

**Levelland COVID-19 Small Business Relief Fund
Application Form**

Check One:

Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/>	DBA or Tradename if applicable	
Business Legal Name		
Business Primary Address		Business TIN (EIN,SSN)
		() -
		Primary Contact
		Email Address
Amount Requested	\$	Number of Employees FTE & PTE
Purpose of the grant (select more than one): <input type="checkbox"/> Payroll <input type="checkbox"/> Rent / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Inventory <input type="checkbox"/> Other		
(explain): _____		

Applicant Ownership

List all owners of Applicant with greater than 20% ownership stakes. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN,SSN)	Address

Question	Yes	No
1. Is the Business or any owner presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?		
2. Is the Business (and all owners) current on personal and business Property Taxes? If no, provide details on a separate sheet.		
3. Please state how the Business has been impacted by COVID-19? Please provide a separate sheet for additional information.		

Question	Yes	No
5. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, on probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 5 → _____		
6. Within the last 7 years, for any felony or misdemeanor for a crime against a minor, have you: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 6 → _____		
7. <input type="checkbox"/> I am a U.S. Citizen <u>OR</u> <input type="checkbox"/> I have Lawful Permanent Resident status	<input type="checkbox"/> No	
Initial here to confirm your response to question 7 → _____		



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By Signing Below, You Make the Following Representations, Authorizations, and Certifications

REPRESENTATIONS AND AUTHORIZATIONS

I represent that:

- All grant proceeds will be used only for business related purposes as specified in the application form.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- All information provided in this application is true and correct.
- The Applicant has 25 or fewer employees company-wide including all locations and is a for profit business.
- The Applicant has been in operation at least 1 year as of September 1, 2020.
- I will comply with the requirements of the Grant Agreement including Reporting.

CERTIFICATIONS

The Business and each 20% or greater owner must certify in good faith to all of the below by **initialing** next to each one:

____ Current economic uncertainty makes this grant request necessary to support the ongoing operations of the Applicant Business.

____ The funds will be used to finance short-term working capital/operating needs including payroll, rent, inventory, raw materials and other operating expenses. Funds MUST NOT be used to finance capital expenditures/refinancing of existing debt or payment of delinquent taxes. Unemployment insurance costs related to the COVID-19 public health emergency are eligible so long as such costs will not be reimbursed by the federal government pursuant to the CARES Act.

____ Expenses must not occur before March 1, 2020 and must be submitted for reimbursement by December 1, 2020.

____ I further certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that knowingly making a false statement to obtain a guaranteed loan is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

____ I acknowledge that the City of Levelland and/or the Levelland Economic Development Corporation will determine the amount of the eligible grant based on documentation submitted by the business.

____ Signature of Authorized Representative of Business

____ Date

____ Print Name

____ Title

____ Signature of Owner of Applicant Business

____ Date

____ Print Name

____ Title

Please email the following items with this application form to **LevellandCARES@levellandtx.org**. **ONLY FULLY COMPLETED SUBMISSIONS SUBMITTED TO THIS EMAIL WILL BE CONSIDERED.**

1. Completed Application Form.