

Town of Lovettsville

Town Business Capital Investment Matching Grant 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.

Grant funding is a reimbursement of up to 30%, but not to exceed \$2,500, of a capital investment in a storefront, façade improvement, creation and/or enhancement of outdoor spaces, or any other capital investments that exhibit a lasting improvement that can reduce the physical and financial effects of future pandemics. All submitted improvements are proposed to be future improvements by business owners, and the grant will be a reimbursement of actual expenditures after the completion of the approved grant capital investment and upon submission of proof of payment documentation.

All applicants must be in good standing with the Town of Lovettsville including a valid business license and have previously held a Town business license in 2019 to receive funds.

Please print out this application and complete all fields below. 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.

Applications are due to Town Hall by Friday, December 30, 2022.

If you have any questions, please feel free to contact Lizzy Fontaine, Town Clerk at (540) 755-3001 or clerk@lovettsvilleva.gov.

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 _____

Applicant's Home Address if different than business address:

Street Address _____

City _____ State _____ Postal / Zip Code _____

Is your business located in the corporate town limits 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

Please provide a brief narrative of your proposed future capital improvement and how it will exhibit a lasting improvement that can reduce the physical and financial effects of future pandemics.

Please provide proposed expenditures for this project:

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

Please provide the following as an attachment to the application

- 1) **IRS Form W-9**
- 2) **Federal Filing Forms for 2019, 2020, and 2021**
- 3) **Town Business License Form**
- 4) **Loudoun County EDA ACH Form**
- 5) **A voided check**

Note: You will not receive any funding without W-9 and ACH forms properly filled out and signed. Gross Revenue for 2019, 2020, and 2021 will be verified by staff upon submission. We will not retain these records. Please click on the links below to print out W9 and ACH forms:

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

https://mss.leesburgva.gov/TOLJS/EDA_ACH_Request.pdf

GROSS REVENUE BY YEAR (*per submitted federal documentation*).

\$ _____	\$ _____	\$ _____
2019	2020	2021

Internal Use Only: Gross Revenue verified _____

Please provide your business email and phone number in case we need any additional information.

Email _____

Phone Number _____

If you are awarded Town Business Interruption funding, you may be asked to provide the Town additional banking forms for financial disclosure.

I understand and will comply

I cannot do this

Please sign below:

I certify that the information provided on this application is true and accurate to the best of my knowledge.

_____	_____
Business Owner or Representative	Title