

DOWNTOWN BUSINESS RELIEF PROGRAM APPLICATION

APPLICANT INFORMATION

Name of Business: _____

Name of Business Owner: _____

Mailing Address: _____

Phone: _____

Email: _____

BUSINESS INFORMATION

Business Address (physical address): _____

How many years in business (if less than 1 year, provide months): _____

Number of full time employees: _____ Number of part time employees: _____

What are your monthly operating expenses: _____

FUNDING

Funding request (\$): _____

Please describe what your funds will be used for: _____

NEED

Describe how construction has impacted your business and why the relief funds are needed for your business:

REQUIRED DOCUMENTS

Please check the box for documents submitted with the application. Additional documents may be required

Federal tax returns from last year

Profit/Loss statements

Proof of monthly operating expenses
(Rent/mortgage, supplies, payments,
salary, etc.)

Cash flow statement

STATEMENT OF UNDERSTANDING

If awarded, you will be required to retain the number of full time and part time employees for a period of 12 months. If the program requirements are not met, the deferred loan immediately becomes payable. If the requirements are met, the deferred loan is forgiven after the 12 month recapture period.

Submission of the application does not guarantee funding. The DBRP Review Committee will make a determination of funding.

It is the responsibility of the applicant to review the guidelines. Your signature certifies your understanding of the program requirements and the 12 month recapture period.

SIGNATURE

Print name

Signature

Date