

TOWN OF BLUEFIELD CARES ACT GRANT APPLICATION

A CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT PROGRAM

TOWN OF BLUEFIELD REQUEST FOR GRANT

Section I: General Information

Name: _____ Business Name: _____
Home Telephone: _____ Business Telephone: _____
Home Address: _____ Business Address: _____
Email: _____ Date: _____

Section II: Grant Information

Amount Requested: _____
Number of Full Time* Employee (FTE) Positions Created or Retained: _____ (no more than 20)

*FTE Positions are 30 hours or more per week
Part Time Employee (PTE) Positions are 29 hours or less per week.
2 PTE = 1 FTE

Purpose: Please provide below, and on additional pages if necessary, the following: (1) A description of what expenses the grant will cover; (2) At least two photographs of the business; and (3) Any applicable maps/drawings (3) Receipts or quotes if applicable:

If you have any questions, please contact Billie Roberts at (276) 322-4626 or by email at roberts@bluefieldva.org

Please submit all completed applications and supporting information to:

Town of Bluefield
112 Huffard Dr
Bluefield, VA 24605

Town of Bluefield
Recommendation for Approval

_____ Yes _____ No

Amount: _____

APPLICATION CHECKLIST

- _____ Current on All Tazewell County
- _____ Current on All Town of Bluefield Taxes
- _____ Current on All Town of Bluefield Fees
- _____ Application Fully Completed
- _____ Application Qualifies for CARES Act Funding

Section III: COVID-19 Questionnaire

(1) Is the intended use of CARES Act funds a necessary expenditure(s) that has been incurred due to the public health emergency with respect to COVID-19?

Yes No

(2) If yes, specify below why the proposed expenditure(s) is necessary due to the COVID-19 pandemic? Please use additional pages if necessary.

(3) The proposed expenditure(s) were not included in the budget most recently approved as of March 27, 2020?

Yes No

(4) Were (or will) these expenditures be incurred between the period of March 1, 2020 and December 30, 2020?

Yes No

(5) Has the business received any other federal funding related to COVID-19, such as funding from Paycheck Protection Program (PPP) or the Economic Injury Disaster Loan Program (EIDL)?

Yes No

(6) If yes, specify below the federal funding received by the business related to the COVID-19 pandemic. Please use additional pages if necessary.

(7) Will the funding received under the CARES Act be allocated upon expenditure(s) for which the business has already received federal funding related to COVID-19.

Yes No

NOTE: IF ANY OF THE ANSWERS TO QUESTIONS 1, 3, OR 4 IS NO, OR IF THE ANSWER TO QUESTION 7 IS YES, THE PROPOSED EXPENDITURES ARE NOT ALLOWABLE IN ACCORDANCE WITH THE CARES ACT (as approved on March 27, 2020, subject to change)

Section IV: Civil Rights and Equal Opportunity

The following information is requested by the Federal Government to monitor the Recipient's compliance with Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; Title VI of the Civil Rights Act of 1964; and the Age Discrimination Act of 1975.

You are not required to furnish this information, but are encouraged to do so.

Laws require that the Recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Recipient is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

Applicant

Ethnicity:

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to furnish this information

Sex

- Male
- Female
- I do not wish to furnish this information

Co – Applicant

Ethnicity:

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to furnish this information

Sex

- Male
- Female
- I do not wish to furnish this information

Credit or assistance from this Program is provided without regard to sex, marital status, race, color, religion, national origin, age, physical or mental disability, receipt of income from public assistance, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Section V: Disclosure Statements

If the answer to any of the following questions is "yes", please furnish details on an attached sheet.

- (1) Have any owners, officers, directors, guarantors, general partners, or stockholders or limited partners owning 20% or more of the Applicant, ever been charged with or convicted of any criminal offense, other than minor motor vehicle violations? Yes No
- (2) Has the Applicant or management of the Applicant been informed of any current or ongoing investigation of the Applicant with respect to possible violation of state or federal securities law? Yes No
- (3) Has the Applicant or any owners, officers, directors, guarantors, general partners, or stockholders or limited partners owning 20% or more of the Applicant ever been in receivership; filed for bankruptcy; or adjudicated as bankrupt? Yes No
- (4) Is the Applicant or any owners, officers, directors, guarantors, general partners, or stockholders or limited partners owning 20% or more of the Applicant, involved in any pending lawsuits? Yes No
- (5) Does the Applicant or any guarantors owe past due federal, state, or local taxes of any nature?
 Yes No

The Applicant hereby understands and agrees to the following:

- (1) Eligibility for financial assistance from the Town of Bluefield is determined by the information presented in this application and in the required attachments. Any changes in the proposed project from the facts presented herein could disqualify the project. Therefore, the Town of Bluefield immediately must be advised in writing of any material changes in the information contained in this application.
- (2) The Applicant understands that neither the submission of this application nor any other communications (oral or written) creates any legally binding obligations upon Town of Bluefield. There is no guarantee of approval.
- (3) The Town of Bluefield may require supplemental information from time to time. Any such submitted supplemental information shall become a part of this application.
- (4) Applicants must provide proof of active Virginia State Corporation Commission (SCC) registration and/or an active business license to be considered for financial assistance from the Town of Bluefield.
- (5) This application shall form a part of any grant agreement between the parties, whether or not expressly adopted by any such grant agreement. Such grant agreement shall require written proof of expenses as requested from time to time by the Town of Bluefield.
- (6) In order to keep submitted financial information confidential and not part of public records (unless such information is required by law to be open to the public), each page must be marked "CONFIDENTIAL".
- (7) The Applicant authorizes the Town of Bluefield to contact any and all credit references, obtain credit reports, and otherwise perform whatever background investigations or obtain whatever information the Town of Bluefield deems necessary or desirable in its own discretion in processing this application.
- (8) Only complete applications will be considered.

Section VI: Attestation

The undersigned hereby certifies that all information contained above and all information contained in attachments which make up this grant application are true and correct to the best of his/her knowledge and belief, and are submitted for the purpose of obtaining financial assistance from the Town of Bluefield.

The undersigned further understands that this document and all attachments hereto are public documents and records. The undersigned further acknowledges that forging or otherwise falsifying public documents and records is a crime that is punishable under the laws of the Commonwealth of Virginia.

Company Name:	_____
Signed By:	_____
Print Name:	_____
Title:	_____
Date:	_____

Submit one original copy of this application by one of the following options:

- **United States Postal Service:** Town of Bluefield
112 Huffard Dr
Bluefield, VA 24605
- **Hand Delivered:** Town of Bluefield
112 Huffard Dr
Bluefield, VA 24605
- **Via Email:** roberts@bluefieldva.org

This is an Equal Opportunity Program.

Discrimination is prohibited by Federal law.

Complaints of discrimination may be filed with: Secretary of Agriculture
1400 Independence Ave. SW
Washington, DC 20250