

City of Fountain

COVID-19 BUSINESS IMPACT ASSISTANCE PROGRAM



ELIGIBILITY

Pursuant to the document entitled “Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments”, one of the eligible uses for CARES Act funds are as follows:

Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:

- *Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.*

In order to be eligible:

- Nonprofit organizations must be:
 1. Located within the Cities boundaries
 2. Be able to provide proof of non-profit status
 3. Be in good standing with the State and City

Employees, immediate family members of employees, or others who have a fiscal relationship with the City of Fountain are not eligible for the BIAP.

APPLICATION PROCESS

If businesses are in the situation where they believe they fit the described program goals and will need financial assistance, we ask they submit an application (attached) and any documentation to support the application to COVIDassist@fountaincolorado.org. Please provide it in a scanned PDF format. Alternatively, you can drop off your application at the drop box at City Hall (116 South Main Street, Fountain, CO. 80817). Questions may be directed to Lexi Lee, at 719-322-2021.

Final approval for assistance up to the funding availability will be pursuant to Resolution 20-039, based on recommendations from the Economic Development Commission and final review and approval of City Manager. Specific use of funds, including documentation, will be part of the application process and subsequent verification.

CITY COUNCIL APPROVAL

The approval of the Business Impact Assistance Program shall be at the sole discretion of the Fountain City Council and subject to sufficient funds being budgeted and appropriated by the Council. This policy confers no rights, duties, or entitlements to any applicants.

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COVID-19 Business Impact Assistance Program Application Form
- Nonprofit Organization -

Contact Information

Organization Name: _____ Business Rep Name: _____

E-mail address: _____ Phone Number: _____

Business Address: _____

Tell us about your business:

1. What are the impacts to your business? Check all that apply.

- Business closure: If this was an impact, what were the closure dates? _____
- Reduced hours of operation
- Employee layoffs/furloughs/pay cuts
- Revenue decline
- Increased operating costs (e.g. employee paid leave)
- Access to capital to address increased costs
- Inability to respond to home-delivery requests
- Interrupted supply/delivery
- Inability to serve customers
- Decreased customers
- Request of rent deferral/abatement
- Utilization of reserves

Additional comments: _____

2. What is the specific amount of total funds requested? \$ _____ (\$5,000 is maximum award)
Since the City of Fountain has to document that funds disbursed are in accordance with the CARES Act, what specifically will the funds requested be used for?

- COVID-19 Related expenses (PPE, building modifications, extra sanitization, etc.) \$ _____
 - Other (be specific): _____ \$ _____
- Total Request \$ _____

3. Are you pursuing other sources of funding? (check one) YES NO
If yes, which source(s): _____

4. Number of employees before COVID-19: _____ Number of employees currently: _____

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5. Did the organization experience a complete closure during this period, or a modified closure where you were still able to provide delivery or pick up service? _____ (please list complete or modified closure)

Sustainability Plan

6. How will these grant funds assist your organization?
7. What is your plan to stabilize and continue your business during and after the COVID-19 pandemic? (For example: reduction of staff, hiring unemployed workforce, adjustment of operating hours, etc.)
8. Are you current with all financial obligations (rent, utilities, sales tax remittance)?
If not, please provide a list of obligations that are not current along with the duration of the delinquency.
9. Any other comments you would like to share?

The following documentation must be submitted with your application:

- Proof of the organization's non-profit status
- Itemized list of COVID related costs (lost donations may not be claimed)
- Completed W-9

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Statement of Understanding & Certification by Applicant

I have read the program eligibility criteria for the COVID-19 Business Impact Assistance Program and I certify that I am authorized to sign this application as or on behalf of the Applicant. I agree to assist the City in verifying any of the information contained in this application from any available source as requested.

By signing below, I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a BIAP Grant and that the information provided is true and complete to the best of my knowledge. Additionally, I understand that any grant funds received may be subject to Federal and/or State taxes.

By entering my name and title below, I am electronically signing my application.

Name: _____

Title: _____

All Applications will become property of the City of Fountain, and all Applications are subject to the Colorado Open Records Act, C.R.S. § 24-6-200.1, *et seq.*

Please save this form to your computer after filling it out and email your saved form and supporting documentation to: COVIDassist@fountaincolorado.org

Office Use Only

Business in Good Standing with State?	YES NO	Business in Fountain?	YES NO
Application Complete?	YES NO	Good Financial Standing with City	YES NO
EDC Review Date: _____		EDC Score: _____	
EDC Grant Recommendation Amt: \$ _____		Final Grant Amt: \$ _____	
El Paso County Review: Date sent: _____		Date verified: _____	
Check Amt: \$ _____	Check No: _____	Check Date: _____	