

# Webster Regional Microenterprise COVID-19 Grant Program

## Preliminary Application

(For businesses located in Clinton, Douglas, Lancaster, Northbridge, Sterling and Webster)

### Business Information

Business Name: \_\_\_\_\_

Business DBA Name (if different): \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Business Website (if applicable): \_\_\_\_\_ Check if Home Based Business ☐

FEIN or SSN: \_\_\_\_\_ DUNS Number: \_\_\_\_\_ DUNS application submitted: \_\_\_\_\_

Business Type: (check one) ☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Partnership

☐ Other (Describe) \_\_\_\_\_

Ownership status of business address: (check one)

☐ Business Owns ☐ Business Rents ☐ Business Owner Owns ☐ Business Owner Rents

Number of business owners: \_\_\_\_\_ (Complete a business owner page for each owner)

Total number of employees (including business owner(s): \_\_\_\_\_ Date business established \_\_\_\_\_

Briefly describe the nature of your business: (type of goods or services provided, type of clients/customers)

\_\_\_\_\_

Briefly describe the impact Covid-19 has had on your business:

Status (Open, temporarily closed by government order, Re-opened at reduced capacity, etc.)

\_\_\_\_\_

Financial Impact of Covid-19 on business: \_\_\_\_\_

\_\_\_\_\_

Is your business still affected by the pandemic? ☐ Yes ☐ No

If yes, please describe how: \_\_\_\_\_

\_\_\_\_\_

Estimate Amount of funds needed (\$10,000 maximum) \_\_\_\_\_

Proposed use of funds: \_\_\_\_\_

I/we certify that this business is not in litigation with the state or municipality, is current with taxes and municipal fees through 3/1/2020, is not an excluded business type and holds all required licenses and registrations required for my/our business. (See instructions - all owners must sign).

Owner(s) Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_