



# COVID-19 Disaster Relief & Assistance Grant Application

Rev 08/28/2020

## ***Overview***

The COVID-19 Disaster Relief & Assistance Grant (DRAG) is made possible through grant funding from the Office of Community and Rural Affairs (OCRA). The Jennings County Economic Development Commission seeks to support economic relief, job retention, and financial stability for local businesses negatively impacted by the COVID-19 disaster.

## ***Application Guidelines & Instructions***

### ***Timeframe***

Applications are available on the EDC website beginning Tuesday, September 1, 2020 at 8:00am

Applications may be submitted beginning Friday, September 4, 2020 at 8:00am

Submission closes on Friday, September 11, 2020 at 11:59pm.

### ***Commitment***

Awards up to \$10,000 for eligible businesses to assist with job retention\* through employee salaries, rent/mortgage payments, health & safety materials (PPE, cleaning & disinfectant products, facility protective equipment, public health signage, etc.), or technology services to accommodate remote work/change in operations (equipment purchase, installation fees, subscription fees, etc.)

\*Must document that at least 51% of jobs retained benefited low- to moderate-income (LMI) workers

### ***Eligibility Requirements***

- 1) For-profit, local businesses with 50 or fewer employees, including microenterprises (under 5 employees) and sole proprietorships (if owner is LMI)
- 2) Must be registered to do business in Indiana and located in Jennings County
- 3) Operational for at least 6 months as of August 31, 2020. Businesses open less than one year must demonstrate three months of growth prior to March 2020.
- 4) Gross receipts less than \$1 million per year

### ***Terms of Use***

Funds may be used for:

- 1) Employee salaries between March 1 – August 31, 2020 (if not covered by PPP funds)
- 2) Rent/mortgage expenses between March 1 – August 31, 2020
- 3) Health & Safety expenses (ie, PPE, building/structural adjustments, cleaning supplies, etc)
- 4) Creative technological solutions to support remote work, customer communication, or product/service delivery (ie, online subscriptions, website maintenance, electronics, etc)
- 5) Equipment purchased for business sustainability between March 1 – August 31, 2020

Grant awardees will receive 2 complimentary business consultations with Jon Myers, Southeast Indiana Small Business Development Center advisor, that must be completed within one year of grant award. Grant awardees will also be required to submit a 1-page final report to the Jennings County EDC outlining the use of grant funds and impact of grant on the business. Report will also include a detailed expense report, and 1-2 pictures.

***Submit application to [office@jenningsedc.com](mailto:office@jenningsedc.com), Subject line “COVID-19 Disaster Relief Grant – YOUR BUSINESS NAME”***



# COVID-19 Disaster Relief & Assistance Grant Application

Rev 05/18/2020

## GRANT APPLICATION

### Applicant Information

<b>NAME:</b>	
<b>PHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	

### Business Information

<b>NAME:</b>	
<b>PHONE NUMBER:</b>	
<b>MAILING ADDRESS:</b>	
<b>DATE ESTABLISHED</b>	
<b>ARE YOU LOCATED IN JENNINGS COUNTY?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>FEDERAL ID #</b>	
<b>BUSINESS TYPE</b> <i>(Check all that apply)</i> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership/LLC <input type="checkbox"/> "S" Corporation <input type="checkbox"/> "C" Corporation <input type="checkbox"/> Female-owned Business <input type="checkbox"/> Minority-owned Business <input type="checkbox"/> Other: _____	
<b>BUSINESS SECTOR</b> <i>(Check all that apply)</i> <input type="checkbox"/> Food & Hospitality <input type="checkbox"/> Retail Sales <input type="checkbox"/> Cultural/Entertainment/Recreation <input type="checkbox"/> Personal Services <input type="checkbox"/> Construction/Professional/Technical Services <input type="checkbox"/> Finance/Real Estate Services <input type="checkbox"/> Design/Information Technology Services <input type="checkbox"/> Other _____	
<b>Number of Employees prior to March 1, 2020</b>	
<b>Current Number of Employees as of August 31, 2020</b>	
<b>Number of Employees furloughed due to COVID-19</b>	
<b>Number of Employees terminated due to COVID-19</b>	
<b>Number of jobs to be retained or created with grant funding</b>	
<b>Did you receive Payroll Protection funds? If so, what time period did they cover?</b>	

## Project Information

<b>PROJECT NAME</b>	<b>COVID-19 DRAG</b>
<b>FUNDING AMOUNT REQUEST</b>	\$
<b>PROJECT SUMMARY</b> <i>Summarize how you will use these funds if you are awarded.</i>	

<b>DESCRIPTON OF NEED</b> <i>Explain how the disaster has impacted your business/organizational operations and why you are in need of funding</i>

## REQUIRED DOCUMENTS

1. **Detailed Expense Budget** – Using the provided spreadsheet, specify the items for which you intend to use the requested funds. ***The total should match the funding request noted above.***

Eligible Items can include, but are not limited to:

- 1) Employee salaries, March 1-August 31, 2020 (if not covered by PPP funds)
- 2) Rent/mortgage expenses
- 3) Health & Safety expenses (ie, PPE, building/structural adjustments, cleaning supplies, health promotional materials, etc)
- 4) Creative technological solutions to support remote work, customer communication, or product/service delivery ((ie, online subscriptions, website maintenance, electronics, etc)
- 5) Equipment purchased for business sustainability between March 1 – August 31, 2020

2. **Profit & Loss Statement from 2019**
3. **Profit & Loss Statement from January 1 – July 31, 2020**

**IF YOU ARE USING FUNDS FOR PAYROLL EXPENSES, THE INCOME VERIFICATION SECTION BELOW IS REQUIRED.**

**JOB RETENTION INCOME VERIFICATION**

**\*For each job retained, please fill out in the table below: the employee's initials, the position type, and average annual income.**

*This information gives the grant review committee verification that at least 51% of the employees retained by funds are LMI and meet the OCRA national objective grant criteria*

<b>Employee Initials</b>	<b>Position type</b>	<b>Avg Annual income from position held</b>

<b>Employee Initials</b>	<b>Position type</b>	<b>Avg Annual Income from position held</b>

**ADDITIONAL SUPPORTING DOCUMENTATION**

*Is there other information you would like to share?*

# Application Certification

Grant applicant hereby certifies that the organization does not discriminate on the basis of race, national origin, religion, gender, gender preference, age or disability, (“non-discrimination factors” in its policies, practices, programs, services, or standards for participation in its programs, except to the extent any such program lawfully provides services to a limited segment of the population based on any such non-discrimination factor.

It is expressly understood and agreed that Jennings County and the Jennings County Economic Development Commission is not a participant in, nor provider of, any of the Grant Applicant’s programs or services. The Jennings County Economic Development Commission’s role in the Grant Applicant’s programs and services is limited solely to making grants and assuring due diligence, that grants are administered in accordance with the terms of the approved application. The Grant Applicant represents and warrants that it will use all granted funds in accordance with applicable laws. Grant Applicant agrees to indemnify, and hold Jennings County and the Jennings County Economic Development Commission harmless from any liability imposed on Jennings County Economic Development Commission based on any conduct or omission occurring in connection with a program or service of Grant Applicant for which the Jennings County Economic Development Commission has provided a grant.

Grant Applicant certifies that to the best of my knowledge and belief, statements in this grant application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of the grant.

I understand that the Jennings County Economic Development Commission, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with advisors of the Commission’s choosing.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Print Name**

**\*Name of person from whom further information may be obtained:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Telephone**