



EMERGENCY LOCAL SMALL BUSINESS FUNDING APPLICATION

The purpose of the Scotland County Economic Development Emergency Local Small Business Funding Program is to assist Scotland County-based small businesses that are experiencing financial difficulties such as mandated shutdowns, employee layoffs, and operating losses as a result of ongoing efforts nationwide to contain and minimize the spread of the Covid-19 virus pandemic.

Scotland County-based businesses that are interested in the Emergency Local Small Business Funding Program should complete this initial application and begin to collect the required documents as outlined below. Once the application has been submitted, applicants will receive an email within 48 hours from SCEDC staff with a secure share file to upload the additional required documentation. The deadline to complete this initial application and have all the required documents uploaded for review is Wednesday July 15th, by 11:59 p.m. Digital copies of all documentation are required. For additional questions regarding the program and/or process, please see the Emergency Small Business Funding Frequently Asked Questions (FAQ) document.

General Terms and Conditions:

- Open to locally owned Scotland County, North Carolina based for-profit businesses
- Minimum of one-year in operation and hold applicable 2019 business privilege licenses if required.
- Ineligible businesses include, but not limited to, companies involved in real estate investment, multi-level marketing, or adult entertainment. Companies with past due tax liabilities or tax liens or currently in bankruptcy (Corporate or Personal) are not eligible.
- Profit and Loss statement indicating profitability prior to coronavirus pandemic
- Maximum grant of \$2,000 or 50% of approved expenses whichever is less per small business with no repayment required.

Information Required as Attachments:

- Proof of payment for PPE, cleaning, or sanitizing
- Copy of front and back of North Carolina driver's license or government-issued ID
- Completed W9

Each of the eligible uses of funds below will be evaluated in the context of being necessary for businesses to provide services in a different manor due to "social distancing" requirements or mandated closures cause by COVID-19:

- Sustain or expand business services or products to comply with Covid-19 recommendations
- Reimburse business funds used to purchase PPE, cleaning, sanitizing, supplies, etc- related to Covid-19
- Retain or expand workforce development and job creation to comply with "social distancing"
- Fund tenant up-fit and lease-hold improvements to the business that complies with CDC guidelines

I: BUSINESS INFORMATION

Business name (legal): _____ Business phone: _____

Business address (street, apt. #): _____ City, State, ZIP: _____

Is this business a franchise? Yes No If yes, name of franchise: _____

Do you have a current North Carolina Business License? Yes No If yes, provide license number: _____

Please provide a brief description of your business:

How long has your business been in operation? _____

What is the legal entity of your business? Corporation LLC Sole proprietorship Other

Do you own 100% of the business? Yes No

If no, please list owners with more than 20% interest in the company (each have to fill out a separate application):

Number of employees, including yourself: _____ Full time: _____ Part time: _____

Have you laid off or furloughed any of your workforce? Yes No Full time: _____ Part time: _____

II: OWNER'S PERSONAL INFORMATION

Full name: _____ Email address: _____

Home address (street, apt. #): _____ City, State, ZIP: _____

Home phone: _____ Cell phone: _____

Best Time to Call: Morning Afternoon

Date of Birth (month, day, year): _____

Have you received a SCEDC Small Business Loan or Grant in the past? Yes No If yes, Please indicate what type of funding you have received: _____

III: OUTLINE FUNDING REQUEST

Have you applied for funding from other sources (local, state, federal): Yes No

If yes, have you received funding from any of these agencies? Amount: _____ Source: _____
Amount: _____ Source: _____

Grant Amount Requested: \$ _____ Up to \$2,000 Grant and/or 50% of eligible expenses

When did your business begin to experience revenue loss due to COVID-19? Date: _____

Has your business been mandated to close by a local, state, or federal authority? Yes No If Yes, Date: _____

Please describe the eligible use of funds (as outlined above) that you are requesting:

Describe how company has been impaired by COVID-19:- attached a separate sheet if necessary.

VI: APPLICATION QUESTIONS

- Have you ever declared personal or business bankruptcy? Yes No
- If yes, was your bankruptcy discharged or dismissed more than 12 months ago? Yes No
- Are you a U.S. citizen or legal resident? Yes No

VII: AUTHORIZATION FOR VERIFICATION OF INFORMATION

Please read carefully before signing inquiry

The information contained in this statement is provided to induce SCEDC to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that SCEDC is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify SCEDC immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to SCEDC. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify SCEDC as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, SCEDC may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. By signing below, you authorize SCEDC to make or have made any credit, employment or investigation inquiry that SCEDC determines appropriate for the extension of credit, periodic evaluation of your account or the collection of amounts owed to SCEDC. If you ask, you will be informed whether a consumer report was requested, and if a report was requested, you will be informed of the name and address of the consumer reporting agency that furnished the report. Each of the undersigned authorizes SCEDC to answer questions about your credit experience with SCEDC. As long as any obligation or guarantee of the undersigned to SCEDC is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give to SCEDC shall be SCEDC's property.

Owner's Signature: _____

DATE _____

Owner's Signature: _____

For SCEDC Use Only:

Date received:	Date business contacted if incomplete:
Approved _____	Declined _____
Date closed:	Date client notified: