



Form Center

COVID-19 Small Business Support Grant Application

COVID-19 Small Business Support Grant Application

Due by 5 p.m. April 15, 2020



Program information

This program is open to all non-home-based small businesses in the Town of Castle Rock. Priority will be given to businesses with frequent and/or close customer contacts. Types of businesses include retail (storefront), restaurant/food and personal care (barber shop, nail salons, etc.) businesses. Full program details are available at CRgov.com/BusinessGrants.

Contact name:*

Business name:*

Business address:*

Zip:*

Email:*

Phone number:*

What are the impacts to your business from COVID-19?*

Please check all that apply.

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

Briefly detail the above identified impacts on your business. *

Attach any supporting documentation for the described impacts.

No file chosen

Number of employees prior to COVID-19:*

- ☐ At or less than 25 employees
- ☐ At or less than 10 employees
- ☐ Less than three employees

Number of current or anticipated employees as of April 15, 2020, due to COVID-19 impacts:*

- ☐ At or less than 25 employees
- ☐ At or less than 10 employees
- ☐ Less than three employees

Current or anticipated revenue decline in March/April 2020 vs. March/April 2019 due to COVID-19 impacts?*

-- Select One --

How would your business use the grant funds?

Check all that apply.

- ☐ Rent/mortgage payment. (Must attach proof that landlord/lender has denied assistance.)
- ☐ Utilities (i.e. electricity, phone/internet, etc.)
- ☐ Purchase of COVID-19 supplies for business protection/cleaning
- ☐ Purchase of supplies to offer alternative business access (i.e. curbside pickup, delivery, etc.)
- ☐ Employee support (salaries, insurance, paid leave)
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers
- ☐ Expenses associated with marketing the business (if still open) and/or re-opening the business (if now closed)

Briefly detail how these funds will assist your business in addressing these needs.*

Attach any supporting documentation for funding needs.

No file chosen

Attach proof for rent/mortgage assistance if requested.

No file chosen

Acknowledgements

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

- ☐ The business has 25 employees or less
- ☐ The business has a standalone physical and publicly accessible location within the Town of Castle Rock.
- ☐ The business has experienced, or is projecting to experience, a decline in employment and/or revenue as a result of the COVID-19 pandemic.
- ☐ The business is in good standing with the Town of Castle Rock with respect to taxes, fees, loans or other financial obligations.
- ☐ The business is engaged in activities legal under all applicable laws.
- ☐ The business meets the program requirements and agrees to provide financial records to support this application upon request.
- ☐ The business is registered with the Colorado Secretary of State's Office.

Electronic signature*

Date:

mm/dd/yyyy

Typing your name above constitutes a legal signature whereby you are confirming the information provided in this form is true and correct to the best of your knowledge.

Required item:*

No file chosen

The Town requires a completed W-9 form in order to fulfill grant requests. Please upload the form here. For a blank form you can complete, visit CRgov.com/W9.

Questions?

Contact the Town Manager's Office, 303-660-1374 or TownManager@CRgov.com.

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

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* indicates a required field