



Covid Relief Small Business Grant Application

The City of East Point has announced the Small Business Grant Program funded through the American Rescue Plan Act (ARPA) in response to the financial challenges presented by the COVID- 19 pandemic.

DEADLINE TO SUBMIT APPLICATION IS 4:00 PM, EST, Friday, June 24, 2022.

Applications and supporting documents can be submitted in person, email, or mail. Email to: cmoffice@eastpointcity.org; Deliver/Mail to: City Hall, **Attn:** City Manager's Office, 2757 East Point Street, East Point, GA 30344. Applications are also available online at <https://www.eastpointcity.org/>.

Applicants are encouraged to keep a copy of the application for their records.

Due to anticipated responses, staff will not provide feedback regarding the status of submission. Applications will be reviewed in the order received. Businesses selected to move forward in the process will be contacted; therefore, please provide as much documentation to support your request for assistance.

Incomplete applications will not be considered for funding.

PROGRAM SUMMARY

Eligibility (Must show proof for all items listed below)

- Must be located within the city limits of East Point
- Must have an EIN or Tax ID number (Proof from IRS)
- Current City of East Point business license
- Must show a financial loss due to Covid- 19
- Business is in good standing with City of East Point
- Must provide copies of 2-3 years of financial reports (income statements, balance sheets, tax returns, etc.)
- Have nine or less employees



Grant Application Required Documents

- Copy of current business license
- Copy of Certificate of Organization or business document issued by the State of Georgia
- Summary of financial condition of business before March 1, 2020
- Summary income statements and balance sheets from January 2020- current
- Statement of how grant funds will benefit your business; how funds will be used.
- Statement of hardship: (i) summary of changes in business operation due to restrictions caused by COVID- 19, (ii) an explanation of changes in the financial performance of the business due to COVID-19 (e.g., describe how revenue has been impacted), and (iii) a description of any material defaults or notices from existing creditors.
- List of other relief assistance sought by business; **Relief assistance includes, but is not limited to, mortgage modification, rent concessions, and financial assistance from the Small Business Association (SBA) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act through either the Payment Protection Program (PPP) and/or Economic Injury Disaster Grant (EIDL)*



Funding

- Funds may be used for operational costs (payroll, rent, mortgage, utility) and COVID mitigation costs (additional outside seating, partitions, etc.)
- Program period/ expenditure timeframe is one year from date of application approval
- During the program period, proof of payment must be submitted to document eligible use of grant funds
- The recipient will be required to certify that the City's assistance is not duplicative of any other funding

Recipient Responsibility

- Enter into a written funding agreement with the City of East Point
- Provide documentation to support expenditure of funds
- Make every effort to continue operations at least a year from award date
- Advise City of East Point City Manager's Office of closure by letter from authorized agent with last day of operation and detailed reason for closure
- Retain all related records for 3 years after grant close out
- Provide a three (3) month and six (6) month financial report from date of award

Fraud & Repayment

Applicants are advised that making false statements, concealing information, submitting altered documents, utilizing funds for ineligible purposes, or similar actions are considered fraudulent and will result in repayment of the grant award or other legal action.



BUSINESS INFORMATION

Legal Business Name:

Physical Address:

Mailing Address (if different:)

Federal Employer ID Number:

Business License Number:

Length of business operation within City of East Point (years):

Type of Business:



Number of Employees (Must have nine or less employees to qualify as a small business in the City of East Point)

APPLICANT (BUSINESS OWNER) INFORMATION

Legal Full Name:

Address:

Phone:

Email:

*****Please verify phone and email. Award notifications will be sent to email address. If no email address, please make sure phone number is correct.***



AGREEMENTS AND CERTIFICATIONS:

On behalf of the undersigned individually and for the applicant business:

1. I/We attest that the applicant or any owners listed currently have never been: a) under indictment, on parole or probation; b) charged with or arrested for any criminal offense other than a minor motor vehicle violation, including offenses which have been dismissed, discharged, or not prosecuted; or c) convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation within the last five years.
2. If my/our grant is approved, additional information may be required prior to grant closing. I/We will be advised in writing what information will be required to obtain my/our grant funds.
3. I/We will not exclude any person from participating in or deny the benefits of any person, or otherwise subject any person to discrimination under any program or activity for which I/We receive financial assistance from the City of East Point on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.
4. I/We have not paid anyone connected with the City of East Point, including employees or members of its elected or appointed boards or commissions, for help in getting this grant.
5. All information in and submitted with this application is true and correct to the best of my/our knowledge. All financial statements submitted with this application fully and accurately present the financial position of the business. I/We have not omitted any disclosures in these financial statements. This certification also applies to any financial statements or other information submitted after this date. I/We understand false statements may result in the forfeiture of benefits.



AUTHORIZED SIGNATURE

Before signing this application, check all answers and explanations to confirm that all questions have been answered fully and correctly. Applicant understands that any grant issued pursuant to this application is conditional upon truth of the answers and statements made herein and that any false answers and statements herein constitute cause for the revocation thereof. I attest that I have thoroughly reviewed the application. The information presented is true and accurate.

Printed Name

Signature