

COVID-19 Small Business Emergency Grant Program Application

Grant Award up to \$1,500

Property Owner Information

Name:	Phone:	Email:
Address, City, State, Zip:		

Business Information

Operating Name of Business:	
Legal Name of Business:	
Applicant Name:	Applicant Role in Business:
Phone:	Email:
Mailing Address, City, State, Zip:	
Operating Address, City, State, Zip:	

Grant Eligibility

1. Number of Employees (Full Time) on March 17, 2020:
2. Current Number of Employees (Full Time):
3. Is the business a franchise? Yes No
4. Is the business a non-profit? Yes No
5. Has your business received other funding assistance, such as PPP or SBA Loan? Yes No
6. Is your business located outside the home, within a brick and mortar building? Yes No
7. Is the business presently in a state of total closure or unable to operate one or more of the main facets of the business, as a result of any state-mandate closure order related to COVID-19 on or after March 17, 2020? Yes No
8. Current level of business operations since the Safer at Home Order: 100% 75% 50% 25% Other

9. Please briefly describe how the state-mandated closure or business operation modification requirements are impacting your business. Share how your businesses is adapting or changing. (please feel free to add additional pages if necessary):

10. How would a grant from this program help to keep your business operating or assist with reopening? (please feel free to add additional pages if necessary):

Grant Request Summary

Eligible Expenses	Requested Grant Amount*
Commercial Building Mortgage/Lease/Rent	
Utilities (gas, electric, water, sewer)	
E-Commerce (related expenses to upgrade website)	
Other Expense (PPE, improvements, etc.)	
Total Grant Request	

*To receive full consideration, copies (PDF/photo is acceptable) of all the statements/invoices for the above referenced eligible expenses that apply to the grant request must be included with the application. Estimates from a vendor/contractor are acceptable for E-Commerce related expenses.

Certification

I, the undersigned, certify that I have received and read the criteria for receiving a City of Ely SMALL BUSINESS GRANT. I certify that all information provided herein is true and accurate to the best of my knowledge. I further certify that I have completed this application and agree to the terms of the grant guidelines and understand that information submitted by me for this program is considered public record. I understand the City reserves the right to reject any application if the information is deemed illegible, incomplete, or inaccurate.

_____ Applicant Signature	_____ Date
_____ Print Name	

Office Use Only

Date Received:	Reviewed by:	Eligible/Ineligible:	Grant Award:
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