## **SECTION 3 - Business Need**

Use the categories below to provide expenses the business purchased for COVID-19 prevention and/or mitigation. You only need to add details/costs (and attach required documents) for any expenses you are seeking reimbursement for. This grant can only be used for reimbursement of expenses paid after March 1, 2020.

\*PLEASE NOTE: Any expenses for which you receive PPP, EIDL or other CARES funding are NOT eligible to include in this grant application.

## **BUSINESS CONTINUITY CATEGORIES:**

			1	1	_	1	T .	1	ī	T .	1
	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
a. Non-Owner Employee Payroll											
-											
	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
b. Rent											
			•	•			•	•			•
	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
c. Mortgage Payments											
					,	,	,				
	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
d. Insurance											
	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
e. Utilities											
Gas											
Sewage											
Refuse											
Water											
Electric											
Phone/Internet											
<b>,</b>		L	<u> </u>	ı	<u>I</u>	L	<u>I</u>	ı	1	1	1
	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
f. Marketing		•									
			1	L.		1		L.			<u> </u>

Ple	ease describe these Marketing expenses:	
TOTAL Durings	s Continuity Amount Requested:	

## **BUSINESS REDESIGN CATEGORIES:**

	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
g. Reconfiguring Physical Space											
Please desc	ribe these exp	enses:									
	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
h. Installing plexi-glass barriers											
Please desc	ribe these exp	enses:									
	Г	ı	<u>,                                      </u>	1	T		T	1	T		ı
li Donale di control di	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
i. Purchasing web conferencing or											
other technology to facilitate work from-home	1										
rrom-nome											
Please desc	ribe these exp	enses:									
					_	_					
	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
j. Personal Protection Equipment											
(PPE) for employees					1	<u> </u>					
Please describe	these PPE exp	enses:									
				ı		1	1	I -	ı		T -
	March	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
k. Temporary structures to											
mitigate the spread of COVID-19											
initigate the spread of COVID 13	ı		<u>!</u>		ı		ı	<u>l</u>	l	<u>L</u>	
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Flease desc	libe tilese exp	CII3C3									
TOTAL Pusiness Pedesign Amount	Poguestod:										
TOTAL Business Redesign Amount Requested:											