

Town of Lovettsville

Town Business Interruption Fund Application for ARPA Funds

Applicants acknowledge grant amounts and recipients will be a matter of public record. Applicants that can verify that they meet the grant criteria will be placed into a pool for final consideration. The amount received by a business will be calculated based on a weighted formula, but the maximum distribution a business can receive cannot exceed losses related to COVID-19. The business must have a valid Business License to receive funds. Please print out this application and complete all fields below. Applications are due to Town Hall by September 30, 2021.

First Name of Legal Business Owner Please use the legal business owner name as listed on the IRS Form W-9 and Business License Form.

Last Name of Legal Business Owner Please use the legal business owner name as listed on the IRS Form W-9 and Business License Form.

Business Name as Listed on IRS Form W-9 and Business License Form

DBA/Trade Name of Business (if applicable)

Type of Business (Please check one)

- Individual sole proprietor
- Single member LLC
- Corporation
- Partnership
- Trust estate
- Limited liability company
- Other Please describe _____

Business Address

Street Address _____

City _____ **State** _____ **Postal / Zip Code** _____

Applicants Home Address if different from the Business Address

Street Address _____

City _____ **State** _____ **Postal / Zip Code** _____

Is your business located in the town of Lovettsville? (Please check one)

- Yes
- No, my business is not located in an incorporated town.

Does your business have an Employer Identification Number (EIN)?

- Yes
- No, if no what is your Social Security Number (SSN) associated with your business

This business is a licensed and operational for-profit business in the Town of Lovettsville, Va.

- Yes
- No

Did this business receive a grant from the COVID-19 Loudoun Business Interruption Fund previously?

- Yes, if so, how much did you receive \$ _____
- No

This business has at least a 20% loss in revenue that can be attributed to COVID-19.

- Yes, if so, how much total loss to date since March 2020 \$ _____
- No

Lease Expiration Date (if not applicable, please type N/A) _____

Monthly Rent/Mortgage _____

Actual Fiscal Year 2020 Gross Revenue

Please use your fiscal year when responding. _____

Actual Fiscal Year 2021 Gross Revenue

Please use your fiscal year when responding. _____

Projected Fiscal Year 2020 Gross Revenue Before COVID-19

Please use your fiscal year when responding. _____

Please provide a brief narrative of the impact that COVID-19 has had on your business.

Please describe how the Business Interruption fund will be used to help you retain your employees (if applicable) and keep your business operating during these challenging times. Please provide specific amounts for payroll, rent, utilities, etc.

Please provide any other information you would like considered as part of this application.

Please provide the following as an attachment to the application

IRS Form W-9 and Town Business License Form

Note: You will not receive any funding without the W-9 properly filled out and signed. Please click on the link below to print out the application:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Please provide your business e-mail and your cell phone number in case we need any additional information.

e-mail _____

cell Phone number _____

If you are awarded, you will be asked to provide the Town with additional banking forms for financial disbursement.

- I understand and will comply
- I cannot do this

Please sign here

Business Owner or Representative

Please submit one application per business. If you own multiple businesses in the Town of Lovettsville, you must add a separate Business Application for each Business.

You will receive a four-digit number after your application has been initially processed through the Town.

If you have any question, please feel free to give Lisa Mullen, Customer Service/Accounting a call at [\(540\) 755-3003](tel:5407553003).