



## City of Windsor Heights Small Business Recovery Grant Application

Please email the completed application to [marentsen@windsorheights.org](mailto:marentsen@windsorheights.org) and provide the following documents.

1. 4-month profit and loss statement (Jan. – April 2020)
2. 4-month profit and loss statement (Jan. – April 2019)
3. 3-month projected income and expenses (May 1 – July 30, 2020)
4. Balance Sheet (as of April 30, 2020)
5. Amount of payroll prior to March 15, 2020

### APPLICATION QUESTIONS:

Grant amount requested: \_\_\_\_\_

Describe the economic impact (i.e. limitations placed on business operations, resulting loss of sales or revenue): \_\_\_\_\_

---

### Section I: Business Information

1. Business legal name: \_\_\_\_\_
2. D/B/A (doing business as): \_\_\_\_\_

3. **Business/corporate organization type** (Select Sole Proprietorship, Corporation, S Corporation, Limited Liability Company(LLC), Partnership)
4. **FEIN** (SS, if a sole proprietorship): \_\_\_\_\_
5. **Physical business address:** (include street address, city, state and zip code)  
\_\_\_\_\_
6. **County of business address:** \_\_\_\_\_
7. **Mailing address** (if different, include street address, city, state and zip):  
\_\_\_\_\_
8. **Business phone number:** \_\_\_\_\_
9. **Contact email:** \_\_\_\_\_
10. **Primary business activity:** \_\_\_\_\_  
\_\_\_\_\_
11. **Date business established:** \_\_\_\_\_
  - a. Date you became owner (if different from date established): \_\_\_\_\_

## Section II: Ownership Information

### Owner Applicant 1

Full legal name: \_\_\_\_\_

Title: \_\_\_\_\_

% owned: \_\_\_\_\_

### Owner Applicant 2 (Optional)

Full legal name: \_\_\_\_\_

Title: \_\_\_\_\_

% owned: \_\_\_\_\_

**If the above two owners do not equal 100% of ownership, please explain:**

\_\_\_\_\_

Is the business minority-owned? Yes      No      I don't know Explain: \_\_\_\_\_

Is the business woman-owned? Yes      No      I don't know Explain: \_\_\_\_\_

### Section III: Impact of Disaster

Information gathered in this section will help quantify the impact this disaster has had on your business.

1. **Employment on March 1 FTE** (full time equivalents)\_\_\_\_\_
2. **What was your total payroll on March 15?** \_\_\_\_\_(also select frequency of payroll)
3. **Current number of employees (FTE):** \_\_\_\_\_
4. **Number of employees (FTE) working remotely as result of disaster:** \_\_\_\_\_
5. **Number of employees (FTE) furloughed or laid off as a result of disaster:** \_\_\_\_\_
6. **What is monthly rent payment:** \_\_\_\_\_
7. **What is the square footage occupied by your business?** \_\_\_\_\_
8. **What is the estimated loss of revenues from March 1 – April 30, 2020:** \_\_\_\_\_
9. **What is your projected loss of revenue from May 1 to July 30, 2020:** \_\_\_\_\_
10. **What is your typical annual sales-tax eligible revenue?** *(If not open until July 1, 2019 please report your 2019 sales.)*\_\_\_\_\_
11. **Describe how the funds — should they be awarded — would be utilized to maintain business operations during and/or after disaster:** Rent, payroll, utilities, supplies, other  
\_\_\_\_\_
12. **Please indicate other business assistance programs for which you have applied and your application status:**

Small Business Relief Grant — Source: Iowa Economic Development Authority

- Applied and Approved
- Applied and Denied
- Applied and Status Unknown
- Did Not Apply

Targeted Small Business Sole Operator Fund — Source: Iowa Economic Development Authority

- Applied and Approved
- Applied and Denied
- Applied and Status Unknown
- Did Not Apply

Paycheck Protection Program — Source: U.S. Small Business Administration

- Applied and Approved
- Applied and Denied
- Applied and Status Unknown
- Did Not Apply

Economic Injury Disaster Loan (EIDL) — Source: U.S. Small Business Administration

- Applied and Approved

- Applied and Denied
- Applied and Status Unknown
- Did Not Apply

Please provide the name and status of any other business assistance programs that you have applied for and the status of each:

---

#### **Section IV: Attachments**

In this section, you will upload the documents containing the requested information, and note if this information is considered confidential.

1. 4-month profit and loss statement (Jan. – April 2020)
2. 4-month profit and loss statement (Jan. – April 2019) *(If business was not yet open, please submit a 4-month profit and loss statement from July – Oct. 2019.)*
3. 3-month projected profit and loss (May 1 – July 30, 2020)
4. Balance Sheet (as of April 30, 2020)

#### **Section V: Certification & Release**

In this section, please review the disclosures and terms associated with this grant process.

1. Are there any judgments or court actions completed or pending against the applicant business entity, or current owners? Yes\_\_ No\_\_
2. Have there been any current or past bankruptcies on the part of the applicant business entity, or on the part of the any current owners in the last five years? Yes\_\_ No\_\_
3. In the last five years has there been, or are there currently any investigations of public violations of public health, safety or environmental laws by the applicant business entity, or any current owner? Yes\_\_ No\_\_
4. In the last five years has there been, or are there currently any violations of labor laws, civil/human rights laws by the applicant business entity, or any current owner? Yes\_\_ No\_\_
5. If yes to any of the questions 1 to 4 above, please provide explanation.

#### **FINAL SIGN OFF**

I hereby give permission to the City of Windsor Heights to research the applicant business' and current owners' history, to make credit checks, to contact the business' financial institutions, insurance carriers and other entities in which the business has a contractual relationship, and to perform other related activities necessary to enable a full and reasonable evaluation of this application.

I understand that grant assistance and that information contained in this application and any resulting grant agreement may be considered a public record under Iowa Code Chapter 22. I have identified the information contained in the application that I, in good-faith, reasonably determined constitutes a confidential record under Chapter 22 (e.g. trade secret financial information) or Federal law. I understand that it is my burden and obligation to make any such confidentiality request and to justify application of a confidentiality

exception by citation to applicable law. I further understand that, in the absence of a court order or final order or decision of the Iowa Public Information Board, the City or County as applicable may, but is not required to protect claimed confidential records.

I understand that submittal of this grant application does not guarantee receipt of funding. I further understand that the the City of Windsor Heights as applicable, have complete discretion to approve or disapprove this application and in the event of approval such entities have complete discretion to determine the amount, terms and conditions of any resulting grant.

Furthermore, I am aware that the funds will not be disbursed until a contract has been executed and the appropriate terms have been met.

I hereby certify that all representations, documents, information and statements made or furnished to in connection with this application are true, correct and complete in all material respects.

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

Authorized Business Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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