



Grand County Small Business Emergency Assistance Grant Fund GUIDELINES

OVERVIEW:

This Fund, created in response to the economic impact of COVID-19, will provide relief to small businesses that may have had to temporarily close, are struggling with paying rent, mortgage and or utilities. This fund is for small businesses, this is defined as a business that has a bricks and mortar location and an employee base of 50 or less.

- Emergency relief will be considered to provide cash grants to Grand County small **impacted businesses, such as restaurants** or retail, businesses that may have had to close their doors, or are struggling to pay bills.
- Examples of grants, but not limited to:
 - o Rent Assistance
 - o Mortgage Assistance
 - o Utility Assistance
- An advisory committee, made up of community members will make a decisions upon completion of small one page application.
- The committee looks for commitment from owns/county/foundations in seeding this fund.
- Priorities for assistance are to be used for businesses within the boundaries of Grand County. Allocations of funds can be internally restricted per community.
- Any awarded funding is paid directly from the Fund to the landlord, mortgage company and or utility company. The Fund would not pay businesses directly.
- No funds will be used to participate for any political campaign, and or on behalf of any issues or candidates.
- Requests for previous month's rent and or other expenses will not be considered for funding. (The Fund cannot reimburse for expenses either.)
- Applications and Data are confidential and only reviewed by Grand Foundation.
- By signing this application you guaranty that all of information in regards to the request of need is truthful and correct. Otherwise I agree to return the grant monies.



**Grand County Small Business
Emergency Assistance Grant Fund**

GRANT APPLICATION

NAME OF BUSINESS:

PRIMARY CONTACT :

MAILING ADDRESS :

PHYSICAL ADDRESS :

EMAIL :

_____ Phone: _____

COMPANY TO BE PAID:

ORGANIZATION CONTACT :

EMAIL :

AMOUNT REQUEST ING: _____ REQUESTING FOR:

DATE NEEDED: _____ # EMPLOYEES

(Regularly): _____

IF AWARDED THIS GRANT, WILL THIS HELP YOU RE-OPEN WHEN ABLE?

BRIEF DESCRIPTION OF REQUEST /NEEDS STATEMENT :

Applicant Signature: _____

Date: