

Smyrna CARES Grant Application



The Mayor and City Council of the City of Smyrna, GA authorized the creation of a Small Business CARES Grant program to assist locally owned and operated small businesses and nonprofits who have experienced business interruption due to the COVID-19 public health emergency. Qualifying businesses and nonprofits must demonstrate a financial impact of \$500 or greater to receive a minimum of \$500 in grant funds.

Additional funds may be allocated to businesses with demonstrated need, based on funding availability. Each business requesting to participate in this program **MUST** complete this application. All applications submitted by the deadline and meet the requirements will be considered. Prior to applying, please review the information on page 2 to ensure successful completion of your application.

All applications and attachments must be emailed to SmyrnaBusinessGrant@SmyrnaGa.gov or received at Brawner Hall (Attn: Community Development Department, City of Smyrna, 3180 Atlanta Road, Smyrna Ga 30080) by 5:00 p.m. on Friday, October 30, 2020 to be considered.

GENERAL BUSINESS INFORMATION

Business Name: _____

Business Street Address: _____

Business Mailing Address (if different): _____

Business Phone No.: _____ Business Email Address: _____

Business Fax No.: _____

Website Address: _____

OWNERS INFORMATION

Owner's Name: _____

Owner's Address: _____

Owner's Phone No.: _____ Owner's Email Address: _____

Number of Employees: _____

2019 Annual Gross Receipts: _____

This business has received Paycheck Protection Program (PPP) funding from the Small Business Administration (SBA): Yes No

This is a Home-Based Business: Yes No

This is a Commercial Business: Yes No

Smyrna CARES Grant Application

In the space provided below, briefly describe how your business has been financially impacted due to COVID-19 and how you plan to use the funds received to minimize impact. Documented support for need is recommended.

Please ensure that you meet all of the eligibility requirements for the grant:

- Business/Nonprofit primary location must be within the city limits of Smyrna;
- Business/Nonprofit must have been in continuous operation for a minimum of one (1) year prior to March 13, 2020;
- Business/Nonprofit must have a current business license issued by the City of Smyrna and be current on all City taxes, permits, and utility payments;
- Business must meet the Small Business Administration's (SBA) definition of a small business based on industry;
- Business/Nonprofit has estimated annual gross receipts under \$5 million;
- Business/Nonprofit must show financial disruption of \$500 or greater;

Please include one of the following financial documents to demonstrate a financial business interruption:

- Copy of two most recent Bank Statements vs. same two periods of prior year that demonstrates reduced cash flow;
- Copy of Sales Tax Returns – two most recent vs. same two periods of prior year;
- Comparative Financials from prior periods (2 months minimum);

Forms to Include with this Application:

- Copy of current City of Smyrna Occupational Tax Certificate
- Copy of 2019 business or nonprofit federal tax return (IRS Forms accepted include: 990, 1120, 1120S, 1065, Schedule C or Schedule F);
- W9 Form;
- Please provide documentation or certification if you have received Paycheck Protection Program (PPP) funding from the Small Business Administration (SBA);
- Nonprofit entities must include a current 501 (c)(3) status.

Smyrna CARES Grant Application

Please send completed application and documents to SmyrnaBusinessGrant@SmyrnaGa.gov or deliver to Brawner Hall (Attn: Community Development Department, City of Smyrna, 3180 Atlanta Road, Smyrna Ga 30080) by 5:00 p.m. on Friday, October 30, 2020.

Disclaimer and Signature

I certify that if awarded, it is fully incumbent upon the applicant to ensure compliance with any other local, state, or federal relief funding received.

I have reviewed and will comply with the City of Smyrna Occupational Tax Ordinances.

I certify that the information provided is correct to the best of my knowledge and the business is locally owned and operated. I understand and agree to make records available for inspection as specified in the City of Smyrna Occupational Tax Ordinances.

I certify that I meet the Small Business Administration's (SBA) definition of a small business based on my Industry.

The City of Smyrna reserves the right to reject any incomplete application.

Affidavit Verifying Veracity of Smyrna CARES Grant

By executing this affidavit under oath, I do hereby swear under penalty of perjury that the representations and information as contained in this Grant Application are true and correct and that any misrepresentations or material omissions shall formulate a basis for denial of this application.

The undersigned hereby warrants and represents that the undersigned understands the questions contained herein and the responses provided thereto, and that the undersigned has had ample opportunity to seek independent advice related thereto.

Signature of Applicant _____

Date _____

Printed Name _____