

VILLAGE OF SCOTIA

ARPA Small Business Grant Program
Application

Applicant Name _____ Applicant email _____

Applicant Address _____ Applicant Phone # _____

Business Name _____

Business Address _____ Business Phone # _____

Business Legal Structure: _____ Corporation _____ Partnership

_____ Limited Partnership _____ LLC

Federal Tax Identification # _____

List of Owners/Partners, name, addresses, percent interest in business and SS#

Description of Business

Number of employees on 1/1/20 _____ Number of employees today _____

Amount of Grant applying for (\$5,000 maximum) _____

Brief narrative of how business has been impacted by COVID-19

Brief description of how Grant funds are to be used

Was the company or its principal's delinquent on property, personal and/or employment taxes? ___ Yes ___ No

Are there any outstanding judgments or liens pending against the company or its principals? ___ Yes ___ No

12/6/22

*****YOU MUST SUBMIT completed Personal Financial Statement with this application*****

The undersigned certifies that all information which has been or will be furnished in support of this application is given for the purpose of obtaining a Grant from ARPA funds. I further certify that all information submitted has been examined and approved by me and is true, correct, and complete. I agree to abide by all requirements to be set forth in connection with said Grant Program and the penalties and provisions of all applicable local, state and federal laws pertain to falsification of any item contained herein or fraudulent misrepresentation of my business.

This is not a legally binding document for the purposes of receipt of Grant monies. The Grant request may be withdrawn any time prior to formal closing of the grant. However, this application is being submitted in good faith as a request for Grant funds. All Grant requests are subject to the Village of Scotia Grant review process. I (we) waive all claims against the Village of Scotia.

Applicant Name Printed

Title

Applicant Signature

Date

Applicant Name Printed

Title

Applicant Signature

Date

For Village Use:

Approved / Disapproved on _____ in the amount of _____

Signed _____

Terms and Eligibility Requirements

Maximum \$5000.00 Grant amount.

2-15 employees (no sole proprietors)

For profit brick and mortar business based and located within the Village of Scotia

No limitation on use except lost profits

Other business or financial information Village deems appropriate