

# City of New Martinsville

## COVID -19 Relief Grant Application

**APPLICATION & INFORMATION DUE BY NOV. 19, 2021**

I, the undersigned, acknowledge that funding is only available to small businesses suffering a loss due to the Covid-19 pandemic. I also agree that any funds awarded through this grant can only be used by the business for general operating expenses, including but not limited to payroll, inventory, rent and utilities OR for COVID-19 mitigation. I also agree that I will provide proper documentation of all expenditures of grant funds awarded.

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Print name: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Please Return Application to:

City of New Martinsville

Attn: ARPA Committee

191 Main Street

New Martinsville, WV 26155

304-455-9120

For more info, go to:

<https://home.treasury.gov/policy-issues/coronavirus>