

BUSINESS RECOVERY GRANT PROGRAM

COVID-19 Relief Funding



Purpose/Introduction

Carbon County, Wellington City, Price City and Helper City are pleased to provide small business grants in an effort to assist businesses through the COVID-19 hardship. Small businesses are critical to the success of Carbon County's economy. The funds originate from the Coronavirus Aid, Relief, and Economic Security (CARES) Act fund approved by Congress and passed through the Utah Governor's Office of Management and Budget. Each local government has determined that these grant expenditures are necessary in response to the public health emergency.

To qualify, a business must have experienced a significant negative impact as a result of public health orders in March 2020 (or subsequent health orders). The business must have a business presence in Carbon County that was financially impacted due to a health order associated with the COVID-19 pandemic. Newly established businesses will be reviewed on a case by case basis.

Grant Eligibility Requirements (ALL must apply)

1. Entity must be a registered business in Carbon County with an active business license as of March 15, 2020. Exception given for home businesses that do not require a business license, faith-based organizations or for-profit ag-based businesses (farmers/ranchers).
2. Entity must be a for-profit or not-for-profit business in good standing with the Utah Division of Corporations.
3. Business must be current on property taxes through **April 1, 2020**, if the business owns property or the owner's residence for a home business.
4. Business must have incurred a business loss from **April 1, 2020** to present as a result of interruption caused by required closure as a result of the public health order, voluntary closure to promote social distancing measures or decreased customer demand as a result of the COVID-19 public health emergency.
5. Business incurred business expenses from April 1 to present in the amount at least totaling the requested grant amount. Regular business expenses include, but not limited to; utilities, rent, payroll, payroll taxes, employee health benefits, insurance, changes to businesses to encourage social distancing and the purchase of PPE.
6. Business must operate with less than 500 employees.
7. Business is not a publicly traded company. Exception given for a franchise owner with a business that is locally owned.

Grant Funding Preferences

The selection committee will review the submitted applications to determine recipients and grant amounts. The following preferences will be a factor, but not limited to, in the determinations and are listed in order of priority:

1. Business experienced interruption caused by a required closure (examples: dine-in restaurants, health clubs, gymnastics, hair salons, barber shops or dance studios).
2. Business experienced interruption caused by a decreased customer demand as a result of COVID-19 public health emergency (example: hotel, bed & breakfast, tourism based businesses).
3. Business experienced interruption caused by voluntary closure or partial closure to promote social distancing measures (example: retail store).
4. Business made efforts to comply with the public health orders from the State of Utah and Southeast Utah Health Department.
5. Farmers/ranchers that experienced reduced commodity pricing due to market fluctuations caused

by COVID-19.

6. Priority will be given to businesses with higher percentage of business losses attributed to the public health orders.
7. Preference will be given to a business that has not received other recovery grant funding.
8. Preference will be given to a business with a storefront versus a home-based business.

Grant Request

Grant request must not exceed the amount of loss a business may have incurred due to COVID-19.

Grant Submission Deadline

Grants will be made available to qualifying businesses on a first-come, first-serve basis, at the Business Recovery Grant Program's discretion, until funds are depleted or until November 15, 2020. Only one (1) grant per business is allowed. Grants will be determined and awarded every two weeks.

Applicants must submit a W-9 form as part of this application. The grant award will be taxable and reported as income by the awarding entity; the grantee will receive a 1099.

Applications are to be submitted to Brandon McCandless:

1. Email:
bmccandless@seualg.utah.gov
2. Mail:
P.O. Box 1106
Price, UT 84501
3. In Person:
375 South Carbon Ave.
Price, UT 84501

Applications will be reviewed by representatives of each participating local government entity.

Anticipated Schedule

October 16	Round 1 grant applications due by 5 pm MST
October 23	Round 1 grant awards and release of funds
October 30	Round 2 grant applications due by 5 pm MST
November 6	Round 2 grant awards and release of funds
November 13	Round 3 grant applications due by 5 pm MST
November 20	Round 3 grant awards and release of funds

The grant award amount and recipient business name are subject to public records laws.

Questions and Contact Information

Jade Powell, Southeastern Utah Association of Local Governments

Phone: 435-613-0022

Email: jpowell@seualg.utah.gov

BUSINESS RECOVERY GRANT PROGRAM APPLICATION 2020

The Business Recovery Grant Program is intended to assist businesses that have been negatively affected by the COVID-19 pandemic. Businesses may apply for their losses to be covered by these grant funds, and all awards are only to be used for incurred expenses. Funds will be awarded at the discretion of the selection committee until the funds are depleted.

I request a total of \$_____ in grant funding to cover business losses incurred as a result of business interruption caused by health orders.

The following documentation must accompany this application:

- 1) Receipts of business expenses in the amount at least totaling the amount of grant requested. Receipts must include business expenses incurred from **April 1, 2020 - present** such as utilities, rent, payroll, payroll taxes, employee health benefits, insurance, improvements to building to encourage social distancing, PPE, etc.
- 2) W-9 form for applying entity
- 3) Profit and loss statements or similar documentation to substantiate the loss.

Applications are to be submitted to Brandon McCandless as follows:

1) Email:

bmccandless@seualg.utah.gov

2) Mail:

**P.O. Box 1106
Price, UT 84501**

3) In Person:

**375 South Carbon Ave.
Price, UT 84501**

ENTITY INFORMATION

Business Legal Name:

Business Trade Name (DBA):

Business Address:

City:

State:

Zip:

Mailing Address (if different):

City:

State:

Zip:

EIN/SSN:

PRIMARY CONTACT INFORMATION

First Name:

Last Name:

Title:

Email:

Work Phone:

Mobile:

1. I own a registered business in Carbon County with a business license as of April 1, 2020. My business license is with (check one):
 - Carbon County
 - East Carbon City
 - Helper City
 - Price City
 - Wellington City
 - I am exempt from a business license with my home business/independent contractor and I am in good standing with the Utah Division of Corporations
 - Not-for-profit entity
 - Faith-based organization
 - Farmer/Rancher who pays taxes on the sale of livestock or other agricultural incomes (must be set up as a business and pay taxes accordingly)

2. At my business location:
 - I operate my business out of a storefront
 - I operate a home business
 - I am the property owner where my business is located and I am current on my property taxes through **April 1, 2020**
 - I lease or rent

3. I incurred a business loss from **April 1, 2020** to present as a result of (check all that apply):
 - My business experienced interruption caused by required closure as the result of a public health order.
 - My business was closed voluntarily to promote social distancing measures
 - My business was affected by decreased customer demand as a result of the COVID-19 public health emergency
 - My business/operation was affected by loss or reduced commodity pricing of agricultural products due to COVID-19 caused market fluctuation.

4. I operate a small business with the following number of employees in Carbon County:

As of April 1, 2020:

full-time employees (including owner): _____

part-time employees: _____

As of July 31, 2020:

full-time employees (including owner): _____

part-time employees: _____

5. My business is:

- A franchise owner with a business that is locally owned
- Not a franchise

6. Date Business Established: _____

7. My business experienced an economic loss from **April 1 to July 31, 2020**.

a. Gross business sales from **April 1 to July 31, 2019**

\$ _____

b. Gross business sales from **April 1 to July 31, 2020**

\$ _____

c. Estimated economic loss as a result of COVID crisis and public health orders

\$ _____

Businesses that do not show a revenue loss during this time (comparing 2019 to 2020) are not eligible for this recovery grant. Exception for a first year business or explained hardship. Please explain in item #9.

8. My business applied for and received the following compensation from other sources as a result of the pandemic in 2020. Please explain the uses and date range of each grant received in item #9. **These amounts do not include loans, only grant awards.**

Check ALL that apply:

- Economic Injury Disaster Loan (EIDL) funds. Amount received in grant funds (advance) \$ _____
- Payroll Protection Program (PPP) / SBA. Grant amount received (forgiven) \$ _____
- State Business Recovery Grant. Grant amount received \$ _____
- BEAR Recovery Grant by Emery County. Grant amount received \$ _____
- Other Grant(s) for COVID-19 recovery:
Name of Grant _____
Amount received \$ _____

9. Comments or other hardship considerations for the selection committee to review/consider:

Please explain the purpose and date range of each grant received from item #8. For example, ABC Business used the BEAR Recovery Grant for rent for the months of June and July 2020. ABC Business used PPP for payroll for the months of June and July 2020....ETC. ETC.

*If more space is needed please attach as a separate document.

Contact: Jade Powell

Office Phone: 435-613-0022 **Mobile:** 435-650-7411

Email: jpowell@seualg.utah.gov

Acceptance of the Grant Agreement by Business Owner

I authorize the Carbon County Business Recovery Grant Program Review Committee to verify the information provided in this application and the accompanying documentation of my business expenses and income. I agree that an audit may be performed to verify the information and representations set forth herein.

I have read and agreed to be bound by this grant agreement for accepting Coronavirus Relief Funds from Carbon County, Helper City, Price City and Wellington City. I affirm that the documentation provided is correct and the figures set forth herein are actual business expenses and income incurred from **April 1, 2020** to present. I agree to retain documentation related to this application and to any uses of the funds, including but not limited to invoices, sales receipts, payroll expenditures, income and bank statements, for a period of not less than **5** years.

I have read and understand the eligibility requirements for accepting this Carbon County Business Recovery Grant Program funded through Coronavirus Relief Funds from Carbon County, Helper City, Price City and Wellington City. I am authorized to submit this application and accept this grant on behalf of the business name in this application. Funds provided through this agreement and application are considered government financial assistance. **If audit findings determine that any funds were obtained or expended by the recipient in violation of this program or application I agree to make full repayment of those funds.**

Knowingly and willfully providing false information for the purpose of obtaining these public funds is a violation of law and could subject you to fines, imprisonment or both.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the _____ day of _____ 2020. I have included the following documentation:

- Receipts of business expenses in the amount at least totalling the amount of grant monies requested
- W-9 Form
- Profit and loss statements or similar documentation to substantiate the loss.

Signature of Applicant:

Name:

Title:

CARES ACT Funding Conflict of Interest Disclosure Form

Date: _____

Name: _____

County/City Office: _____

Position within the City/County: _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), related parties or circumstances that you believe could contribute to a conflict of interest between the CARES ACT funding opportunity and your personal or professional interests, financial or otherwise:

_____ I have no conflict of interest to report

_____ I have the following conflict of interest to report:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Date: _____