

# **Tarrant County CARE 4 Tarrant**

## **Small Business Assistance Grant Application**

Business Name (as shown on tax records)	
Trade Name/DBA (if different from above)	
Tax ID Number (EIN#)	
Social Security Number	
Primary Business Contact Name	
Primary Contact Phone Number	
Primary Contact Email	
Secondary Business Contact Name	
Secondary Contact Email	
Business Website URL (if applicable)	
Was your business operating and open to the $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	public as of January 1, 2020?

owned)?
□ Yes □ No
The next boxes only appear only if "yes" to above
SBA Franchise Identifier Code (if applicable)
<u>Click here for Code (link)</u> SBA Franchise Directory. https://www.sba.gov/document/support-sba-franchise-directory
<b>Upload the operation agreement between the franchisor and franchisee.</b> Only appears if "yes" to franchise question.
± Choose File
Upload the most recently filed (2019 or 2020) Texas Comptroller of Public Accounts confirmation receipt for the Annual Franchise Report. Only appears if "yes" to franchise.
In what City is your business physically located and/or good or services provided?
Indicate city name or unincorporated area
Physical Business Address (street location; no PO Box)
Address Line 1
Address Line 1
Address Line 2
City
State
Zip Code
Is your mailing address different than your business address?
□ Yes □ No
If yes, list Mailing Address below:
Address Line 1
Address Line 2
A MAI COS EITO Z
City

State		
ZIP Code		
Name of Business Owne	er(s)	
First Na	me	Last Name
Percent of Ownership		
l Click to add additional Ow	rners	
Is the business 51% or r	nore Minority, Wo	omen or Veteran owned?
Type of Business (Selec	t from Business	category below)
	**d	rop down menu with types (retail, restaurant, etc.)
Federal Tax Classification	on of person on F	orm W-9; line 1 (Select from category below)
or single member LLC, C		rop down menu with types (Individual/sole proprietor rporation, Partnership)
How many total employe	es did you emplo	oy on March 1, 2020?
health emergency since with reduced staff, had limited servi- from normal operations, then it wou	March 1, 2020? Ice available (such as to-g	esed due to the COVID-19 pandemic public of your business was open but with reduced open hours, was operating to, online, or curbside pick-up only), and/or had a reduction in workload closed.
Yes No		
		ith same Owner(s) received a Tarrant County during the first round of the program?
interruption insurance to	o assist with cost /? (eg. SBA Econd	State or other grants, loans or business is of business interruption due to the COVID-19 omic Injury Disaster Loan/Grant, Payroll Protection

If yes, do you acknowledge that grant funds received under the Tarrant County Small Business Assistance Program will not be used for the same costs covered by other

Federal grants or loans, local grants, or business interruption insurance payments your business has received (i.e. PPP, SBA EIDL, other federal or local program funds)?		
	Yes	
*:	**Must Complete the Boxes Below To Be Eligible for Funding Consideration***	
	structions for Financial Impact Due to Covid-19 – use the bank statements for your siness to enter the deposits received during the months listed in the table.	
	Financial Impact Due to Covid-19  January 2020 Business Related Deposits -	
	February 2020 Business Related Deposits -	
	April 2020 Business Related Deposits -	
	May 2020 Business Related Deposits -	
	<u> </u>	
Аp	e Following Documents Must be Uploaded in a .pdf format and Included with the plication at Submittal (Applications without the required documents will be considered omplete and ineligible for funding consideration):	
	U.S. Government Identification ONLY for person authorized to submit application on	
bel	half of the business (One required)  ✓ Driver's License,	
	✓ Passport, or	
	✓ Other Government Issued ID	
Econol	Form W-9 (Completed and Signed)	
	Payroll Documentation	
	✓ 1 <sup>st</sup> quarter 2020 (January through March) Form 941; and/or	
	✓ Sole Proprietor or Single Member LLC - 2019 or 2018 Schedule C and Form 1040;	
	✓ Sole Proprietor – 1099 for contractor payments for 2019;	
	✓ Partnership - 2019 or 2018 Form 1065 and Schedule K1;	
	<ul> <li>✓ C Corporation - 2019 or 2018 Form 1120;</li> </ul>	
	✓ S Corporation - 2019 or 2018 Form 1120S and Schedule K1; and	
	✓ Support for Owner Compensation or Draw incurred but not paid.	
	Expense Documentation	
	✓ Sole Proprietor and Single Member LLC - 2019 or 2018 Schedule C, Form 1040, and the detailed statement of "Other expenses" listed on line 27a; or	
	✓ Partnership - 2019 or 2018 Form 1065 and the detailed statement of "Other deductions" listed on line 20;	

- ✓ C Corporation 2019 or 2018 Form 1120 and the detailed statement of "Other deductions" listed on line 26;
- ✓ S Corporation 2019 or 2018 Form 1120S and the detailed statement of "Other deductions" listed on line 19.

## January 2020, February 2020, April 2020 and May 2020 Bank Statements

### **Grant Funding Determination:**

- **Grant funding eligibility and grant reimbursement amount** will be determined based on the financial and other information provided in this application, along with the required documentation.
- To establish grant eligibility, the business must show an impact when April and May 2020 business related deposits are compared to January and February 2020 business related deposits.
- The amount eligible for reimbursement by the Grant is one of the following:
  - 1. 1.5 x the average payroll costs (including the calculated average owner's compensation or partnership draw incurred but not paid). The average will be calculated using the 2019 or 2018 tax return or 1<sup>st</sup> quarter 2020 (January through March) Form 941 submitted with the application.
  - 2. 3 x the average allowable expenses, per the Tarrant County Small Business Assistance Program guidelines. The average will be calculated using the 2019 or 2018 tax return submitted with the application.
- The dollar amount of individual grants will be determined by the information provided, the number of eligible grant applications received, and the funding pool available, with no individual grant being more than \$10,000.

#### **Required Certifications**

I certify that I am legally authorized to submit this application and the required documentation on behalf of the business named herein and the information and the statements I have provided herein are truthful and accurate. I further certify that this business is an eligible business for the purposes of this grant as set forth in the Tarrant County Small Business Assistance Grant Program Guidelines, and does not have delinquent 2018 or prior year ad valorem taxes, tax liens or judgments. I understand the information and documentation submitted in this application is being provided to a governmental agency and is subject to the guidelines of a federal program and Tarrant County Small Business Assistance Program guidelines and, by submitting this application, I agree to comply with such guidelines and I understand and affirm that any funds awarded under the Tarrant County Small Business Assistance Program were expended or incurred as set forth in the program guidelines as a Types of Allowable Expense and are subject to audit, in addition to any other civil or criminal remedy or penalty that may be enforced against me, such funds must be forfeited and be immediately returned to Tarrant County and, further, I may be found guilty of perjury and be fined or imprisoned under Section 1746 of Title 28, United States Code or under state law.

Yes  Printed Full Name of Grant Applicant
Information Act. Any information I submit to Tarrant County in this application may be subject to the Act and, therefore, subject to public release.  Yes
I acknowledge that Tarrant County is a governmental body subject to the Texas Public
Yes