



COVID-19 Small Business Support and Recovery Grant

City of Englewood
Community Development Department
303-762-2347
ecodev@englewoodco.gov

Please Note: This program is open to all non-home based, small businesses in the City of Englewood, but the priority is for businesses that have frequent and/or close contact with customers. These types of businesses include: retail (storefront), restaurant/food business; personal care (barber shop, nail salons, spas, etc.); healthcare and social assistance (childcare, etc.); art galleries and performance venues; and small manufacturing. Home-based businesses, food trucks, and national chains are ineligible. Applications **must** be complete and emailed to ecodev@englewoodco.gov to be considered.

Privacy Information

Information provided in this application is considered a public record and may be subject to public disclosure through the Colorado Public Records Act.

First-time Applicant \$4,000 grant Repeat Applicant \$2,000 grant

CONTACT INFORMATION

First/Last Name: _____

Name of Business: _____

Business Type: _____

Address of Business: _____

Email Address: _____ Phone Number: _____

BUSINESS IMPACTS

What are the economic impacts of the COVID-19 pandemic on your business? Please check all that apply.

Temporary business closure
Date business closed: _____

Anticipated date of re-opening: _____

- | | |
|---|---|
| <input type="checkbox"/> Reduced hours of operation | <input type="checkbox"/> Inability to respond to home delivery requests |
| <input type="checkbox"/> Employee layoffs/furloughs | <input type="checkbox"/> Interrupted supply/deliveries from vendors |
| <input type="checkbox"/> Revenue decline | <input type="checkbox"/> Inability to serve customers |
| <input type="checkbox"/> Increased operating costs (i.e. salaries, insurance, paid leave) | <input type="checkbox"/> Decreased customers |
| <input type="checkbox"/> Restricted access to capital to address increased costs | |

Briefly describe the above impacts on your business and attach supporting documentation.

PERSONNEL

Number of employees on February 1, 2020:

_____ FT _____ PT _____ Temporary _____ Contract

Current number of employees:

_____ FT _____ PT _____ Temporary _____ Contract

BUSINESS REVENUE

Revenue decline from February 1, 2020 – April 30, 2020 related to COVID-19 impacts?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> 25% or greater | <input type="checkbox"/> 5-10% |
| <input type="checkbox"/> 10-25% | <input type="checkbox"/> Less than 5% |

GRANT FUNDS

Select how your business will use the grant funds.

- | | |
|--|--|
| <input type="checkbox"/> Rent/mortgage payment. | <input type="checkbox"/> Purchase of supplies to offer alternative business access (i.e. curbside pickup, delivery, etc.) |
| <input type="checkbox"/> Employee support (salaries, insurance, paid leave) | <input type="checkbox"/> Expenses associated with increased material costs from suppliers or sourcing from alternative suppliers |
| <input type="checkbox"/> Utilities (i.e. electric, phone/internet) | <input type="checkbox"/> Expenses associated with marketing the business if closed or re-opening from closure. |
| <input type="checkbox"/> Purchase of COVID-19 supplies for protection/cleaning | |

More Information on Use of Grant Funds

Provide any additional information on the intended use of grant funds and how this grant will help you address this need. (100 word maximum)

Acknowledgements/Signature

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge.

- Business has 25 employees or less.
- Business has a physical and publicly accessible location in the City of Englewood within a commercial or industrial district.
- The business has experienced a decline in revenue between February 1, 2020 and April 30, 2020 as a result of COVID-19 pandemic.
- The business has experienced or is projecting to experience a decline in employment as a result of the COVID-19 pandemic.
- REQUIRED:** Email attached from the City's revenue division (revenue@englewoodco.gov) verifying the business is in compliance.
- The business is engaged in activities that are legal under city and state law.
- The business can meet program technical requirements including ability to provide financial records to support grant request.
- The business is registered with the Colorado Secretary of State's Office.
- Landlord/Lender has been contacted about rent/mortgage assistance.

Business Owner/Title

Date

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,