

TOWN OF WIGGINS
SB20B-001: SMALL BUSINESS RELIEF PROGRAM GRANT APPLICATION

CONTACT INFORMATION

Name _____

Phone Number _____

Email _____

BUSINESS INFORMATION

1) Name _____

2) Address _____

3) Business Opening Date: _____

**if your business began operating after March 26, 2020 you do not qualify for this grant program*

4) Current number of employees: _____

**minimum one full time employee unless sole proprietorship*

5) NAICS Code _____

**if you do not know your industry NAICS Code, leave blank*

6) Business Ownership (select one)

- Corporation
- LLC
- Partnership
- Sole Proprietorship

7) Business Type (select one)

- Restaurant
- Bar (includes establishments like a Winery, Brewery, Distillery, etc.)
- Caterer
- Movie Theatre
- Gym and/or Recreation Center

**List derived from SB20B-001 - If your business type is not listed you do not qualify for this grant program*

8) Is your business currently voluntarily closed?

- Yes
- No

If yes, do you plan to reopen and operate for at least 6 months?

- Yes
- No

If yes, what is your reopening date? _____

BUSINESS REVENUE INFORMATION

2019 Receipts \$ _____

**if your business receipts exceed \$2.5 million you do not qualify for this grant program*

Percentage Decline _____%

**minimum 20% revenue loss (compared against 2019 receipts) since March 26, 2020*

OR

If you opened between January 1 and March 26, 2020 indicate to-date total receipts \$ _____

**if your business receipts exceed \$2.5 million you do not qualify for this grant program*

Has your business received funding from the “Arts Relief Program” or the “Minority Owned Business Relief Program” through the State of Colorado?

- Yes
- No

**if yes, you do not qualify for this grant program*

GRANT FUND REQUEST \$ _____

**use chart below to determine grant request*

Total 2019 Receipts <i>IF BUSINESS began operating between 1/1/2020 and 3/26/2020, then 2020 receipts apply</i>	Maximum Grant Award
Receipts less than \$500,000	\$3,500
Receipts greater than \$500,000 but less than \$1 million	\$5,000
Receipts greater than \$1 million but less than \$2.5 million	\$7,000

REQUIRED DOCUMENTATION TO SUBMIT WITH GRANT APPLICATION

- ✓ Completed and signed W-9
- ✓ Receipt from most recent payment of unemployment insurance payroll taxes
- ✓ Signed and dated Affirmation and Signature Form (pg. 3)
- ✓ Colorado Income Tax Account Number or Tax-Exempt Certificate Number
- ✓ Certificate of Good Standing from the Secretary of State
- ✓ Evidence that your business had less than \$2.5 million in sales in 2019 **OR** If you opened between January 1 and March 26, 2020 evidence that calendar year 2020 sales are less than \$2.5 million.
- ✓ Evidence of at least 20% revenue loss since March 26, 2020 due to COVID-19 restrictions (does not apply to businesses that began operating between 1/1/20 and 3/26/20)
- ✓ Evidence that your business had:
 1. At least one full time employee
**if providing paystubs, be sure to black out personal information*

OR

 2. Filing of a Statement of Trade Name with the Colorado Department of State, evidencing a Sole Proprietorship

Submit grant application and required documentation electronically to tacre@wigginsco.com

Affirmation and Signature Form

Funds for the Town of Wiggins Small Business Relief Program are provided via “Colorado SB20B-001 COVID-19 Relief Small and Minority Businesses Arts Organizations”. The bill provides \$37 million for direct relief payments to small businesses located in a county that is subject to, and in compliance with, severe capacity restrictions pursuant to a public health order. Morgan County is currently at “Orange – High Risk Level” which dictates different and more restrictive guidelines for restaurants, bars, movie theaters, and fitness and recreational sports centers. Your business must currently be following any and all pursuant public health orders for Morgan County in order to qualify for the funds. Failure to follow public health orders can result in disqualification of grant funds and any other penalties from the State.

By signing this form, you hereby certify and affirm: (1) that your business has been and will be in compliance of current and future public health orders should you receive grant funds from this specific program; and (2) that the statements contained herein are true and correct to the best of your knowledge and belief. You understand that if you knowingly make any false statements herein, you may be subject to possible revocation of any grant or award issued as result of your false application, and any other remedies prescribed by law.

Signature _____

Date _____

While SB20B-001 does not have any provisions for avoiding a duplication of benefits, other funding sources (particularly federal funding) may. It is important that you do not duplicate expenses that have already been covered via other grant programs as this can trigger a recall of federal funds. For example, funds for the Town of Wiggins Remain Safe, Remain Strong business grant were provided via the CARES Act. If you received a grant award from the Remain Safe, Remain Strong business grant you therefore received CARES Act funds.

By signing this form, you affirm that should you receive grant funds from this specific program that you will not utilize the funds to pay expenses that you have already claimed in other grant programs; specifically grant programs where funds are provided via the CARES Act.

Signature _____

Date _____