

## **Form Center**

## **COVID-19 Small Business Support Grant Application**

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## 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: <b>*</b>
Email.*	Phone number:*
Business type:*	
If a franchise, franchisee must live in Castle Rock. Home	address: Zip
Briefly detail the COVID-19-related interruptions impact	ing your business from May 1, 2020, to Aug. 31, 2020.*
	//
Amount of revenue decline comparing May-August 2020 vs. May-August 2019 due to COVID-19.*	Please attach supporting documentation for the described business interruptions.*
<b>s</b>	Choose File No file chosen

Number of full-time employees on Sept. 1, 2020*
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 interruptions including a revenue loss of at least \$5,000 in May-August 2020 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 to submit to an audit 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 - W-9 form
Choose File 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. If you provided a W-9 form as part of a previous Town grant application, you are not required to provide it again.
Required item - proof of SBA loan application
Choose File No file chosen
The Town requires proof that the business has applied for a federal SBA loan. Please
upload the form here. If you provided proof of SBA loan application as part of a previous Town grant application, you are not required to provide it again.
Questions?
Email BusinessGrants@CRgov.com or call 303-660-1374.
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