections in place and/or mandatory closure by executive order due to COVID-19?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Amount of Emergency Grant Money Being Requested: \$5,000.00</b> <b>Businesses must submit proof of allowable expenditures totaling \$5,000 to the City of Fernley prior to disbursement of funds.</b>			
<b>BUSINESS BACKGROUND</b>			
<b>Total Number of Full-time Employees Including Yourself as of 01/2020:</b>		<b>Number of Workers Laid Off Due to COVID-19:</b>	
<b>Business Structure (i.e., Individual/Sole Proprietor, LLC, Corporation, Partnership):</b>			
<b>Company Description:</b> Describe the business and its products/services.			
<b>Economic Impact:</b> Describe the effect of the public health crisis on the business and how allocated funds can help the business. Why funding is critical to this business?			

When did the impact start? Start Date: \_\_\_/\_\_\_/\_\_\_

Please estimate your revenue impact comparing Q1 & Q2 2019 to Q1 & Q2 2020 : \_\_\_\_\_

Additional comments about revenue impact:

**Likelihood of Permanently Closing the Business?**       High       Medium       Low

**Business Closed Due to Governor's Directive at any time?**       Yes       No

Number of potential jobs lost \_\_\_\_\_

Will this grant help retain jobs? If so, how many? \_\_\_\_\_

Has the company received any state, federal, or other funding? If yes, please provide details.

#### ELIGIBLE COSTS

All eligibility documentation must be received by the City prior to disbursement. Applications, agreements, invoices and receipts are required to be submitted to prove eligibility and they must be legible. Expense lists, copies of checks, check registers and bank statements alone do not suffice and will not be considered. **Allowable Expenses:** Rent or mortgage on a commercial property, proof of late rents; utilities (power, gas, water, sewer); business insurance; State/City licenses; personal protective equipment; sanitizing and social distancing costs; equipment installed for safety and social distancing measures; and proof of reduction in operations. **Unallowable Expenses:** Costs un-related to the COVID-19 public health emergency and pandemic; payment of real estate taxes; costs covered by other COVID-19 State, Federal or local assistance; costs covered by insurance or loans; ordinary and usual supplies, inventory and equipment; capital projects, and building additions.

#### EMPLOYMENT INFORMATION

Average Salary:

Benefits Paid:       Yes       No

Is the applicant's State & Fernley Business License Current       Yes       No       Not Sure

List the measures the company is already taking or trying to take to support employees during the pandemic?

#### ADDITIONAL INFORMATION

Currently, is the company facing any pending litigation or legal action?

Has the company had any state compliance/regulatory issues within Nevada or another state you are or have done business in?

The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) and were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020. If awarded the grant, I agree to submit proof of allowable expenditures to the City of Fernley totaling \$5,000 prior to any disbursement of funds by the City of Fernley. By signing below I am agreeing to all sections and terms of "The City of Fernley COVID-19 Small Business Economic Assistance Program" and that I have met the grant eligibility and CARES Act requirements. I also agree that I am liable to the City of Fernley and will pay back the full \$5,000 should it be found that I have provided false information, any misrepresentation of facts or have committed fraud with respect to receiving these funds.

Printed Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_