



Access to Capital Small Business Recovery Program Application*

- Instructions for Application -

Overview

The City's "Access to Capital - Small Business Recovery Program" (the "Grants Program") is funded by the Coronavirus Relief Fund which was established as part of the CARES Act. By completing this Application, the undersigned acknowledges the connection of the Grants Program to the CARES Act and agrees, individually and on behalf of the Applicant business, to comply with all applicable provisions of the CARES Act and to provide any additional information that may subsequently be required under the CARES Act.

Please note that the Grants Program has limited funding. In this regard, completing an Application does not guarantee that an Applicant will receive a grant and it is anticipated that Applications received will exceed available funding. Applications from eligible businesses that are received on time will be randomly selected (as opposed to a first come first served basis) and processed based on the parameters of the Grants Program as set forth in more detail in the information provided about the Grants Program.

Instructions

Applications can be completed online by visiting www.fftc.org/CLTcitygrant. If you wish to provide a hardcopy application, print and complete this document. Ensure that all required documents are attached. Note if the instructions inform you that an affidavit is required, it must be notarized. A template of the document to be notarized is available for download at the above website.

Mail application to:

City Grant Application c/o Foundation For The Carolinas
220 North Tryon Street
Charlotte, NC 28202

(Must be postmarked no later than August 28, 2020.)

If you prefer, you may drop off applications at the Foundation For The Carolinas headquarters, located at 220 North Tryon Street during business hours – 9 a.m. – 5 p.m. weekdays. Utilize the entry located in the Hearst Plaza. Applications should be placed in a 9x12" envelope and sealed. Write "City Grant Application" on the outside of the envelope.

For additional information and answers to frequently asked questions, visit www.fftc.org/CLTcitygrantFAQ. You may also call 704-998-6499 Monday – Friday, 9 a.m. – 5 p.m. for assistance.

***All fields are required unless marked Optional**

Pre-Qualification Questions

1. Is the business headquartered within Charlotte city limits? ☐ Yes ☐ No
2. Does the business have 25 or less employees? ☐ Yes ☐ No
3. Did the business have gross sales of at least \$30,000 and less than \$2 million in 2019 (Jan-Dec)? ☐ Yes ☐ No
4. Was the business started before Jan 1, 2020? ☐ Yes ☐ No
5. Was the business impacted by COVID-19? ☐ Yes ☐ No
6. Is the business a non-profit organization, liquor store, check cashing agency, gun shop, pawn shop or adult entertainment? ☐ Yes ☐ No
7. Is the business presently involved in a bankruptcy proceeding? ☐ Yes ☐ No

If “yes” to questions 1-5 and “no” to questions 6-7, proceed ahead.

If “no” to questions 1-5 and “yes” to questions 6-7, your business does not meet the eligibility requirements for this grant program.

Applicant Information

- I. Name of Authorized Representative completing the Application
Salutation: ☐ Rev. ☐ Dr. ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. ☐ Mx.
First: _____ Middle (Optional): _____ Last: _____
2. Role of Person completing the Application (Choose one option) ☐ Owner ☐ Officer ☐ LLC Manager
3. Business Phone Number: _____ 4. Cell Phone Number (Optional): _____
5. Email: _____
6. Race/ Ethnicity of Majority Owner (Choose one option)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other: _____
7. Gender of Majority Owner ☐ Male ☐ Female ☐ Non-binary
8. Legal Business Name: _____
9. Doing Business As (DBA) Name (Optional): _____
10. Legal Form of Business (Choose one option)
☐ Sole Proprietorship ☐ Partnership ☐ C Corporation ☐ S Corporation ☐ Limited Liability Company
- II. Business Tax Identification Number, EIN, or SSN. (SSN only if Sole Proprietor. Must match Form W-9.
Format: Nine digits, no dashes): _____
12. Business Address (Headquarters)
Address Line 1 (No PO box allowed): _____
Address Line 2 (Optional): _____
City: _____ State: _____ Zip Code: _____
City District: _____ (<https://charlottenc.gov/CityCouncil/Documents/AllDistricts.pdf>)
13. Business Website (Optional): _____

- 14 Business Location (Choose one option): ☐ Owned ☐ Rented ☐ Leased
- 15 Number of Years in Business (Choose one option): ☐ Less than 1 Year ☐ 1-3 Years ☐ 4-7 Years ☐ 8+ Years
- 16 2019 Annual Gross Sales: _____
- 17 Is the business a City of Charlotte Small/ Minority/ Women Enterprise certified business? ☐ Yes ☐ No
- 18 How did you hear about the Small Business Recovery Program? (Choose one option)
- ☐ a. Newspaper or magazine advertisement
 - ☐ b. Billboard
 - ☐ c. Digital advertisement
 - ☐ d. Search engine
 - ☐ e. Radio advertisement
 - ☐ f. Newspaper or magazine article
 - ☐ g. Television news
 - ☐ h. Email from an association or church
 - ☐ i. Social media
 - ☐ j. Word of mouth
 - ☐ k. Webinar
 - ☐ l. City of Charlotte communications
 - ☐ m. Other: _____

Grant Information

1. If the business was included in the Governor's NC Executive Order 120, then check the box below to indicate the type of business: (to view the executive order, visit governor.nc.gov/documents/executive-order-no-120)
- ☐ a. Entertainment facility (e.g. live performance venues, moving theaters, skating rinks)
 - ☐ b. Indoor exercise facility (e.g. gyms, yoga studios, indoor trampoline, rock climbing facilities)
 - ☐ c. Personal care and grooming business (e.g. beauty salons, barber shops, massage therapists, tanning salons, nail salons)
 - ☐ d. Restaurants
 - ☐ e. The business was not included in the Governor's Order
2. **If you selected "e" for the above:** If the business does not fall within NC Executive Order 120, check the appropriate business industry below. Please note, you will also be required to download, complete and submit a notarized affidavit describing how the business was impacted by COVID-19.
- ☐ a. Architectural, engineering and surveying
 - ☐ b. Goods and Supplies
 - ☐ c. Construction Related
 - ☐ d. Professional Services
 - ☐ e. Other Services
3. COVID-19 Impact on Business
- ☐ a. Temporary Business Closure
 - ☐ b. Reduced Hours of Operation
 - ☐ c. Employee Layoffs
 - ☐ d. Revenue Decline
 - ☐ e. Increased Operating Costs (e.g. employee paid leave, new health/safety protocols)
 - ☐ f. Inability to Respond to Home-Delivery Requests
 - ☐ g. Interrupted Supply/ Delivery
 - ☐ h. Inability to Serve Customers
 - ☐ i. Decreased Customers

4. Number of Full or Part-Time Employees as of December 31, 2019 (Choose one option)
- ☐ a. 0 - 5 Employees (Eligible for \$10,000 grant)
- ☐ b. 6 - 25 Employees (Eligible for \$25,000 grant)
5. How will the business use the grant amount of \$10,000 or \$25,000 based on the number of employees selected above? (Make sure that the total below is equal to the eligible grant amount)

Budget	Amount
Rent/ Mortgage	
Utility	
Employee Salary and Benefits	
Supplies/ Restocking	
Total:	

6. Did the business receive COVID-19 related federal or state funding (e.g. Federal Paycheck Protection Program (PPP) or Golden Leaf programs)? ☐ Yes ☐ No
7. Has the business or any owner of the business previously been awarded funds from the City's Micro Business Relief Fund? ☐ Yes ☐ No
8. If you receive a grant, would you be willing to share the story of how this program will help your small business for social media and/or other purposes? If Yes, a member of the Foundation For The Carolinas team may contact you for details ☐ Yes ☐ No
9. Please attach and submit a total of three of the following documents - at least one of which must be from Group A.

Group A

- IRS letter with business name and EIN
- Bank statement with business name, dated from 2020
- Utility bill with business name, dated from 2020
- Mortgage statement with business name, dated from 2020
- 2020 Sales and Use Tax Report for Mecklenburg County with business name
- Currently active certificate of insurance with business name

Group B

- Signed and executed lease agreement with business name. Lease agreement must be currently active, or includes recent payment statement, covering the last three months of payments
- Form 1040, Schedule C for Sole proprietor. Must be from 2018 or 2019 tax years.
- Page 1 of most recent Form 1065 for Partnerships/ LLCs. Must be from 2018 or 2019 tax years.
- Page 1 of most recent Form 1120 for C Corporations. Must be from 2018 or 2019 tax years.
- Page 1 of most recent Form 1120S for S Corporations. Must be from 2018 or 2019 tax years.
- Profit & Loss Statement from 2019 tax year
- Balance Sheet from 2019 tax year

10. Businesses with six or more employees will need to submit 2019 IRS Form W-3
11. IRS Form W-9 must be completed, attached and submitted for the business (Note: For guidance on how to complete IRS Form W-9, please visit www.ffc.org/sites/default/files/2020-07/IRS_Form_W-9_with_key.pdf to view a sample copy with the required fields highlighted in yellow. For additional guidance, please visit the "Application Process" section of the Access to Capital - Small Business Recovery Program FAQs. (www.ffc.org/CLTcitygrantFAQ))

Acknowledgments and Signatures

Certification and Authorization

The Authorized Representative of the Applicant must certify to each of the statements below by checking the box next to each one and acknowledge the Terms of the Application by signing below (must check all boxes):

- ☐ The Authorized Representative has read the statements included in this Application and understands them.
- ☐ The Authorized Representative has the authority and legal right to complete and submit this Application on behalf of the Applicant.
- ☐ The Applicant will use any grant awarded by the Grant Program in the manner specifically set forth in the "Grant Budget and Funding" section of this Application.
- ☐ The Applicant has not applied for grant on behalf of another business (i.e. Applicant may not apply for multiple businesses).
- ☐ The Applicant complies with all applicable federal, state and local laws, including applicable nondiscrimination laws, and further agrees to comply with any provisions of the CARES Act applicable to this Grants Program.
- ☐ To the best of the Authorized Representative's knowledge, the information included in this Application and the information provided in all supporting documents is true and accurate as of the date of this Application.
- ☐ The Authorized Representative understands that
 - i. Knowingly making a false statement, any intentional misrepresentation or omission of information contained in this Application or any supporting documents will result in forfeiting this Application now and in the future, and
 - ii. Any such action may constitute fraud, for which the Authorized Representative may be liable via civil or criminal action.

Terms of Application

By completing the Application, the Authorized Representative, individually and on behalf of the Applicant, authorizes and consents to the disclosure, review and storage by the City of Charlotte (the "City"), Foundation For The Carolinas ("FFTC") and any of their affiliates of any and all information and documents submitted in connection with this Application. The Authorized Representative understands and acknowledges that the funding for the Grants Program is limited and that the Applicant is not legally entitled to receive a grant from the Grants Program. In this regard, and as a condition of submitting this Application, the Authorized Representative, individually and on behalf of the Applicant, agrees that none of the City, FFTC or any of their affiliates shall be liable to the Authorized Representative, the Applicant or any third party affiliated with the Applicant (including, but not limited to any owner or employee), and hereby releases the City, FFTC and their affiliates from, any and all costs, expenses, damages, claims, or loss of any kind as may be incurred in connection with the grant requested in this Application or for anything they may do or refrain from doing, including, without limitation, any action or inaction relating to grant application requirements, grant criteria, application review and processing, grant approval or disapproval, grant payment amount, and all communications relating to any of the foregoing requirements, processes or actions.

The Authorized Representative further acknowledges and agrees that:

1. The City, FFTC and any of their affiliates have the right to request supporting documentation regarding this Application and the use of the grant monies provided by the Grant Program and the Applicant agrees to provide such documentation;
2. The City, FFTC and any of their affiliates reserve the right to conduct an audit of this Application and a verification of any information provided herein;
3. The Applicant will provide the City, FFTC and any of their affiliates with reasonable cooperation and any documents requested pursuant to any such audit and verification; and
4. As a condition of submitting this Application, the Applicant shall participate in a survey that will be sent out later in the year.
5. The City, FFTC and any of their affiliates may publish the name of your business as part of a listing of grant award recipients.

- ☐ I confirm I have attached at least one required document from Group A and three documents total listed in item # 9
- ☐ If a business with 6+ employees, I confirm I have attached IRS Form W-3
- ☐ I confirm I have attached IRS Form W-9
- ☐ If a business not covered in Executive Order 120, I confirm I have attached the notarized affidavit

Signature:

Date:
