

## **Coweta Coming Together For Business Economic Recovery Program**

The Coweta Industrial Development Authority (CIDA) is launching a Small Business Economic Recovery Program. *Coweta Coming Together for Business* will assist small businesses that have been negatively impacted as a result of the COVID-19 Pandemic through a grant based on a portion of the sales tax generated by that business from **April 1 through June 30, 2019**. Applicants will be notified by email informing them if they have been approved or denied, and the amount granted. Funding is capped at a total program amount of \$30,000 and grant amount of \$3,000 per business. Grants will consist of one cent of the three cents of sales tax the City collects. **The program is open to all businesses that meet the following criteria:**

1. Business must be located within Coweta city limits.
2. Must be a non-home-based, for-profit business, not owned by a larger corporation.
3. Employ less than 20 Full Time Employees or FTE nationwide, whether direct or affiliated.
4. Must generate sales tax in the City of Coweta. The grant amount will be limited to 1 penny of the sales taxes generated by the business in April, May, June of 2019.
5. Be an official Oklahoma business registered with the State of Oklahoma in some capacity.
6. Be in good standing with the City of Coweta and State of Oklahoma regarding sales tax, utilities, etc.
7. Pledge to provide proof of paid allowed expenses within 30 days of grant award.
8. Certify that grant funds will be utilized for allowed expenses for businesses in the city limits.
9. Agree that if a business that is awarded a grant does NOT generate sales tax in each of the months of July, Aug. and Sept., 2020, the grant becomes a loan and must be paid back within 12 months of award.

### **The Program is NOT open to the following businesses:**

1. Businesses that have prospered or benefited directly from COVID-19.
2. Businesses recognized by **federal** guidelines to be engaged in illegal activities.
3. Non-Profits.
4. Agriculture businesses.
5. Non-sales-tax producing businesses. A separate program is being considered to assist those businesses, if funding becomes available at the state or federal level.

**Selection Process:** Program recipients will be selected based on the above eligibility requirements, their answers on the application, whether they have provided required attachments, and whether funding is still available. The grant is intended to help defray expenses related to the closure and/or reopening (PPE, cleaning supplies, protection equipment, remodeling to achieve social distancing, etc.), fixed overhead costs such as rent or mortgage and utilities, and payroll due to the statewide emergency.

Grants will be made in the form of one lump sum distribution to the recipient. The maximum grant amount is \$3,000 for any individual business, but funding levels will be based on sales tax historically generated, needs as defined on the application, and available funding in the program.

The program is being funded by the City of Coweta through the CIDA. City of Coweta elected officials, and City employees or their spouses are not eligible to apply. Applications will be reviewed in the order they are received by a board of local business persons to be appointed by CIDA. Not all applicants are guaranteed to be funded. Funds must be used to defray/reimburse allowable expenses outlined in the application, and a failure to do so will require a repayment of the rebate amount to CIDA. Additional information may be requested by the committee during the review process.

## Coweta Coming Together For Business Economic Recovery Program

Applicants Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Year Business Started: \_\_\_\_\_

Is business registered with the State of Oklahoma:  Yes  No

Business Tax Identification Number: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Principle Product or Service: \_\_\_\_\_

Was your business listed as an Essential Business:  Yes  No

### Application Questions:

#### 1. What are the impacts to your business caused specifically from COVID-19? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Business closure (From _____ to _____)                              | <input type="checkbox"/> Increased Operating Costs     |
| <input type="checkbox"/> Reduced hours of operation  | <input type="checkbox"/> Inability to serve customers  |
| <input type="checkbox"/> Inability to respond to curbside or delivery requests               | <input type="checkbox"/> Decreased number of customers |
| <input type="checkbox"/> Revenue decline year-to-date (Mark percent below.)                  | <input type="checkbox"/> Decreased number of employees |
| <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51+% |  |

2. Please provide us a narrative on how this money will be utilized by your business to help you get through the COVID - 19 National Emergency and how will it help ensure you continue in business. (Use additional paper & enclose with application if additional space is needed.)

3. What changes have you already made, or do you plan to make, to help your business survive this national emergency? (Use additional paper & enclose with additional space is needed.)

4. Indicate what assistance program you have applied for and the outcome:

	Applied	Accepted	Denied by Provider	Amount funded	Received Money
SBA EIDL -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
SBA PPP -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Unemployment for owners -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Unemployment for employees --	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Other grants or assistance -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

Please explain other grants or assistance if you have applied:

Please explain if you have applied, but have not received follow up information:

**5. Financials:**

What costs will you be utilizing the funds for: (Select all that apply)

PPE  Rent/Mortgage  Utilities  Cleaning/Sanitation  Payroll Remodel/

Other - Specify: \_\_\_\_\_

*Please provide proof of payment(s) made/expenses incurred or quote for the expense you would like covered by this grant.*

**6. What Personal Protection Equipment (PPE) resources does your business need:**

Describe: \_\_\_\_\_

**7. What Cleaning & Sanitization Services and Supplies resources does your business need:**

Describe: \_\_\_\_\_

**8. Other expenses related to protecting customers and employees:**

Describe needed: \_\_\_\_\_

**9. Rent or Mortgage:**

Do you rent or own your business location:  Rent  Own

If you own and have an outstanding mortgage, provide bank contact.

Bank Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

If you rent, please provide contact information for landlord.

Landlord Name: \_\_\_\_\_

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

Monthly rent or mortgage amount: \_\_\_\_\_

If behind, provide amount of delinquency: \_\_\_\_\_

*Please provide a copy of your rent invoice.*

**10. Utilities:**

Description of Utilities: \_\_\_\_\_ Monthly Utility Amount: \_\_\_\_\_

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*Please provide a copy of the statement(s) for utilities you would utilize this grant to cover.*

**11. Other Cost(s):**

Description: \_\_\_\_\_

Amount: \_\_\_\_\_

*Please provide quotes or proof of other cost(s) incurred or expenses expected.*

**12. Any additional information that should be considered:**

**13. Total Amount Requested from Coweta Coming Together for Business:**

\$ \_\_\_\_\_

**14. Checklist:**

Please check each statement and acknowledge that have read the criteria and affirm the information submitted:

- Signed Application is enclosed.
- 2019 Sales Tax Returns for months of April, May, and June 2019 are enclosed.
- Outlined documentation proving proof of expense for rebate utilization is enclosed.
- Narrative Question Responses are enclosed (if additional space needed).
- Business is in good standing with the City of Coweta.
- Business is harmed by COVID19.
- The business has less than 20 full time employees or FTE.
- Business will provide the CIDA proof of allowable expenses within 30 days of rebate award.
- I guarantee rebate funding will be utilized to address allowable expenses for a business located within the city limits of Coweta.
- Enclosed a W-9 in the event that CIDA must send out a Form-1099 at the end of year.

**Deadline and Submission Instructions:**

Applications must be submitted for review by July 20th, 2020, at 5:00pm CST. Applications will be begin being reviewed by August 3rd, 2020.

Completed applications should be submitted to CIDA by sending completed and scanned documents to **CCTgrant@CityofCoweta-ok.gov**.

**Certification:**

*I understand that any information disclosed will be held in strict confidence and used only to help me succeed in my business endeavors. I understand that all boards, staff and associated professionals will hold all information, and disclosed business information in strict confidence. I grant the CIDA and the Coweta Coming Together for Business review committee permission to contact the businesses listed in my application in order to verify the information provided in this application. I understand that not all applicants are guaranteed to be funded. I guarantee awarded funding will be utilized to defray or reimburse allowable expenses for a business with a physical address in the city limits of Coweta, by providing CIDA proof of payment for those expenses within 30 days of award. I further understand that CIDA reserves the right to seek full repayment if not in compliance and agree to repayment if non-compliance is determined and repayment is requested. In signing this form, I attest that I have read or had someone read to me its contents and understand its requirements.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_