



TAYLOR SMALL BUSINESS SUPPORT & RECOVERY GRANT - REFUNDING APPLICATION

Greater Taylor Chamber of Commerce

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

www.taylorchamber.org

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.

Application due by **5 p.m. Tuesday, June 16.**

CONTACT INFORMATION

First/Last Name: _____

Name 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

RELIEF RESOURCES

We would like to know which of the following you have applied for and from which you have received (or expect to receive) funding.

Paycheck Protection Program from the Small Business Administration

Applied Did Not Apply Ineligible why? _____

If you applied, did you receive funding Yes No

EIDL (Economic Injury Disaster Loan from the SBA)

Applied Did Not Apply Ineligible why? _____
If you applied, did you receive funding Yes No

WilCo Forward

Applied Did Not Apply Ineligible why? _____
If you applied, did you receive funding Yes No

US Chamber of Commerce Grant

Applied Did Not Apply Ineligible why? _____
If you applied, did you receive funding Yes No

Other _____

Applied Did Not Apply Ineligible why? _____
If you applied, did you receive funding Yes No

Other _____

Applied Did Not Apply Ineligible why? _____
If you applied, did you receive funding Yes No

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, and operational needs. 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.).

| Vendor Name | Expense (rent/utilities etc.) | Amount |
|-------------|-------------------------------|--------|
| | | |
| | | |
| | | |
| | | |

Total Amount Requested: \$ _____

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 in good standing with the City of Taylor with respect to taxes, fees, utility payments, or other financial obligations to the City.
- 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

EMAIL to president@taylorchamber.org or DROP OFF at 1519 N. Main St. by **5 p.m.**

Tuesday, June 16