



**Local Needs. Local Dollars.**

## **Eligibility**

- You meet Small Business Administration definition of small business; and
- Your business is physically located in Greene County, Tennessee; and
- At least two of the following statements are true:
  - More than 50% of my business is owned by a Greene County resident
  - More than 50% of my gross receipts originate in Greene County
  - More than 50% of my employees are residents of Greene County

Preference will be given to applicants that:

- Were forced to cease or significantly modify operations by Executive Order Numbers 17, 21, 22, and/or 23

## **Learn About Your Eligibility**

Question 1: Is your business's main physical office located in Greene County, Tennessee?

Question 2: Does your business employ 50 or less?

Question 3: Do one or more of the following statements apply to your business?  
(Please mark those that apply.)

- More than 50% of my business is owned by a Greene County resident
- More than 50% of my gross receipts originate in Greene County
- More than 50% of my employees are residents of Greene County

Question 4: The following types of businesses are excluded from eligibility.

- Banking/Financial Services
- Real Estate
- Seasonal (only operates part of the year)
- A liquor, tobacco or vaping retail stores
- A franchise (does not include locally-owned and operated franchises)

## Required Documentation

By applying for the 2020 Coronavirus Support Microgrants Program, applicants of the program agree that they will submit accurate documentation including the following:

- Federal Employer Identification Number (EIN) or Social Security Number
- Documentation of the business owner or owner’s residency (such as a driver’s license, utility bill, or property tax bill)
- Copy of at least one of the following bills for which you are requesting reimbursement
  - Mortgage Statement for March or April 2020
  - Lease Agreement that includes March and/or April 2020
  - Utility Bills – including electricity, gas, water, sewer, phone and internet costs (this may be multiple documents)
  - One-time Expense (must have been incurred after March 1, 2020 and as a direct result of COVID-19 Pandemic
    - Example: Purchase of hardware or software to support or promote online sales, product deliver, or remote work
    - Proof of payment including a receipt or copy of bank statement highlighting the expense must also be submitted
- Roster of employees and their county of residence (dated March 12, 2020)
- Provide supporting documentation of the financial impact to your business as a result of COVID-19

## Application

This application is structured to identify businesses that have either been closed as a direct result of Executive Order and/or businesses that have experienced significant losses in revenue due to the Coronavirus COVID-19 pandemic. The application will be scored based on how each field is answered. We are looking for responses that will give us a good idea of your business’s stability prior to the COVID-19 pandemic, immediate need, and economic impact to Greene County as we recover. Applicants will be able to score a total of 100 points. Points will be designated based on the following rubric:

### **Part 1: Tell us about Your Business and its impact on the Community (Up to 15 Points)**

This program is funded through the Greene County Partnership Foundation – the non-profit arm of the Greene County Chamber of Commerce. Applicants that participate in our community through civic duty, promotion of the local economy, or other facets can earn points in this category.

#### Business information

- Business Name:
- Business Address:
- Contact Name (First, Last):
- Title:
- Email:

- Phone:
- Are you the business owner?
- If not, what is the business owner's name?
- What is the address of the business owner?

### Tell us about Your Business

- In one sentence, what does your business do?
  - (30-word limit) Examples: *My business is a salon. My business is a full-service restaurant. My business is renting space in my venue for events.*
- What is the legal name of your business?
  - *Please provide exactly the name listed with the IRS or on your individual return.*
- What is your business's tax ID?
  - *If you have an Employer Identification Number (EIN), enter that. Otherwise, enter your Social Security Number. Look for this in a previously filed tax return or by following these tips from the IRS. EIN format: XX-XXXXXXX SSN format: XXX-XX-XXXX*
- How many years has your business been operating in Greene County?
  - *Round to the nearest whole number. County from the year you first filed Tennessee taxes for your businesses. If you are an independent contractor or self-employed, how long have you done this type of work in Greene County?*
- What is your business's main office address?
  - *Example: 25 Public Square, Suite B. If you are an independent contractor or self-employed, please include your home address.*

### **Part 2: Tell us about Your Employees (25 Points)**

Applicants with the greatest concentration of Greene County residents will receive priority and used in case of a tie.

- Including yourself, how many paid employees worked for your business (meaning that they were on your payroll) during the week prior to March 12, 2020?
- If you are an independent contractor or self-employed individual and don't have employees, just enter one under full-time or part-time, depending on your status.
  - \_\_\_\_\_ Full-time (40 or more hours per week)
  - \_\_\_\_\_ Part-time (fewer than 40 hours/week)
- Concentration of employees from Greene County?
  - Total # of Employees: \_\_\_\_\_
  - No. # of Employees from Greene County: \_\_\_\_\_
  - % of Employees from Greene County: \_\_\_\_\_

(That means their address for tax purposes was in Greene County, Tennessee)

**Part 3: Tell us how Your Business has been Affected by the COVID-19 Pandemic (20 Points)**

Section pertains to the impact on applicants that were forced to cease or significantly modify operations by Executive Order Numbers 17, 21, 22, and/or 23

- Percentage of revenue loss due to COVID-19 for the months:
  - April 2020 (actual): \_\_\_\_\_
  - May 2020 (forecasted): \_\_\_\_\_
- Provide a brief description
  - Prior to COVID-19: was your business financially viable?
  - Post COVID-19: what are your plans for ensuring that your business continues past the current crisis?
- Would you like to share anything else about how your business has been impacted by COVID-19? (50-word limit)
  - *Example: Have you incurred additional costs, cancelled key events, or postponed important staff travel*

**Part 4: Provide information regarding community support. (25 Points)**

- Describe how your business impacts the overall local community
  - How do you promote or support other local businesses?
  - Other areas where you have a positive impact on the community?
- Was your business a current member of the Greene County Partnership on March 12, 2020?
  - Yes
  - No
- Please indicate the Chamber events or programs in which you have participated over the last 12 months:
  - Chamber Ambassadors
  - Annual Membership Meeting
  - Golf Tournament
  - Keep Greene Beautiful
  - Adult Leadership
  - Christmas Parade
  - Groundbreaking, Grand-opening, or Ribbing Cutting Event

**Part 5: Provide Documentation for Your Business (15 points)**

Provide all necessary and applicable documentation. This can include anything that shows the comparative loss of revenue due to COVID-19. Electronic documentation showing cancelled contracts, orders, or services can be provided as supplemental information.

- Cost of at least one of the following bills for which you are requesting reimbursement:  
Mortgage Statement for March or April 2020 (including proof of payment)
  - Lease Agreement that includes March and/or April 2020 (including proof of payment)
  - Utility Bills – including electricity, gas, water, sewer, phone and internet costs (and proof of payment)
  - One-time Expense (must have been incurred after March 1, 2020 and as a direct result of the COVID-19 Pandemic)
    - *Example: Purchase of hardware or software to support or promote online sales, product delivery, or remote work*

**Part 6: Funding Request**

Please enter the amount that you are requesting: \_\_\_\_\_

Please remember that funds are limited, and the Foundation is trying to help as many businesses as possible, so be reasonable with you request.

**Part 7: Submission instructions**

Completed applications and all supporting documentation must be submitted by email to Lori Dowell at the Greene County Partnership, [gcp@greenecop.com](mailto:gcp@greenecop.com).

Applications and supporting documents should be submitted as a PDF file as an attachment to your email or as a Dropbox Link. Please include your business name in each file name (Example: GCP\_Application or GCP\_2019IncomeStatement).

Questions may be submitted at any time to Lori Dowell, [gcp@greenecop.com](mailto:gcp@greenecop.com) or Joni Parker, [chamber@greenecop.com](mailto:chamber@greenecop.com).

**Part 8: Read and Agree to the Terms and Conditions**

Review the terms and sign your application. Below are the terms and conditions of this application. This is not a grant agreement. If you are selected for award, you will be required to enter into a grant agreement.

Funding for this grant is contingent upon continued appropriations to the grantor. This application does not commit the Greene County Partnership Foundation (the Foundation) to make a grant award. The Foundation reserves the right to accept or deny any or all applications if it is determined to be in the best interest of the Foundation to do so. The Foundation shall notify the applicant if it rejects their application. The Foundation reserves the right to suspend or terminate an application.

The Foundation reserves the right to issue addenda and/or amendments subsequent to the issuance of this application, or to rescind this call for applications.

The Foundation shall not be liable for any costs incurred in the preparation of the applications in response to this application. The applicant agrees that all costs incurred in developing the application for this grant are the applicant's sole responsibility.

By signing below, I certify that my response to the questions have been truthful and the supporting documentation I have provided is authentic:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date of Application