



Buena Vista Small Business Recovery Grant

The City of Buena Vista has established the Buena Vista Small Business Recovery Grant to support small business recovery following the pandemic. The grant program will be administered by Buena Vista Department of Community & Economic Development and the Economic Development Authority One-time grants are being provided to eligible businesses on a first-come, first-served basis and subject to availability of funds.

Applications will be accepted beginning September 9, 2020 and no later than September 25, 2020. An applicant must substantiate that the business experienced interruption due to full or partial (e.g. limited space, limited service, limited hours, limited staff, etc.) closure during the COVID-19 public health emergency. Such closure may have been mandated by executive order, or voluntary (for example, to promote social distancing, or in response to decreased customer demand), but must have been in response to the COVID-19 health emergency.

Eligible uses of the grant funds include, but are not limited to the following:

1. Operations (i.e. payroll, rent, mortgage, supplies, utilities, insurance, etc)
2. Pivot to respond to market conditions (i.e. develop online sales/e-commerce, delivery or take out, etc.)
3. Deep cleaning services, PPE, protective barriers, etc
4. Other critical operating expenses

Contact Information	_____		_____		
	Date of Application		Requested Grant Amount		

	Business Name				
	_____		_____	_____	_____
	Physical Business Address		City	State	Zip
	_____		_____	_____	_____
Mailing Address (if different)		City	State	Zip	

Primary Business Contact Name and Title					
_____		_____			
Contact Phone		Contact Email Address			

Eligibility

I certify that my business:

- Is a for-profit located in Buena Vista with fewer than 50 employees
- Suffered negative impacts from closure (mandated or voluntary, full or partial) in response to the COVID-1 public health emergency
- Was operational for at least one year prior to March 1, 2020
- Had at least on full-time (FTE) employee prior to March 1, 2020
- Is current on all fees, taxes, and permits as of March 1, 2020

Ineligible businesses: businesses that are permanently closed, engaged in illegal activities, banking and financial services, non-profits, franchises except those that are locally owned and operated

Business Function

Primary Business Type: (select one)

- Arts, Entertainment, Recreation
- Construction, Engineering, Design Services
- Finance, Insurance, Real estate
- Hotel and Accommodations
- Personal Services (barber shop, salon, fitness, etc)
- Private Household Services
- Professional, Technical, Maintenance, and Business Services
- Restaurant, Food Services
- Retail – Please specify _____
- Other: _____

Is your business home based: Yes No

Entity Type:

- Sole proprietor
- Franchise
- Partnership
- LLC.
- Corporation
- Other: _____

What year was your business established in Buena Vista? _____

Have you received other federal or local funding? Yes No

If yes, what was the total amount? _____

Business Operations

of full-time employees in Buena Vista as of: 2/29/2020 _____ 6/30/2020 _____

of part-time employees in Buena Vista as of: 2/29/2020 _____ 6/30/2020 _____

If fewer employees in Buena Vista as of 6/30/2020, was this due to

- Layoffs # of employees _____ timeframe _____
- Temporary Furlough # of employees _____ timeframe _____

Why did the business close (fully or partially) during the COVID-19 health emergency?
(check all that apply)

- State mandate
- Not enough customer demand
- Supply chain disruption
- Workforce availability
- Health and safety concerns
- Other _____

What is the current status of the business? (check all that apply)

- Open with normal operations
- Open with limited operations
- Operating online
- Delivery/take out only
- Closed temporarily
- Other _____

Is the primary location of the business owned or rented?

- Own outright
- Own with mortgage: monthly mortgage amount _____
- Rent: monthly rent amount _____

Does the business have any capital reserves or available credit? Yes No

If yes, how many months can reserves or credit cover business operations? _____

Attach additional pages if needed.

Describe business operations and financial well-being prior to COVID-19

Describe how COVID-19 has affected your business, including impacts on workforce, revenue and profits, space modifications, etc.

Describe uses of grant funds and estimated cost of each (e.g. payroll, rent, etc.)

Describe how grant funds will help the business sustain operations in Buena Vista

Grant Narrative

Recovery	What would you need for your business to resume full operations? (Check all that apply)
	<input type="checkbox"/> Rehiring employees
	<input type="checkbox"/> Creating new marketing campaign
	<input type="checkbox"/> Working capital
	<input type="checkbox"/> Revising business plan to new circumstances
	<input type="checkbox"/> Opening of adjacent businesses
	<input type="checkbox"/> Resumption of essential supply chain
	<input type="checkbox"/> Relaxing of social distance guidelines since successful operation requires crowds
<input type="checkbox"/> Other _____	

Checklist	Please include these attachments with your application:
	<input type="checkbox"/> Copy of your City of Buena Vista 2020 Business License
	<input type="checkbox"/> IRS Form W-9 Request for Taxpayer Identification Number and Certification
	<input type="checkbox"/> Proof of monthly gross receipts history for the previous year through June 30, 2020 (if the business has not produced receipts for two years, supply all monthly receipts since inception)
	<input type="checkbox"/> Signed and completed application form
If your grant is approved, additional documents may be required before transfer of funds.	

Applicant Signature and Certification	
<p>I certify that the information above is correct to the best of my knowledge. I authorize the Buena Vista Small Business Recovery Grant Review team to make inquiries as necessary to verify the accuracy of the statements made by me in the application. I agree to indemnify and hold harmless the City of Buena Vista, its officers, directors, employees, agents and volunteers from any and all claims, loss or other liability arising from or related to the services that Buena Vista Small Business Recovery Grant Review team provides before, during, and after the grant review process.</p>	
Contact Name and Title	Date

For internal use only

Approved Grant amount: _____

Reason for denial: _____

*All information included with this application is subject to the guidelines set forth in the Freedom of Information Act (FOIA)