**Town of Lebanon COVID-19 Small Business Relief Grant Fund**

Grants of $5,000 are available to qualifying small businesses located in the Town of Lebanon to aid in the recovery from the effects of the COVID-19 pandemic.

**Eligibility Information**

* Business is physically located in the Town of Lebanon.
* Business employs 30 persons or less.
* Business was open to the public and actively doing business on March 1, 2020.
* Town taxes and utilities are current.
* Must fully complete and submit the application.
* Business must be in good standing with the Town.
* Intended use of funds must be necessary expenditure(s) that has been incurred due to the public health emergency with respect to COVID-19.
* Must submit a copy of 2019 Federal & State Tax Forms along with a W-9 Form. (2018 if 2019 not completed).
* Applications will be reviewed by the Town of Lebanon and in its sole discretion will make grant awards after review.
* Grants will be made on a first come first serve basis until funds allocated to this program are expended.
* Business must maintain grant expenditure documentation or receipts.
* Certify that the information provided on the application is accurate and truthful.
* If you have received Payroll Protection Plan Funds, the grant cannot be used for payroll purposes.
* Anyone that has previously received loans/grants from the Town of Lebanon or the Russell County IDA is not eligible for this grant.

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| Town of Lebanon  P.O. Drawer 309  Lebanon, Virginia 24266  Phone: 276-889-7200 Fax: 276-889-7208  [kblankenship@lebanonva.net](mailto:kblankenship@lebanonva.net) |

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**Town of Lebanon**

**COVID-19 Small Business Relief Grant Fund**

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| **Please include these attachments with your application**  **Copy of your 2019 Federal & State Tax Forms**  **Copy of your completed and signed W-9 Form** |
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**Business Name Contact Phone**

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**Business Type (i.e. Restaurant, Retail, Service) Contact Email Address**

**Business Address City State Zip**

**Name/Address of Owner**

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**Employer ID Number (TIN) Number of Employees**

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| **Please provide a brief description of how these funds will be utilized**  **Or list the intended use of the funds:** |
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**Application Certification**

The undersigned certifies, to the best of his or her knowledge and belief that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress , an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant or loan.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant or loan, the undersigned shall complete and submit Standard Form – LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions.
3. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into.
4. Submission of this certification is prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10, 000 and not more than $100,000 for each such failure.
5. I hereby submit this application and I fully understand that any false statement on this application may subject the applicant to criminal prosecution. I also understand that additional information may be required to complete the application.
6. I affirm that all the information given herein is true and accurate to the best of my knowledge.
7. I acknowledge that I will be required to retain receipts for funds expended.

**Applicant(s)**

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**Contact Name Signature Date**

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**Contact Name Signature Date**