

Small Business Relief Application

Please carefully review the eligibility criteria and exclusions before proceeding with the application.
For customer eligibility requirements visit vachamber.com/foundation/small-business-relief-program.

Date _____ **Applicant Name** _____ **Business Name** _____

Business Address _____ **City** _____ **State** _____ **Zip** _____

Business Phone _____ **Best Contact Name** _____ **Phone** _____ **Email** _____

Dominion Energy Account Number _____ **Is your Dominion Energy bill current? (Check One)**
Yes No

Business Type (Check One)
Sole Proprietor Partnership LLC Franchise Self-employed 501(c)(3)
House of Worship Other: _____

Did you employ 50 employees or less as of January 1, 2021? (Check One)
Yes No

Check All That Apply
Minority-owned Veteran-owned Women-owned

Has your business been impacted by COVID-19? (Check One) **Business Operations (Check One)**
Yes No Open Closed

Total Business Revenue (Monthly) _____ **Total Business Expenses (Monthly)** _____

Has the business applied for other assistance? (Check One)
Yes No If yes, please list sources: _____

If experiencing a business hardship, please explain.

Statement of Application: I certify that the above statements and attachments are true and correct to the best of my knowledge. I understand that providing false information may result in disqualification of benefits. I understand that in requesting assistance from Dominion Energy's EnergyShare Small Business Relief program, the information given above may be shared or given to other organizations to determine need and eligibility. By signing this form, I am allowing this agency to share or exchange information about me, the business for which I have applied, and about my Dominion Energy Virginia business account and its information ("account information") with other agencies or organizations. Further, by signing this form I am authorizing the sharing or exchange of confidential information, including account information or personal information, to the EnergyShare Small Business Relief program, and, as needed for the reasons stated above, I allow access to all of my account information up to and including that pertaining to payment history, usage, and billing.

Applicant Signature _____ **Date** _____

Please e-mail completed application to foundation@vachamber.com. Application file name should include business name and submission date. *Example: 2020-0810-JohnsAutoShop*