



TAYLOR SMALL BUSINESS SUPPORT & RECOVERY GRANT

Greater Taylor Chamber of Commerce

1519 N. Main St. | Taylor, TX 76574 | 512-352-6364

www.taylorchamber.org

Applications due by 5 p.m. Tuesday, May 5

Please Note: This program is open to all non-home based, small for profit businesses located in the city limits of Taylor, but the priority is for businesses that have frequent and/or close contact with customers. These types of businesses include: retail (storefront), restaurant/food business, personal care (barber shop, nail salons, etc.), art galleries and performance venues, healthcare and social assistance (childcare, etc.), and small manufacturing businesses.

Privacy Information

Information provided in this application is considered a public record and may be subject to public disclosure through the Texas Public Records Act.

CONTACT INFORMATION

First/Last Name: _____

Name of Business: _____

Business Type: _____

Address of Business: _____

Email Address: _____ Phone Number: _____

Are you a Chamber Member? ***This is not a requirement to be eligible for funding.***

☐ Yes, I am a Chamber Member

☐ No, I am not a Chamber Member

Business ownership:

☐ My business is a local franchise (I am responsible for all revenues and expenses)

☐ My business is a local independent business

BUSINESS IMPACTS

What are the impacts to your business from COVID-19? Please check all that apply.

- ☐ Business closure
- ☐ Reduced hours of operation
- ☐ Employee layoffs/furloughs
- ☐ Revenue decline
- ☐ Increased operating costs (i.e. salaries, insurance, paid leave)
- ☐ Restricted access to capital to address increased costs
- ☐ Inability to respond to home delivery requests
- ☐ Interrupted supply/deliveries from vendors
- ☐ Inability to serve customers
- ☐ Decreased customers
- ☐ Other _____

PERSONNEL

How many FTE (full time equivalent) employees are employed as of April 1, 2020?

Number of Full Time Employees: _____ Number of Part Time Employees: _____

BUSINESS REVENUE

Please provide a balance sheet for your business as of March 31, 2020

If you have been operating over a year:

Provide Actual Net Revenue March 31, 2019 _____

Provide Estimated Net Revenue ending March 31, 2020 _____

If you were not in operation in 2019:

Provide Actual Net Revenue from February 2020 _____

GRANT FUNDS

Please list the expenses below for which you are applying for funds. The funds can be used for business rent/mortgage, utilities including Internet, purchase of COVID-19 related cleaning supplies, and purchase of supplies to offer alternative business access (e.g. take-out containers). Maximum

funding is \$1,500 and expenses must be payable within the next 45 days. Documentation must be included with this request (statements, invoices, bills, etc.). Funds will not be paid to the business but will be paid directly to the vendor.

Vendor Name	Expense (rent/utilities etc.)	Amount

Total Amount Requested: \$ _____

Other Sources of Funding:

Have you applied for assistance from other sources? If so, which and for how much?

SBA Economic Injury Disaster Loan (EIDL) \$ _____

Paycheck Protection Act \$ _____

Other: _____ \$ _____

Total Amount Received To Date: \$ _____

If not, would you be willing to apply if we provide you guidance and support? Yes No

Acknowledgements/Signature

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge.

☐ Business has 25 or fewer full-time equivalent employees

☐ Business has a physical and publicly accessible location within the city limits of Taylor in a commercial building or business district.

☐ The business has experienced or is projecting to experience a decline in employment and/or revenue as a result of the COVID-19 pandemic.

☐ The business is for profit and engaged in activities that are legal under city and state law.

☐ The business can meet program technical requirements including ability to provide financial records to support grant request.

☐ I certify that the information given is truthful and accurate. Financial information has not been manipulated to exaggerate the duress of the business.

☐ I understand that the information submitted in this application will be shared with a committee, comprised of individuals who will determine the allocation of funding to applicants.

☐ I understand that the decision of to whom the funds will be allocated is the sole decision of the funding Committee and based on available resources.

☐ I understand that if my business is awarded funding from the Taylor Small Business Support and Recovery Fund, the Greater Taylor Chamber of Commerce will pay my vendors directly rather than issue a check to my business.

Business Owner/Manager Name

Title

Signature (electronic signatures accepted)

Date

CHECKLIST

Before you email or drop off this form, please ensure you have included the following

- ☐ Balance Sheet as of March 31, 2020
- ☐ Documentation for items for which you are requesting payment

Due by 5 p.m. Tuesday, May 5

EMAIL to president@taylorchamber.org or DROP OFF at 1519 N. Main St.