

COVID-19 SMALL BUSINESS RELIEF GRANT PROGRAM APPLICATION

Shelby County
25 W. Polk Street
Shelbyville, IN 46176

Completed applications should be delivered to:
Shelby County Economic Development Corporation
16 Public Square, Suite A, Shelbyville IN, 46176 or to

D.Tracy@shelbydevelopment.com

All applications must be submitted before June 18, 2021 @ 3 PM

Business Information:

Business Name: _____

Business Address: _____

Number of Full Time Employees: _____

Number of Part Time Employees: _____

Contact Info:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

My Business Is A ... (Select all that Apply)

Minority Owned Business _____

Veteran Owned Business _____

Woman Owned Business _____

None of the Above Apply _____

Did Your Business Receive PPP Funds? Yes _____ No _____

Grant Request (Feel free to use a separate sheet of paper if more space is needed for this section):

Applications will be scored by a selection committee using the following criteria:

Highest Need: Priority will be given to businesses that illustrate an immediate need for funds, due to a negative impact caused by COVID-19

Essential vs Non-Essential: Priority will be given to businesses that were subject to government-mandated closures or restrictions in hours, operations, or capacity.

Physical Presence: Priority will be given to businesses that have a physical storefront or office within Shelby County.

Small Business: Priority will be given to smaller businesses, with fewer employees.

Retention of Business/Employees: Priority will be given to businesses where these funds will ensure the retention of the business and/or the employees.

Short Term Financing: Priority will be given to businesses who were unable to secure other short-term financing options to support their business.

Grant Amount Being Requested (Maximum of \$10,000): _____

COVID-19's Impact On Your Business: Please describe the impact COVID-19 has had on your business. (ie. Change in operations, layoffs, decrease in revenue) _____

If Awarded, How Would You Use The Funds: _____

Prioritized Accounting of How Funds Would Be Used: In the case that the full grant amount cannot be awarded, we would like to know what items are the highest priority for your business and exactly how much those items cost. Follow-up materials (receipts, invoices, etc.) may be requested to verify funds were used according to this application.

Applicants must also provide a completed FTE Calculation Sheet, 2019 and 2020 Tax Returns, and a W9

By signing & submitting this application, I affirm that the information I have provided is true and accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____