



## Small Business Grant Program

This program has been provided to allow \_\_\_\_\_ the Atmore Area Chamber of Commerce to assist small businesses throughout our membership who are facing financial hardship and meet guidelines put forth by the Atmore Area Chamber Foundation, Inc., who funds the grant. Assistance is in the form of a grant. All eligibility requirements are in the attached program guidelines and must be met before authorization of funding will be granted. Grants will require repayment only if terms of grant agreement are not met.

### 1. Contact Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ EIN or SSN: \_\_\_\_\_

Type of Business (*Sole Proprietorship, C, S-Corp, LLC, General Partnership, LP, LLP, Other*): \_\_\_\_\_

Years in Operation; Start Date: \_\_\_\_\_

Brief Description of Business: \_\_\_\_\_

Are you in Receivership or Bankruptcy? \_\_\_\_\_

Are you current on all net profit income tax filings? (*Please attach from page of appropriate IRS form.*) \_\_\_\_\_

Have you submitted for other forms of assistance? If yes, please explain: \_\_\_\_\_

Grant Amount You Are Seeking to Receive: \$ \_\_\_\_\_

**2. Employee Information**

How many people do you currently employ, including yourself? \_\_\_\_\_

How many of those employees worked 20 or more hours per week? \_\_\_\_\_

Did you issue W-2s for the submitted employees? \_\_\_\_\_

Are you current on all employee payroll tax filings and payments? \_\_\_\_\_

**3. Eligible Expenditures for 2019**

*All eligible expenditures must be accompanied by supporting documentation.*

**Mortgage/Rent**

Support Reason: \_\_\_\_\_ Cost: \_\_\_\_\_

**Utilities** (excluding water and sewage)

Support Reason: \_\_\_\_\_ Cost: \_\_\_\_\_

**Vehicle/Equipment Leases**

Support Reason: \_\_\_\_\_ Cost: \_\_\_\_\_

**Payroll**

Support Reason: \_\_\_\_\_ Cost: \_\_\_\_\_

**Payroll Taxes**

Support Reason: \_\_\_\_\_ Cost: \_\_\_\_\_

**Employee Benefits**

Support Reason: \_\_\_\_\_ Cost: \_\_\_\_\_

**All/Any other Expenditures**

Support Needed: \_\_\_\_\_ Support Reason: \_\_\_\_\_ Cost: \_\_\_\_\_

Support Needed: \_\_\_\_\_ Support Reason: \_\_\_\_\_ Cost: \_\_\_\_\_

Support Needed: \_\_\_\_\_ Support Reason: \_\_\_\_\_ Cost: \_\_\_\_\_



**4. Estimated Adverse Impact**

Please provide a brief explanation of what economic impacts you've faced in the past 6 months.

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**5. Verification of Reduction of Sales**

Over the past 6 months, did this business experience a decrease in income and/or sales, greater than 25% over the same 6-month period of the previous year? If yes, please attach supporting evidence.

**Certifications**

Under penalties of perjury, I declare that I have submitted this application, and to the best of my knowledge and belief, it is true, correct, and complete.

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*Owner Signature*

*Date*

