

# **COVID-19 Small Business Relief Grant Program**

## **Cover Sheet**

### **Program Description**

Wells County is pleased to announce the COVID-19 Small Business Relief Grant Program to support Wells County's small business community during the COVID-19 pandemic.

This program is designed to provide short-term gap funding for operating expenses our small businesses may be needing to remain open and maintain their staffing. Recipients are asked to help support our #ShopLocal #ShopWells initiatives after receiving funds as a way to give back. Pay it forward :)

### **Eligibility Requirements**

- Must be a Wells County business with no more than 50 employees
- Must not be a non-for-profit organization
- Must be impacted by the COVID-19 pandemic
- Must qualify as a business or as a group under the Local, State, and Federal objectives

### **Grant Particulars**

- Documentation will be required with application submittal
- Typical grant award will be up to \$2,000, but higher amounts may be awarded depending on numbers of qualifying applications

### **Apply Now**

Application must be submitted to Wells County by **4:30 pm on August 14, 2020**

Mail or Deliver applications to

Wells County Area Plan Commission  
223 W. Washington St.  
Bluffton, Indiana 46714

# COVID-19 Small Business Relief Grant Program

## Business Info

Business Name: \_\_\_\_\_

Business Tax ID: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

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

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

Business Type (Retail, Restaurant, Salon, etc.): \_\_\_\_\_

## Business Financial Info

(Revenue (sometimes called sales) refers to all the money your business takes in from doing what it does whether making goods or providing services.)

(1) What was your actual revenue from March 1, 2019 to May 31, 2019? \$ \_\_\_\_\_

(2) What was your forecasted revenue for March 1, 2020 to May 31, 2020? \$ \_\_\_\_\_

(3) What was your actual revenue for March 1, 2020 to May 31, 2020? \$ \_\_\_\_\_

(4) What additional COVID-19 related expenses were accrued between March 1, 2020 and May 31, 2020? \$ \_\_\_\_\_ (Explain):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Funds Requested (Question 2 – Question 3) + (Question 4) = \_\_\_\_\_**  
Maximum Request \$2,000

Do you feel a grant from this program will help you keep your doors open or eventually re-open?  
Please explain and support your answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you use the funds you have requested?

Rent       Utilities       Payroll       Loan Payment       Inventory  
 Insurance       Taxes       Other \_\_\_\_\_

If you have closed or restricted your business operations because of COVID-19, do you plan to return to full operation when the crisis has passed? (Explain):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Have you or do you plan to apply for any other state or federal assistance through Economic Injury Disaster Loan, Economic Injury Disaster Loan Advance, or the Paycheck Protection Program? If so, have you received any funds yet from these resources? (Explain):

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Additional comments: Is there anything else you think we should know about your business or the challenges you face as the owner. \_\_\_\_\_

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## Employee Info

(Full time = 32 hrs. a week)

(If an employee is part-time then you must calculate their full-time equivalent)

(Full time equivalent = total hrs. per week of all part-time employee/32)

(Numbers based on full employment before to COVID-19 shutdown)

Total Number of Full Time Employees: \_\_\_\_\_  
(include owner if you are paying yourself)

Total Number of Part Time Employees: \_\_\_\_\_

Total Part Time Hours Worked: \_\_\_\_\_

Full Time Equivalent: \_\_\_\_\_

How Many Full Time Positions Have Been Lost Due To COVID-19 and the Shutdown?

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How Many Part Time Positions Have Been Lost Due To COVID-19 and the Shutdown?

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Are You Planning to Bring These Lost Positions Back? (explain) \_\_\_\_\_

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Are You Planning on Growing Your Employment in 2020 and 2021? (explain) \_\_\_\_\_

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# COVID-19 Small Business Relief Grant Program

## Certification

I certify that the information above is correct to the best of my knowledge. I authorize the Wells County Grant selection committee to make inquiries as necessary to verify the accuracy of the statements made by me in the application. I agree to indemnify and hold harmless the County of Wells, its officers, directors, employees, agents, and volunteers from any claims, loss, or other liability arising from or related to the services that the committee provides before, during, and after the grand review process. I agree that I will use any funds received for purposes consistent with my application and with the grand program rules. I understand that this grant application will be reviewed based on the objectives of the County of Wells, Indiana, the Indiana Office of Community and Rural Affairs, and the U.S. Department of Housing and Urban Development.

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Owner or Authorized Representative Signature

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Date

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Print

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Business Name

# COVID-19 Small Business Relief Grant Program

## INSTRUCTIONS FOR COMPLETING INCOME SURVEY

### 1. Number of Persons in the Family

This number will include all residents temporarily away from the surveyed family (e.g. college students, persons on an extended vacation, etc.) **Note: If more than one family is residing in the house/apartment, the form should only be filled out for the employee's family.**

### 2. Family Income

Income is determined by computing the total income of all family members for the last three (3) months and then multiplying that number by four (4), including persons temporarily away from the family/house. **Note: Income is not limited to salaries, wages, and tips. All other forms of income as specified by the Internal Revenue Service should be included (e.g. payments received from social security, pensions, annuities, dividends, taxable interest income, tax-exempt interest income, IRA distributions, etc.)**

### 3. Above or Below

Simply identify the box which appropriately determines the number of persons in the family. If the total family income amount is above the dollar amount listed in this box, check the "Above ( )" category. If the total family income amount is below the dollar amount listed in this box, check the "Below ( )" category.

### 4. Signature and Date

Enter the signature and printed name of the individual who did the income interviews with the current employees of the business and those that are planned to be rehired by the end of 2020. Enter the date that the interview was completed.

# COVID-19 Small Business Relief Grant Program

## Income Survey

The County of Wells, Indiana is conducting this survey to obtain information necessary to comply with the national objective set for by the U.S. Department of Housing and Urban Development. It is extremely important to the success of this application that you complete the following survey. If you have any questions concerning this survey, please call (260) 824-6407 or (260) 824-0510.

Business Name: \_\_\_\_\_

Initials of Employee's First & Last Name: \_\_\_\_\_

How many hours per week does your business consider Full Time? \_\_\_\_\_ hrs.

Is this Employee Full Time? (Yes or No) \_\_\_\_\_

Is this Employee Part Time? (Yes or No) \_\_\_\_\_ Average Hours Per Week?  
\_\_\_\_\_ hrs.

1. Determine the correct number of person(s) in your family and circle that number in the appropriate box below.
2. Look at the amount of money listed in the block that is circled. Is the total family income above or below that amount of money? (see instructions for calculating income)
3. Place a check after either "Above" or "Below" to match the appropriate answer in Question 2.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$38,550	\$44,050	\$49,550	\$55,050	\$59,500	\$63,900	\$68,300	\$72,700
Above ( )							
Below ( )							

The income limits listed in the boxes above are from the County of Wells, Indiana.

Signature of Interviewer

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Printed Name of Interviewer

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Date of Interview

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