## Warm-up Warrenton Winterization Grant

## **APPLICATION**

## THE DEADLINE TO APPLY FOR FIRST ROUND FUNDING IS MIDNIGHT DECEMBER 23.

| 1. Business Name   | 2. Trade Name (if different)   | 3. Property Address             |
|--|--|---------------------------------|
| 4. Owner Name  | 5. Phone Number  | 6. Email                        |
| 7. Is the business a physical storefr  | ont that receives customers? (mark only one)   | YES NO                          |
| 8. When was your business established  | shed?  |                                 |
| [Full Time Equivalent (FTE) – the number of en   | employees does your business employ?  ployees required to achieve one week (40 hours) of work. For d two part time (20 hours each) employees would be 2FTE.]   |                                 |
| 10. Is your business a certified SWal business? (This will not affect your   | M (Small, Women-Owned and Minority-Owned) - chance of funding.)  | YES NO                          |
| 11. Are you currently open for business (either in person or online) or do you intend to re-open on or before January 1, 2021? (mark only one) |  | YES NO                          |
| during the ongoing COVID-19 pa<br>March 1, 2021 for which you are  | andemic? Please describe the expenses during th seeking grant funding.   | e period July 1, 2020 to        |
|  |  |                                 |
|  | for these expenses? Receipts for expenses es for planned expenses, e.g. (mark only one)  | YES NO                          |
| 14. What were your gross receipts a  | s reported on your 2019 tax return?  |                                 |
| 15. What was your 2019 annual gro  | ss profit as reported on your 2019 tax return?   |                                 |
| Signature Signature  |  |                                 |
| contained information is true and co   | t I am the owner or authorized agent of the abov<br>implete. Further, that if awarded grant funds, the<br>uirements, and that I will provide any additional in | y will be used as described and |
| Name   | Date   |                                 |
| By checking this box and typing my   | name above, I am electronically signing my appl  | ication. AGREE                  |

\*attach any additional materials you think would be helpful to the review committee