

Halifax County COVID-19 Tourism Business Grant Program Application

Application Checklist:

- Completed and Signed Application o IRS form W-9

Monthly gross receipts history for the previous two years through September 30, 2020 (Acceptable forms of documentation includes a Schedule F, tax documentation or previously-filed business license renewal forms with gross receipts documented)

Legal Name of Business:

DBA: Tax ID Number: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Primary Physical Address in Halifax County:

Street: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____

Phone Number: _____

Email: _____

Is your business in hospitality, entertainment, employment and administrative services, or travel related sectors? _____

Is this business current on its Halifax County tax obligations? _____

Organization Type:

Sole Proprietor _____ Independent Contractor _____

Is your business for-profit? _____

Primary Business Function: Summary about business (how long in business, services/products offered, hours of operation, track record prior to the COVID-19 crisis)

Employment Full-Time/Part-Time:

How many employees in Halifax County as of February 29, 2020: _____

How many employees in Halifax County as of June 30, 2020 _____

If you have fewer employees as of June 30, 2020, please explain: _____

Gross annual receipts for 2018 and 2019: _____

Current annual receipts January through July 2020: _____

Did you receive compensation from your insurance company for the covered business interruption due to COVID-19 or received less than \$10,000 in insurance compensation? Please explain what was received and how much. _____

Current Status of Business:

Open with Limited Capacity ___ Operating virtually ___ Closed Temporarily ___ Open with Normal Operations ___ Other ___

Other:

If your business is not open with Normal Operations, what would you need for your business to re-open or resume full operations? Include details on estimated costs. _____

If the grant was awarded, how would you expend the funds? _____

Please check the following statements indicating that you understand and agree to the following conditions and certifications:

_____ This application, even if favorably received, does not constitute a commitment on the part of the Halifax IDA to extend grant funds.

_____ I agree to notify the Halifax IDA immediately in writing if any of the information contained in this application materially changes in any respect.

_____ I certify that all information contained in the application is true and accurate to the best of my professional ability.

_____ I understand that by submitting this application the Halifax IDA is under no obligation to approve and/ or extend an assistance grant.

_____ I agree to hold harmless and indemnify the Halifax IDA, its board members, and County employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against the Halifax IDA, its board members, and Halifax County, County employees whether now existing or arising in the future, for damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application process.

_____ I agree that a false certification, false statement, or false receipts on this application will subject the signatory and applicant to repayment of the Halifax IDA grant funds and other penalties under the law.

_____ I certify that I have not received and do not expect to receive federal or state funds to partially or fully offset the expenses that I am submitting for reimbursement through this program.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE.

Applicant: _____

Authorized Signature: _____

Title: _____

Date: _____