Covid Relief Grant application questions

**Part 1 to Establish Eligibility for Federal Cares Act Relief Funding**

Name of business

Is the business operation located in the Bluebird BID in Denver? Link to BID map

If yes, what is the business address?

Number of FTE (fully time equivalent employees) *prior* to onset of Covid-19 (full time employees=1+each part time=.5)

Is the business facing economic hardship due to the Covid-19 public health emergency?

If you are a non-profit, does your non-profit support economic development?

Are you in the cannabis industry?

**If eligible, you will be advanced to the Full Application**

Primary contact name and information

Business address and entity type (LLC, Inc, Sole Proprietor)

EIN, SSN, or ITIN

Operating on Bluebird what date?

What economic harms have you faced due to Covid-19 and the public health response? (Select all that apply)

1. Loss of revenue since March 1, 2020, due to the Covid-19 public health emergency.
2. Increased costs since March 1, 2020, due to the Covid-19 public health emergency.
3. Decreased customer demand since March 1, 2020, due to the Covid-19 public health emergency.

Was your loss of revenue associated with (check all that apply)?

* + - 1. A mandatory closure since March 1, 2020 due to Covid-19 public health emergency.
      2. A voluntary closure since March 1, 2020 due to Covid-19 public health emergency.
      3. Decreased customer demand since March 1, 2020 due to the Covid-19 public health emergency.

Total loss of revenue due to Covid-19 public health emergency since March 1, 2020 to date of application.

Detail total revenue loss, describing how the figure was calculated. Reference how the documentation to be uploaded demonstrate those losses. When documenting a revenue loss, please compare the revenue in the Covid-19 period (March 1-date of application) to an earlier relevant pre-Covid-19 baseline period, and why the specified period was used.

Please upload documentation of loss or revenue due to Covid-19 public health emergency since March 1, 2020 to date of application. To show loss of revenue please provide comparative documentation from prior year period (e.g. July 2019 v July 2020).

Bank statements

Financial ledgers

Point of sale revenue reports

Tax filings

Other financial records

Total increase in costs for measures to control the Covid-19 public health emergency since March 1, 2020 to date of application.

Detail total increased costs, describing how the figures were calculated. Reference how the documents to be uploaded demonstrate those expenses. To show increased costs for measures to control Covid-19, document purchases of PPE, plastic shields, Covid-19 testing of employees, equipment for social distancing like tables and chairs, sun/rain shades, winterization of outdoor seating through tenting, propane heaters, etc. If the business has operations outside the district, please clarify and restrict documentation to in-district increased costs.

Please upload documentation of increase in costs to control Covid-19 public health emergency since March 1, 2020 to date of application, including Expense receipts or Proof of payment for expenses.

Request

Grants in round one are for up to $6000 (more may be available in future rounds depending on reimbursement requests for expenses). Requests can be for no greater than the net loss to the business due to the Covid-19 public health emergency from March 1, 2020-date of application.

What amount would you like to request for revenue losses due to Covid-19?

What amount would you like to request for additional expenses **to manage** Covid-19.

I certify that the funds from the grant I am awarded will be spent within the small business referenced in this application; and the funds will not be spent on any lobbying activity.

How does the business plan to spend the funds provided by this award?

PPE

Working capital

Social distancing adaptation

Debt servicing

Paying overdue bills or rent

Maintaining employee payroll

Other

Please describe how the grant, if awarded, will be used by the small business to recover and grow in the coming months and years.

How many employees does the small business plant to retain with this assistance?

How many employees does the small business plant to hire with this assistance?

Please describe the importance of the business to the surrounding community.

**Other forms of financial assistance**

We are prioritizingthose businesses who have not received other assistance, but any other assistance does not disqualify you from these grants. We are also interested in understanding the extent to which district businesses were able to avail themselves of these resources. Please list what other local, state and federal assistance you have received:

PPP (paycheck protection program)

EIDL (economic injury disaster loan)

Grants from a local entity

For each that are checked, detail amount & date of award.

**Privacy Policy**

By submitting this application, you agree to the following policy. WCBID may use the personal and business information provided with this application solely for the following purposes:

To contact you by email, telephone, SMS, or other equivalent forms of electronic communication, such as a mobile application’s push notifications regarding updates or informative communications related to the district, this application and future funding opportunities.

To establish funding eligibility, such as to process your grant application and to ensure grant eligibility under Section 5001(d) of the CARES Act. We may also be required to disclose your information to respond to court orders and legal investigations, resolve disputes, and enforce our legal agreements and policies, but will make every reasonable redact your identifying information.

Data Retention. WCBID will retain your personal and business data only for as long as is necessary for the purposes set out in this Privacy Policy. We will retain and use your personal data to the extent necessary to comply with our legal obligations, including those set forth under the funding regulations at under Section 5001(d) of the Cares Act P.L. 116-136, including retaining the documentation you provide us for this grant application for a period of up to five (5) years after final payment is made.

Agree to this policy?

**Certification:** By submitting this application, I am certifying that to the best of knowledge and belief, the responses in this application are true, accurate and complete. I am aware that any false, fictitious or fraudulent responses, or the omission of material fact, may subject me to criminal, civil, administrative proceedings. (United States Code Title 18, Sections 1001, 3729-30, 3801-12.)