



Tazewell County
Virginia



Small and Non Profit Business Recovery Grant

GRANT INFORMATION

Through a Virginia Department of Housing and Community Development (DHCD) Block Grant program, Tazewell County established a local \$800,000.00 grant fund, known as the Tazewell County Virginia Small Business Recovery Assistance Grant, to support the small and non-profit recovery efforts following the COVID-19 outbreak. Tazewell County has partnered with the Tazewell County Chamber of Commerce to administer this grant. The program is also supported by the Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell, this is a one-time grant of up to \$10,000 being provided to businesses in the Tazewell County to offset business impacts during the pandemic. The grant program is administered by the Tazewell County Chamber of Commerce under the oversight of a local management team. There is no fee to apply and businesses do **not** need to be a member of the Tazewell County Chamber of Commerce in order to apply.

Overview

Applications will be accepted until June 1, 2022 unless grant funds are exhausted, whichever occurs first. All applications are awarded on a first come first serve basis.

There is **no guarantee** that all businesses will be eligible under this grant program.

Businesses must explain how they have been harmed by the COVID-19 pandemic to be eligible for this program. Ultimately DHCD has final approval of all fund distributions and they will rely heavily upon the applicant's explanation in their decision making.

Each business may receive up to a maximum total of \$10,000.

GRANT ELIGIBILITY CRITERIA

Businesses/nonprofits in the region meeting **ALL** of the following eligibility criteria are encouraged to apply:

1. Must be locally or regionally owned or operated, *and*
2. Must have at least one (1) full time employee which includes sole proprietors, *and*
3. Must have twenty (20) or fewer full-time equivalent employees (FTE's)
Note: 2 Part Time (PTE) = 1FTE, and
4. Must verify that they were operational pre-COVID-19 (March 12, 2020) and are realizing a direct negative impact from COVID-19 (e.g. revenue loss, reduced sales, closure or suspended operation, employment decline, business interruption, etc.), and
5. Must not have already received federal CARES Act assistance from any other source for the exact same expenses requested by this application (no duplication of reimbursement), and
6. Must provide local or regional services, *and*
7. Must be an operating business/nonprofit located in Tazewell County including the Towns within - Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell
8. Must be current on all local fees, permits and taxes as of the date of the application, *and*
9. Must possess a valid Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell business license if required to have one by the locality where the business is physically located.

ELIGIBLE GRANT USES

The aim of the grant program is to help businesses re-open and or remain operational while meeting their long term goals by adjusting to COVID-19 demands. Requests for grant funds may include:

- Rent expenses (lease or mortgage) falling between April 1, 2020 and the date of the application may be reimbursed for a maximum of 6 months or \$10,000; whichever occurs first. Home based businesses may receive up to 25% of the business owner's rent or mortgage, not to exceed six months. Awards are based on submission of a copy of a current signed lease, mortgage or loan statement and proof of rent/mortgage payment(s) for the month(s) requested. Some applicants will receive less than 6 months of rent/mortgage reimbursement while others will receive less than \$10,000.

Example 1 (receiving less than 6 months of rent/mortgage reimbursement): applicant pays \$3,000/month in rent/mortgage will receive the maximum of \$10,000.

Example 2: (receiving less than \$10,000 of rent/mortgage reimbursement): applicant pays \$1,000/month in rent/mortgage will receive the maximum of 6 months of rent/mortgage reimbursement or \$6,000.

Under no circumstances will advance rent/mortgage costs be awarded (rent/mortgage occurring after the date of the grant award).

The grant is available for business utilities, now; however the max for Rent and Utilities is \$10,000.00 per business. Home based businesses, utilities are 25%.

INELIGIBLE GRANT USES

Businesses cannot be reimbursed for the below listed items under the terms and guidelines of this particular grant. The list is offered as clarity for applicants so that unnecessary time in completing the application process can be saved and disappointment avoided.

If you are not sure whether your particular expense is covered, please contact Lori Stacy, 276-988-5091 / Denise Harmon, 276-385-1203 to discuss. While you may not qualify for this particular grant there may be other programs which you can be directed to for assistance.

- Rent or mortgage payments prior to March 12, 2020.
- Expense(s) already covered by CARES funds received from other sources (no duplication of reimbursements).
- Any unlawful activity as defined by federal, state and or local laws.

GRANT APPLICATION GUIDELINES

1. Each business/non-profit must complete and submit a grant application, signed by the business owner, outlining the use of funds and how the funds will help sustain business operations in the Tazewell County.
2. A DUNS number is required; no application will be processed without this number.
3. Non-profit must submit a copy of their 501 c 3 determination letter. Your organization **MUST** provide service without regard to protected class status to be eligible.
4. The maximum amount of a grant award *for rent/mortgage/utilities* will not exceed 6 months or \$10,000; whichever occurs first.
5. The maximum total amount of a grant award will not exceed \$10,000 per business.
6. Grants will not be awarded for the exact same rent/mortgage already covered by CARES funds received from any other source (no duplication of reimbursement).
7. Copies of lease, mortgage or loan statement and proof of ***paid*** rent/mortgage must be presented.
8. Funds are available on a first-come, first-serve basis until funds are depleted or June 1, 2022; whichever occurs first.

How to apply (Electronic submissions are accepted): Application packets may be mailed or emailed to Tazewell County Chamber of Commerce, P.O. Box 672, Tazewell, VA 24651 beginning March 1, 2021.

info@tazewellchamber.org

The application form is available for download at www.tazewellchamber.com. Hard copy applications may be picked up from the following locations:

Tazewell County Chamber of Commerce, 165 Chamber Drive, Tazewell, VA 24651

Tazewell County Administration Office, 197 Main Street, Tazewell, VA 24651

ALL Town Halls - Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell

For information or questions please contact: Lori Stacy, Tazewell County Chamber of Commerce

Phone: 276-988-5091 Email: info@tazewellchamber.org

Denise Harmon, Administrative Assistant

Phone: 276-385-1203 Email: denise.harmon@tazewellcounty.org



Tazewell County
Virginia

Small and Non Profit Business COVID-19 Recovery Grant

APPLICATION

(page 1 of 3)

Refer to the Tazewell County Small and Non Profit Business Recovery Grant Information Sheet, attached to this application form for detailed information regarding the grant. Please be sure to fill in all information. Missing information will delay processing of your application.

Business Eligibility

I hereby certify that my business (please initials each line):

- ___ Is locally or regionally owned or operated (corporately-owned national chains are not eligible)
 - ___ Provides local or regional services
 - ___ Suffered negative impacts from closure (mandated or voluntary, full or partial) in response to the COVID-19 public health emergency.
 - ___ Was operational prior to March 12, 2020
 - ___ Has at least 1 full-time employee (sole proprietors included)
 - ___ Has fewer than 20 full-time equivalent (FTE) employees at the time of applying (2 part-time equivalent to 1FTE)
 - ___ Has not already received federal CARES Act assistance from any other source for the exact same expenses requested in this application
 - ___ Has a valid Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell business license if required by the locality where the business is physically located
 - ___ Is current on all local fees, taxes and permits as of date of this application
 - ___ Is currently operational **OR** plans to reopen no later than _____
- Note: IF the business does not reopen by the above date, the applicant may request an extension of the opening date with an explanation of the cause of delay. Should an applicant fail to open, all grant funds must be repaid, in full, within 30 calendar days of the written agreed upon opening date.**

Check List

The following documents are required to be submitted (please initial each line):

- ___ **Original** application form signed by the business owner; email and fax copies are not accepted
- ___ A **copy** of your current business license if one is required
- ___ **Original** signed IRS Form W-9 Request for Taxpayer Identification Number and Certification
- ___ Provide a **copy** of your Non-profit 501 C 3 determination letter. Your organization **MUST** provide service without regard to protected class status to be eligible.
- ___ A **copy** of your lease, mortgage or loan statement for requesting rent reimbursement
- ___ **Copies** of canceled checks or other proof of rent/mortgage payment

APPLICATION Continued (page 2 of 3)

Business Information	Legal Business Name: _____ (Grant checks will be written to this entity)		
	Trading as (IF Applicable): _____		
	Physical Address: _____		
	Business located in:	<input type="checkbox"/> Town of Bluefield <input type="checkbox"/> Town of Pocahontas <input type="checkbox"/> Town of Tazewell <input type="checkbox"/> Town of Cedar Bluff <input type="checkbox"/> Town of Richlands <input type="checkbox"/> Tazewell County	
	Mailing address (if different than physical address): _____		
	Business Contact Person: _____		
	Phone: _____	Email: _____	
	Lease or Own Building: _____	Home or Commercial Based: _____	
	Business Start Date: _____	DUNS #: _____	
	<p style="color: red; font-weight: bold;">No application will be processed without this #. Directions for obtaining DUNS # follow page 3 of this application form. If you need help obtaining a DUNS number, please contact us.</p>		
Entity Type (select all applicable types):	<input type="checkbox"/> For profit <input type="checkbox"/> Nonprofit <input type="checkbox"/> Locally Owned Franchise <input type="checkbox"/> Independent <input type="checkbox"/> Minority <input type="checkbox"/> Brokerage <input type="checkbox"/> Owned <input type="checkbox"/> Woman Owned <input type="checkbox"/> Veteran Owned		
Number Full Time Equivalent (FTE) - 2 Part Time (PTE) = 1FTE On 3/12/20 # of Employees _____ On date of application # of Employees _____			
Why did the business close (fully or partially) during the COVID-19 health emergency? <i>(check all that apply)</i>			
<input type="checkbox"/> State mandate <input type="checkbox"/> Not enough customer demand <input type="checkbox"/> Supply chain disruption <input type="checkbox"/> Workforce availability <input type="checkbox"/> Health and safety concerns <input type="checkbox"/> Other: _____			

Business Function	Primary business type (select one):		
	<input type="checkbox"/> Arts, Entertainment, Recreation	<input type="checkbox"/> Hotel and Accommodations	<input type="checkbox"/> Professional, Technical, Business Services
	<input type="checkbox"/> Child Care, Education, Instruction	<input type="checkbox"/> Information Technology, Broadcasting, Publishing	<input type="checkbox"/> Repair and Maintenance Services
	<input type="checkbox"/> Construction, Engineering, Design Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Restaurant, Food Services
	<input type="checkbox"/> Distribution, Logistics, Warehousing	<input type="checkbox"/> Personal Services (barber/beauty shop, nail salon, fitness, dry cleaner, etc)	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Private Household Services	<input type="checkbox"/> Other
	<input type="checkbox"/> Health and Medical Services	<input type="checkbox"/> Retail – please specify: _____	

APPLICATION Continued (page 3 of 3)

Total amount of grant funds being requested: \$ _____

*Up To 6 Months Rent/Mortgage
Max \$10,000.00*

Each paid receipt/invoice must list the bank/lender or landlord/business to which the rent or mortgage expense was paid, and the date of payment. Please use the space below to briefly explain how your business has been harmed by the COVID-19 pandemic. You may use a separate sheet if you wish.

(Loss of Revenue/Temporarily Closure/Loss of Employees/Increase of Supplies, Etc.)

Applicant Signature and Certification

I covenant to save, defend, hold harmless and indemnify the Commonwealth of Virginia, Tazewell County, Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell, and or the Tazewell County Chamber of Commerce and all officers, departments, agencies, agents and employees thereof from and against any and all claims, losses, damages, injuries, fines, penalties, costs including court costs and attorney's fees, charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application.

I authorize the internal use of this information for the grant analysis. The Applicant acknowledges that all proprietary information voluntarily provided by the Applicant will be kept confidential to the extent permitted by the Virginia Freedom of Information Act and other applicable laws and regulations.

I certify that the information I have submitted is correct to the best of my knowledge. I authorized the Commonwealth of Virginia, Tazewell County and/or their agents including the Tazewell Chamber of Commerce to make inquiries as necessary to verify the accuracy of the statements and information made by me in the application.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Business Owner's Signature

Date

How To Obtain a DUNS Number

A DUNS (Data Universal Numbering System) number is **required** of each applicant applying for grant funds. This number is used to identify organizations and companies receiving federal funds and provides consistent name and address data for grant application systems.

Obtaining a DUNS number is relatively simple and is a one-time process. Businesses can receive a DUNS number at **NO COST** by applying online at <http://fedgov.dnb.com/webform>.

To create a new DUNS Number within the United States, there are a couple of things you will need before submitting your request:

- You will need **2 documents** to complete this process
 - The documents must match the **Correct Legal Business Name** at the **Current Physical Address**.
 - **Do Not Include** personal information such as Driver's License, Passport, Social Security, Banking Statements, etc. (See examples of accepted documents below)
 - For **Sole Proprietorship** companies, ensure the documentation contains **Your Full Legal Name** and **Current Physical Address**.

Examples of Accepted Documents to Create a New DUNS Number:

- Secretary of State Articles of Incorporation
- Secretary of State receipt of Filing
- Taxpayer Identification Number (TIN) Confirmation Letter
- Employer Identification Number (EIN) Confirmation Letter
- DBA / Assumed Name Certificate Filing
- Lease Agreement
- Mortgage
- Phone or Internet Bill
- Utility Bill
- Homeowners or Renters Insurance
- City or State Tax Permit
- DBA/Assumed Name filing
- Invoice from a third party
- Proof of Insurance

Small Business Recovery Assistance Grant

Performance Agreement

I, **Name**_____, am the owner of **business name**_____ and have the legal authority to enter into this contract on its behalf. As part of the conditions of **business name**_____ receiving \$_____ in funds from the **County of Tazewell** from their **Small Business Recovery Assistance Grant**, I make the following statements under penalty of perjury:

I covenant to save, defend, hold harmless and indemnify the **County of Tazewell**, any and all partner entities, and all officers, departments, agencies, agents and employees thereof from and against any and all claims, losses, damages, injuries, fines, penalties, costs including court costs and attorney fees, charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with my participation in this program.

I authorize the internal use of any information gathered for the grant analysis. **Business name**_____ acknowledges that all proprietary information voluntarily provided by **Name on application**_____ will be kept confidential to the extent permitted by the Virginia Freedom of Information Act and other applicable laws and regulations.

I certify that the information I have submitted is correct to the best of my knowledge. I authorize the **County of Tazewell** and its partner entities to make inquiries as necessary to verify the accuracy of the statements and information made as part of applying for, receiving, and administering this program.

I also acknowledge and understand that I will be required to submit a follow-up **summary**: The summary needs to explain how the grant funds were spent, and the benefit it brought to the business and that if I fail to provide such report by **July 1st 2021**, I will be required to pay back all grant funds.

I have not received financial assistance for the items that I have requested funds from **Small Business Recovery Assistance Grant**. I understand that there can be no duplication of benefits from funds provided by this program and any other source. If there is a duplication of benefits those funds will have to be repaid to the **County of Tazewell**, and understand that I may be held personally liable for the repayment of these funds.

I understand that these funds are from state, and/or federal sources, and are governed by local, state, and federal laws. WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Printed Name of Business Owner, and Name of Business

Signature of Business Owner and Date

Printed name and date of Authorized Representative
County of Tazewell

Signature of Authorized Representative of
County of Tazewell

Form **W-9**Commonwealth of Virginia
Substitute W-8 Form

Revised July 2014

**Request for Taxpayer Identification
Number and Certification**

Section 1 - Taxpayer Identification	<input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) _____		Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number. The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.	
	Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions) _____		Legal Name: _____	Business Name: _____
	Entity Type <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation		Entity Classification <input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	
			Exemptions (see instructions) Exempt payee code (if any): (from backup withholding) _____ Exemption from FATCA reporting code (if any): _____	
	Contact Information			
Legal Address: City: _____ State: _____ Zip Code: _____		Name: _____ Email Address: _____ Business Phone: _____		
Remittance Address: City: _____ State: _____ Zip Code: _____		Fax Number: _____ Mobile Phone: _____ Alternate Phone: _____		
Section 2 - Certification	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
	Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification			
Printed Name: _____		Authorized U.S. Signature: _____		
		Date: _____		