



## GRAFTON COUNTY

### SMALL BUSINESS – PANDEMIC EMERGENCY RELIEF FUND APPLICATION

1. I acknowledge that I have read and agree to the Terms & Conditions stated above:

\_\_\_\_\_ Yes    \_\_\_\_\_ No

2. What is your primary business and please briefly describe your business activity (250 words or less):

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3. When was your business created?

\_\_\_\_\_ On or Before March 3, 2021    \_\_\_\_\_ After March 3, 2021

4. Is your place of business located in Grafton County, NH?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

5. Are you currently open and operating business?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

6. Are you applying for this grant due to business losses or interruptions resulting from the COVID-19 pandemic?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

7. Have you applied for prior federal, state, or local funding pursuant to any COVID-19 relief efforts/program?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

a. If “yes” to above, from which program and how much was received?

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b. Was the assistance in the form of a loan or grant?

\_\_\_\_\_ Loan \_\_\_\_\_ Grant

8. Does your business fall into any of the following categories:

- Nonprofit organizations;
- Publicly traded companies;
- Franchises that must submit a portion of the grant to the franchisor;
- Financial institutions (such as banks, lenders, pay-day lenders, auto title lenders, check cashers, businesses that principally trade money and/or mortgages, and other similar entities);
- Insurance companies (such as life, auto, home, bail bond, and other similar entities);
- Private or social clubs;
- Lobbying firms or businesses that dedicate 50% or more of their time or resources to lobbying activities;
- Businesses that generate income through activities performed in violation of state or federal law; and
- Businesses that exist for the purpose of advancing partisan political activities.

\_\_\_\_\_ Yes \_\_\_\_\_ No

9. What is your relationship to the applicant?

\_\_\_\_\_ I am completing this on behalf of the applicant (employee, CPA, other)

\_\_\_\_\_ I am the business owner

### **SMALL BUSINESS INFORMATION**

*Please note: you may apply for one business only. For business owners with multiple businesses, please complete this application for the largest business owned.*

*Each applicant is limited to one grant per individual and business tax ID.*

10. Lead Business Owner Information

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name (s): \_\_\_\_\_

11. Primary Email Contact) this email will be used for **all** communication during the application process):

\_\_\_\_\_ @ \_\_\_\_\_

12. Phone Contact

Business Permanent Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Owner Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

13. Applicant Information

Website: \_\_\_\_\_

Primary Social Media Address: \_\_\_\_\_

Legal Applicant Name (include dba if applicable): \_\_\_\_\_

Applicant Street Address: \_\_\_\_\_

City/town: \_\_\_\_\_

State/territory: \_\_\_\_\_

Zip Code: \_\_\_\_\_

14. Applicant Tax-ID: \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL BUSINESS INFORMATION**

15. Structure of Organization

\_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Corporation (for-profit entity, includes S Corp, C Corp, etc.)

\_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Partnership (general and limited)

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

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16. Years in operation

\_\_\_\_\_ Less than 1 year

\_\_\_\_\_ 1-2 years

\_\_\_\_\_ 3-5 years

\_\_\_\_ 6-9 years

\_\_\_\_ 10 or more years

17. Applicant's Gross Revenue (as reported in the most recently filed tax return)

\_\_\_\_ Less than \$49,999

\_\_\_\_ \$50,000 to \$99,999

\_\_\_\_ \$100,000 - \$299,999

\_\_\_\_ \$300,000 to \$499,999

\_\_\_\_ \$500,000 to \$1,000,000

18. Are you or the applicant-business currently in bankruptcy, or do you have plans to file for bankruptcy?

\_\_\_\_ Yes    \_\_\_\_ No

19. Does the applicant have a non-discrimination policy?

\_\_\_\_ Yes    \_\_\_\_ No

### **GRANT INFORMATION**

20. Grant Amount Requested \_\_\_\_\_

21. Please list the expenditures that you anticipate paying for to support your business if you are awarded funding. (250 words or less)

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22. Please describe how the COVID-19 pandemic impacted your small business (loss in sales, worker layoffs, payroll, past-due bills, business closure, etc.). If your business lost revenue, state your estimated losses. (250 words or less)

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23. To the best of your knowledge, how did your revenue/net income compare for the following date ranges: July 1, 2019 to June 30, 2020; and July 1, 2020 to June 30, 2021

\_\_\_\_ Decreased by less than 20%

\_\_\_\_ Decreased between 20% and 49%

\_\_\_\_ Decreased by 50% or more

\_\_\_\_ Remained the Same

\_\_\_\_ Increased

\_\_\_\_ Don't know/no answer

## **CERTIFICATION**

*Please review the information below, sign and submit your application to:*

Grafton County  
ATTN: PERF  
3855 Dartmouth College Hwy, Box 1      OR  
North Haverhill, NH 03774

Julie Libby, County Administrator  
[jlibby@grafftoncountynh.gov](mailto:jlibby@grafftoncountynh.gov)

For any questions, please contact Julie Libby at [jlibby@grafftoncountynh.gov](mailto:jlibby@grafftoncountynh.gov) or at (603) 787-6941

By submitting the application for review and any subsequent award of grant funds, I, \_\_\_\_\_, certify that I have not provided any material misrepresentation and/or falsification of my eligibility to secure a small business grant under Grafton County's Pandemic Emergency Relief Program. I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Sec. 1001 of the U.S Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a Department of the United States Government. If found guilty or committing fraud, my business entity will no longer be entitled to receive any small business grants and may be subject to other penalties imposed by Federal, State and/or local law.

I also understand and certify that:

- ☐ By checking this box, I agree to use such grant funds only for the expenses stated in this application and to retain any receipts and documentation supporting such eligible expenses for five (5) years, following the close of the grant.
- ☐ By checking this box, I certify that any grant funds received will not be used to pay for expenses that have or will be reimbursed under any federal program, including a Paycheck Protection Act loan.
- ☐ By checking this box, I certify that any grant funds received will not be re-granted to a different individual or entity.
- ☐ By checking this box, I certify that I have not been convicted (including a plea bargain or a plea of no contest) of a felony in any state or under the laws of the federal government in the past seven (7) years (time running from date of conviction)

The applicant/awardee understands, agrees and accepts that, by submitting this application, it is certifying that the person named below has authority to bind the business entity and Grafton County is entitled to rely on this certification as actual and apparent evidence of authority to bind the business entity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)