

Louisa Small Business Opportunity Fund Application

Application Window: 12:00 am November 17th through 11:59 pm November 30th, 2020

Notification of Award: By December 8th, 2020

1. What is the First Name of Legal Business Owner?*

Please use the legal business owner name as listed on the IRS Form W-9.

2. What is the Last Name of Legal Business Owner?*

Please use the legal business owner name as listed on the IRS Form W-9.

3. Applicant First Name* (If you are not the business owner)

4. Applicant Last Name * (If you are not the business owner)

5. Applicant Title*

6. Business Name as Listed on IRS Form W-9*

7. Date your business was established in Louisa County?*

Business operations must have been established and started in Louisa County on or before January 1, 2020

8. Has the applicant paid all applicable Louisa County taxes through March 1, 2020 (Business AND Individual)?* YES NO

9. Provide the name and contact information for all individuals that own 20% or more of the applicant business.*

10. DBA/Trade Name of Business*

If applicable, otherwise N/A

11. Contact Phone Number:*

12. What is your contact Email Address? *

This will be the primary method of all official communication regarding this grant program.

13. Does your business have a storefront? *

Street Address, City, State / Province / Region, Postal / Zip Code (N/A if no storefront)

14. Is your Louisa County business address the same as your home address?*

YES NO

15. What is your company's Website URL, if available? *

N/A if no website

16. Is this business a franchise headquartered in Louisa County?*

YES NO

17. Does your business lease property? *

YES NO

Lease Expiration Date (MM/DD/YYYY) or N/A

18. What is the amount of your Monthly Rent/Mortgage?*

19. What is your six-digit NAICS Code?*

20. Business EIN (Employer Identification Number)*

or TIN (Taxpayer Identification Number)

21. How many full time employees did you have Jan 1, 2020?*

Two part-time employees, each working at a minimum of 20 hours per week will now equal 1 full-time equivalent.
Must be demonstrated on form 941 for the most recent quarter

22. How many full time employees did you have Aug 1, 2020? *

23. What was your 2018 & 2019 Gross Revenue? Please use your fiscal year when responding.

2018*

2019*

24. What was your Projected 2020 Gross Revenue before COVID-19? Please use your fiscal year when responding.

2020*

25. Please provide a brief narrative of the impact of COVID-19 has had on your business.*

26. Please describe how this grant will be used to help you retain your employees (if applicable) and keep your business operating during these challenging times. Please provide specific amounts for payroll, rent, utilities, and other business critical operating expenses.*

27. Please provide any other information you would like considered as part of this application.*

Terms and Conditions [Click to download Terms and Conditions](#)

Use of Funds Spreadsheet [Click here to download spreadsheet](#)

Attach Use of Funds Sheet*

28. Please attach calendar year 2020 IRS form W-9 and 941 *
29. Please attach 2018 and 2019 Profit and Loss Statements and 2020 Year to Date Profit & Loss Statement *
30. Please attach your 2018 and 2019 business tax returns *
31. This business has less than \$2,000,000 in gross annual receipts. *
- YES NO
32. This business has experienced revenue losses due to unforeseen business interruptions related to COVID-19. *
- YES NO
33. This business is an operational for-profit business in Louisa County, Virginia. *
- YES NO
34. Has this business been awarded other local, regional, state or federal small business relief assistance or EIDL or PPP loans from SBA due to COVID-19? *

Please Explain

I hereby certify that all answers submitted in this application are true and accurate and that funds will be expended to cover costs my business incurred as a result of impacts & closure due to COVID-19.

35. Applicant Signature*

36. Today's Date*