HARRISON COUNTY COMMISSIONERS

CDBG Phase 3 COVID-19 Small Business Assistance Grant Program

Grant funds may only be used by awardees for working capital expenses that include, but are not necessarily limited to, employee salaries, general operating expenses (rent or utilities), inventory, and advertising/marketing expenses.

1 1	nses (rent or utilities), in	iventory,	and adveru	sing/marketing expenses.	
Company Name					
Legal Name Register Secretary of State					
Federal Employer Identification Number (FEIN)					
Business Address					
Business Telephone					
Owner(s) Name; Phone #					
Owner(s) Email Address					
Brief Company Histo					
(Attach separate page if needed)					
Is this a Minority, Woman or Veteran					
Owned Business? Please indicate which one # of Employees – including the owner, if					
the owner is an employee					
Describe Employee Benefits Provided					
Grant Amount Requested (maximum of					
\$10,000) Description of <i>How</i> Requested Funding					
will be Utilized – must be for working capital ONLY and <i>Need</i> for the Funds					
(Attach separate page if needed)					
Have you applied for any other assistance such as an SBA loan, PPP or other COVID-19 funding?					
Yes No D					
If Yes, did you receive assistance? Yes \square No \square If Yes, how much did you receive?					
Have you expended the assistance? If not, list the balance remaining					
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The following documents must be included with this application form:					
☐ CDBG CV Income Verification Form					
☐ Documentation, signed by the owner, that jobs would be lost if not for the CDBG assistance					
☐ IRS Form W-9 https://www.irs.gov/pub/irs-pdf/fw9.pdf					
I/we declare that any statement in this application and the supporting documentation submitted to the					
Harrison County Commissioners is true and complete in substance and in fact. I/we declare that I/we am/are (a) legal resident(s) or U.S. Citizen(s) with the authority to conduct business in the State of					
	. , ,	U.S. Cit	izen(s) wit	h the authority to conduct busi	ness in the State of
Indiana.				G:	
	Name			Signature	Date
Owner 1			Owner 1		
Owner 2			Owner 2		
Owner 3			Owner 3		

Please note that this grant will be considered taxable income and the County will submit the recipient a 1099G.