

Stokes County COVID-19 Small Business/Non-Profit Grant Program

The COVID-19 pandemic has severely impacted various retail, hospitality, entertainment, employment and administrative services, and travel-related businesses in Stokes County.

The County received funding from the Coronavirus Aid Relief and Economic Security (CARES) Act. The U.S. Department of Treasury guidance allows the CARES Act funds to be used for costs and expenses incurred because of the COVID-19 public health emergency, specifically mentioning the making of grants to small businesses.

A small business/non-profit grant program will be the most efficient and effective way to distribute resources to small businesses in Stokes County. The program can assist a small business/non-profit with cash needed for working capital to support rent or mortgage payments, utility, payroll, or other similar expenses that occur in the ordinary course of business.

Qualification Criteria:

A business/non-profit must meet the following criteria to qualify for a grant:

- Other than a locally owned franchise, must not be a part of, a subsidiary of, or be otherwise owned or controlled by a business with more than fifty employees.
- Must physically located in Stokes County.
- Must be current on all County taxes as of March 1, 2020.
- Must have experienced due to Covid-19 a revenue loss when compared to the average revenue for the same period during the past calendar year.
- Banks, financial institutions and franchise businesses not locally owned are not eligible for the Grant Program.

Application Review Process

1. The grant shall be advertised for 10 business days beginning August 25, 2020.
2. Applications shall be accepted from September 9, 2020-September 30, 2020.
3. The Grant Review Team shall meet the week of October 5, 2020.
4. Applications shall be time and date stamped upon receipt and shall be reviewed on a first come, first served basis.
5. The Grant Review Team shall assess the applications to ensure that the criteria of this Grant Program are met.
6. Grant Recipients will be notified upon Board of Commissioners approval in the month of October 2020.

If the initial allocation of \$500,000.00 is not sufficient to meet all qualified applications received, the Grant Review Team shall report the additional need to the Board with a recommendation of whether to allocate more CARES Act funds to this Grant Program or reduce the grant amount proportionately.

Documentation required of Applicant:

- Completed and signed application
- IRS form W-9
- Proof of Non-Profit Status if applicable
- 2019 Tax Return
- Gross Receipts from January 2019-Current

Disbursement Requirements

1. **Receipt of Application-** The small business/non-profit must have provided the Grant Review Team with a complete Small Business/Non-Profit Grant application.
2. **Certification of Application-** The Grant Review Team must have certified that the small business/non-profit qualifies for the Small Business/Non-Profit Grant program and that the small business/non-profit has provided all the information required to make this determination.
3. **Report to Board of Commissioners-** The Grant Review Team shall send to the Board of Commissioners the list of businesses/non-profits qualified to receive a grant. All applications and documentation will be available for the review of board members. The Board of Commissioners will make the final determination on all funding.

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Application Checklist:

- Completed and Signed Application
- IRS form W-9
- Proof of Non-Profit Status If applicable
- 2019 Tax Return
- Monthly gross receipts from January 2019-Current

Primary Business Function:

Summary about business (how long in business, services/products offered, hours of operation, track record prior to the COVID-19 crisis)

Legal Name of Business

DBA:	
Tax ID Number:	

Mailing Address

Street:	
City:	
State:	
Zip:	

Primary Physical Address in Stokes County

Street:	
City:	
State:	
Zip:	

Contact Information

Name:	
Phone Number:	
Email:	

How many employees in Stokes County as of March 1, 2020:

How many employees in Stokes County as of July 31, 2020:

If you are a non-profit please provide information on any special events, fundraisers, etc. that have been impacted by COVID-19:

Is this business current on its Stokes County Tax obligations?

Yes No

Organization Type:

Sole Proprietorship

Partnership

Franchise

Corporation

LLC

Other: _____

Is your business for Profit?

Yes No

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2019 Gross Receipts, by month

January	February	March
April	May	June
July	August	September
October	November	December

2020 Gross Receipts, by month

March	April	May
June	July	August

What is the current status of your business?

Please indicate the amount of funding you are requesting with any additional information you wish to provide:

***Maximum amount of grant funding depends on the number of applications approved.**

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Please check the following statements indicating that you understand and agree to the following conditions:

This application, even if favorably received, does not constitute a commitment on the part of Stokes County to extend grants.

I agree to notify Stokes County immediately in writing if any of the information contained in this application changes in any respect.

I certify that all information contained in the application is true and accurate to the best of my information and belief.

I understand that by submitting this application that Stokes County is under no obligation to approve and/or extend an assistance grant.

I agree to hold harmless and indemnify Stokes County, its Board members, and County employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against Stokes County, its Board members and, County employees whether now existing or arising in the future, for damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application process.

I agree that a false certification, false statement, or false receipts on this application will subject the applicant to repayment of the grant funds and other penalties under the law.

I certify that I have not received and do not expect to receive federal or state funds to partially offset the expenses that I am submitting for reimbursement through this program.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE.

Applicant

Authorized Signature

Title

Date

Please submit application via email to sshaver@co.stokes.nc.us
Or by mail to:
Stokes County Manager's Office
Attn: Shannon Shaver
PO Box 20
Danbury, NC 27016