

**NOTICE OF CARES GRANT OPPORTUNITY FOR BUCKINGHAM COUNTY
SMALL BUSINESS OWNERS**

The Buckingham County Board of Supervisors have established a grant program known as the Buckingham County Business Support Program (BCBSP).

The Board has allocated \$30,000.00 from the COVID 19 Pandemic CARES grant funds for this program.

Applications will be accepted until 4:30 P.M., August 15, 2020.

This program is to assist small businesses of 22 or less employees (full time and part time equivalent to full time) who have been forced to close down due the Governors Executive order or who have suffered significant loss of revenue due to the COVID 19 Pandemic.

A copy of the qualification criteria and grant application can be found on the County Web Site at www.buckinghamcountyva.org , by calling 434-969-4242, by visiting the County Administrator's Office at 13360 West James Anderson Hwy, Buckingham, Virginia. It is important that all required supporting documentation be submitted with the application.

**By Order of the Buckingham County Board of Supervisors
Rebecca S. Carter, County Administrator**

Date: July 13, 2020
To: Members, Buckingham County Board of Supervisors
From: Rebecca S. Carter, County Administrator
Re: Buckingham County CARES Small Business Grants

Many localities are using some of the CARES Funding to help small businesses that have had to shut down or have significant loss revenue due to the Covid 19 Pandemic. Also some have qualified by getting fund for disinfecting and cleaning their businesses.

I ask the Board to consider allowing small businesses an opportunity to apply for assistance through the county by way of a small grant. I would ask that \$30,000.00 of the CARES Money be appropriated for this grant process. This program will be called the Buckingham County Business Support Program (BCBSP).

I have attached the particulars of this Buckingham County Business Support Program.

I ask that you review the BCBSP criteria for eligibility and other specifics of the program.

If you do support and approve this program I further ask that you appoint a Grant Review and Award Committee consisting of two board members, Karl Carter, Nicci Edmondston, and myself to accept the applications and go through the review process. However once the applications have been determined to meet the qualifications and criteria, the money will have to be transferred to the Industrial Development Authority to make final determinations and grant awards.

COUNTY OF BUCKINGHAM BUSINESS SUPPORT PROGRAM APPLICATION

PURPOSE: To support the small-business community that has been significantly impacted by the coronavirus pandemic.

FUNDING: To help the owners of locally-owned, non-franchise, for profit, brick and mortar businesses.

CRITERIA FOR ELIGIBILITY:

- Length of time in business. Must have been in business for at least six months prior to March 1, 2020. Business Owner must apply.
- Significant Impact. Must demonstrate reduction in sales and service.
- Location. Business must be located in the County of Buckingham.
- Small Business. Defined as 20 or fewer employees, weather full-time of part-time equivalents.
- Current on Real estate and personal property taxes due prior to March, April, May, June or July 2020.
- Only owners of Brick and Mortar Business may apply. If an owner has more than one business, they may only apply for one business. If there is more than one owner of any one business, there will be only one grant to that business.

FUNDING LENGTH: Ends September 15th[†] or when funds are depleted.

USE OF FUNDS: Funds can be used for any of the following business purposes

1. Rent or Mortgage payments for March, April May, June or July 2020.
2. Utilities (electric, water/sewer) for months of March, April, May, June or July 2020
3. Inventory needed to restart business (must show receipts of purchases or demonstrate what is needed to be purchased to restart the business)
4. Loss of sales revenue
5. Personal Protective Equipment or supplies for cleaning and sterilization of buildings and equipment.

PROCESS: Applications will be accepted until 4:30 P.M. on Friday, August 14, 2020. An application includes pages 1-4 of this form and submitting all required attachments noted below with the attached affidavit notarized.

REPORTING: Grant recipients will be required to report their expenditures 60 days from the receipt of the grant and every 30 days thereafter until the funds are depleted.

REQUIRED INFORMATION

The business will need to provide the following documents.

1. Proof of loss in sales or services. All claims of loss must be certified using the attached sworn affidavit. The following are methods from which you can choose to prove loss; however, the method must show a clear comparison of sales or service income before and after COVID 19 restrictions.
 - a. Profit and Loss Statement from February, March, April and May 2020 showing individual months; or
 - b. A 90-day average of sales for months before March 15, 2020, compared to March 2020 after COVID; or
 - c. Previous year (2019) sales for the months of March, April and May 2020 and sales for March, April and May 2019.
2. Copy of active State of Virginia Business License
3. Documentation explaining the intended use of funds. An affidavit (attached) is required certifying the funds are to be used for the purposes stated. If there is more than one owner, each owner must provide the sworn affidavit.
4. Each business must provide a signed W-9 form with the business name matching the EIN or SSN. The Grant must be reported by the County as income to the IRS.

Please fill out the following (print or type)

Applicant Name:

First and Last Name (s) of Business Owner(s)

Business Name: _____

Business Address: _____

Applicant Phone Number: _____

Applicant E-Mail Address: _____

Was the business open September 1, 2019 (six months before March 1, 2020)? Yes. If no the business is not eligible.

Number of Employees before the reduction: Full Time _____ Part Time _____

Page 2.

How long have you been in business? _____

How many employees do you have as of the date of this application? Full Time _____ Part Time _____

Were you mandated to close? Yes _____ No _____

Have you had to lay off or furlough any employees? If Yes, how many? _____

Have you applied for any of the following government aid programs? Check all that apply.)
If no, why not?

—

_____ Paycheck Protection Program
_____ Denied Funds, (if denied, please explain why)

_____ Approved but have not received funds
_____ Approved and have received funds

_____ SBA Economic Injury Disaster Loan
_____ Denied Funds (If denied, please explain why)
why _____
_____ Approved but have not received funds.

_____ Unemployment Benefits
_____ Denied Funds (If denied, please explain why)
_____ Approved but have not received funds
_____ Approved and Have received Funds

Other (for example rent or mortgage suspension)

Page 3.

Please provide a brief description of how the shutdown has affected your business and your plan to remain operational:

Please provide a description of your business:

Required Attachments- CHECK EACH TO CONFIRM

- Proof of loss in sales or service
- Documentation explaining the intended uses of funds
- Copy of Active State of Virginia Business License
- Signed W-9 form
- All claims of loss and use of funds must be certified with the notarized, sworn affidavit submitted with this application.

COUNTY OF BUCKINGHAM BUSIENSS SUPPORT PROGRAM

AFFIDAVIT

STATE OF VIRGINIA

COUNTY OF _____ TO WIT:

The undersigned, owner of _____
(hereinafter "the business") after being dully sworn, hereby makes oath that all funds received by the Business under the Buckingham Business Support Program shall be used solely for the purposes set forth in the Business's application for said funds in order to keep the Business open and operating.

WITNESS the following signature and seal, after being duly sworn.

Signature (SEAL)

Print Name _____

Subscribed and sworn to before me, a Notary Public for the State of Virginia at Large, in the County of _____, by _____, on this _____ day of _____, 2020/

My Commission expires _____

Notary Registration Number _____

(Notary Seal)

OATH

For the notary: After reviewing identification from the affiant, ask the affiant to raise his/her right hand and swear or affirm that the matters set forth in the application are true to the best of his/her knowledge.

