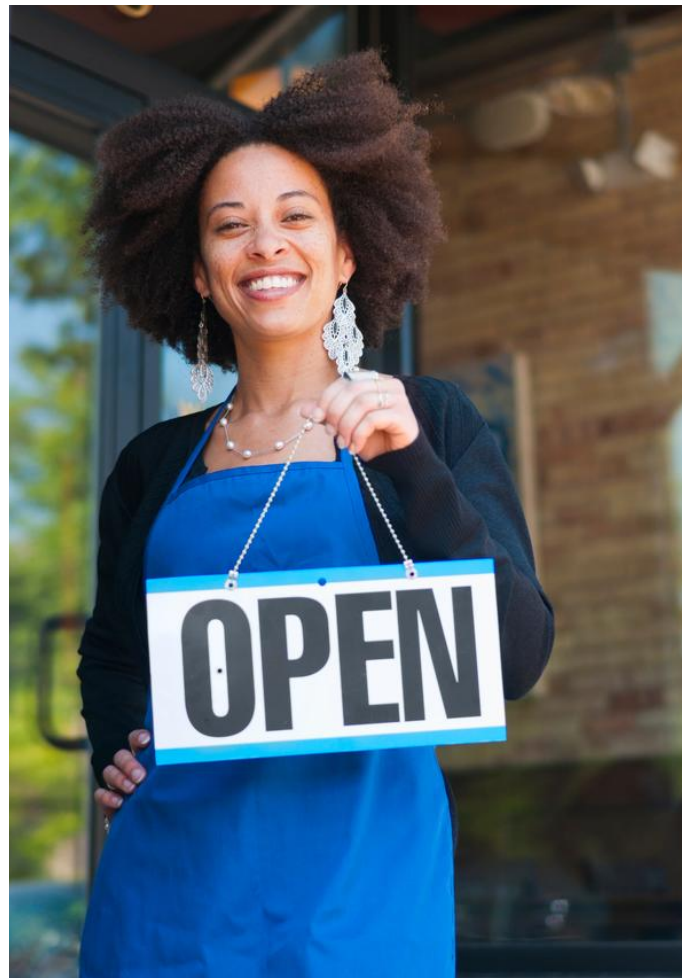


PORTSMOUTH COVID-19 BUSINESS RECOVERY GRANT

PROGRAM GUIDELINES





PORTSMOUTH COVID-19 BUSINESS RECOVERY GRANT



Program Guidelines and Application

In response to the COVID-19 public health crisis and developing economic impacts being experienced the City of Portsmouth is offering financial assistance under the COVID-19 Business Recovery Grant program to local small businesses experiencing challenges to their operations.

Through the utilization of Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 relief funds, the Portsmouth Economic Development Authority will provide economic support to Portsmouth businesses that have experienced direct financial impacts as a result of COVID-19. Priority will be provided to businesses expanding or transitioning to provide critical health care services and those manufacturing and/or distributing medical and protective supplies, including sanitizing products and personal protective equipment in response to COVID-19. Small businesses with expenses related to business interruption caused by required closures are also eligible for financial assistance.

Economic recovery funds are available in the form of a reimbursement grant to cover the costs of business expansion or interruption.

**ALL APPLICATIONS ARE DUE VIA EMAIL
BY 5:00PM EST. OCT. 31, 2020 TO
RECOVERYGRANT@PORTSMOUTHVA.GOV.**

PROGRAM GUIDELINES

ELIGIBILITY & APPLICATION PARAMETERS

To be considered for the grant, an organization must meet all of the following requirements:

- Eligibility is open to: for-profit small businesses, independently owned franchise locations with principal locations in Portsmouth (if a franchisee has multiple locations, they are only eligible to apply for one grant), nonprofit organizations with operations based in Portsmouth, (Religious establishments are ineligible at this time.)
- Experienced verifiable losses in operating hours, losses in revenue, and/or reductions in staffing as a result of Governor Northam's Executive Order 53, and associated directives
- Must operate in a physical brick and mortar location (no home-based businesses)
- Must have been in business as of March 1, 2019 and have a current Portsmouth business license
- Must be in good standing with local taxes and licenses, as verified with the City of Portsmouth Treasurer's office and the Commissioner of Revenue of Office
- Must be in good standing with Virginia SCC
- Had 50 full-time equivalent employees or fewer as of March 1, 2020

Businesses must document, via application statements:

- How their business has been adversely impacted and required to adjust normal operations in response to the COVID-19 disruption as well as their immediate future operations
- Identify how employment is being retained and the type of positions being retained

FUNDING PARAMETERS

Business Recovery Grants will be awarded as one-time reimbursement grants of up to \$10,000 based upon verifiable business expenses (e.g. paid receipts/invoices). **Cash payments are ineligible.**

Additional funding may be requested based on a Statement of Need. Statement of Need funding will be prioritized and distributed based on costs incurred to businesses expanding or transitioning to provide critical health care services and those manufacturing and/or distributing medical and protective supplies, including sanitizing products and personal protective equipment in response to COVID-19. Applicants for Statement of Need Grants may apply for additional funds up to a total grant amount of \$50,000.

Grant funds may be utilized for fixed-cost expenses **(incurred since March 24, 2020)** to include:

- Rent or mortgage payments
- Insurance (pro-rated for COVID impact period), private utilities, or similar operational expenses
- Costs related to personal protective equipment (PPE) and increased sanitation requirements
- Marketing efforts directly related to COVID-19 (i.e. digital, print, signage advertisement)

Grants will be awarded as reimbursements based upon certifiable business expenses (e.g. paid receipts/invoices). Grant funds will be awarded to the business on a first-come first-serve basis subject to the administrative approval of an application by the Portsmouth Economic Development office and the availability of funding.

COVID-19 BUSINESS RECOVERY GRANT APPLICATION

Date Received (To Be Completed By PED Staff):

CONTACT INFORMATION

Contact's Name:

Contact's Phone:

Cell Phone:

Email:

BUSINESS INFORMATION

Business Name:

Business Address (☐ Owned ☐ Leased):

Mailing Address (If different from business):

Business Phone:

Form of Entity: Sole Proprietorship LLC Partnership
 Corporation Other

Type of Business: Woman-Owned Minority-Owned
 Veteran-Owned SWaM Certified

Business Sector: Retail Restaurant/Hospitality
 Professional Services Personal Services
 Other:

Number of Full-Time Equivalent (FTE) Employees
(One FTE=Minimum of 35 hours per week)
As of March 1, 2020:

As of Application Date:

BUSINESS INFORMATION (CONT.)

Description of business:

COVID-19 Business Impacts | Demonstrate and quantify the direct financial impact of COVID-19 to your business operations through loss of operating hours, revenue, fixed costs, employment and non-payroll expenses, etc. (Max of 100 words)

Assistance related to COVID-19 | Has your business previously applied for and/or received financial assistance, benefits, loans or grants (including federal Payroll Protection Program, Economic Impact Disaster Loan, etc.) related to the COVID-19 pandemic through another program?

Yes

No

If yes, provide details and, if applicable, attach documentation (e.g. copy of application for assistance whether approved or declined.)

****Please note that other forms of financial assistance do not preclude a business from the Portsmouth Business Recovery Grant; however, recipients may not use Recovery Grant funds for expenditures for which they have already received other assistance funds (i.e. double coverage).**

Funding Request

The Business Recovery Grant will provide up to \$10,000 of verified expenses incurred on or after March 24th, 2020 within the approved categories. (\$50,000 for businesses eligible for Statement of Need funding). Please submit documentation of expenses **along with evidence of payment** in order to meet the verification requirements.

Please see Appendix A for documentation needs; **cash payments are ineligible.**

Funding Amount Requested: _____

Lease/Mortgage - Reimbursement Request: _____

Please attach to your application:

- Your lease agreement or your mortgage statement
- The method of payment for each month you would like to be reimbursed, i.e. copies of cleared check, debit or ACH transfer
- Bank statements for each month you would like to be reimbursed to validate the method of payment

Private Utilities - City Utilities are ineligible - Reimbursement Request: _____

Please attach to your application:

- Individual monthly billing statements for each of the utilities you are submitting for reimbursement (please note that summary overviews are not adequate)
- The method of payment for each month you would like to be reimbursed, i.e. copies of cleared check, debit or ACH transfer
- Bank statements for each month you would like to be reimbursed to validate the method of payment

Insurance or operating expenses - Reimbursement Request: _____

Please attach to your application:

- Individual monthly billing statements or your yearly policy for each of the expenses you are submitting for reimbursement (please note that yearly insurance premiums will be pro-rated)
- The method of payment for each month you would like to be reimbursed, i.e. copies of cleared check, debit or ACH transfer
- Bank statements for each month you would like to be reimbursed to validate the method of payment

Costs related to PPE, Sanitation & Marketing - Reimbursement Request: _____

Please attach to your application:

- Individual receipts, invoices, or contracts for services or goods directly related to COVID-19 PPE, sanitation, or marketing.
- The method of payment for each month you would like to be reimbursed, i.e. copies of cleared check, debit or ACH transfer
- Bank statements for each month you would like to be reimbursed to validate the method of payment

Other: - Reimbursement Request: _____

COVID-19 BUSINESS RECOVERY GRANT APPLICATION

COVID-19 APPLICATION CHECKLIST

Please verify that each of the required items listed has been completed by initialing the bottom of the page. Only **complete** applications will be considered and reviewed.

Eligibility

- Business owners & operators in a physical brick and mortar location within the City of Portsmouth (no home-based businesses)
- Eligibility is open to: for-profit small businesses, independently owned franchise locations with principal locations in Portsmouth (if a franchisee has multiple locations, they are only eligible to apply for one grant), nonprofit organizations with operations based in Portsmouth, (Religious establishments are ineligible.)
- Business experienced verifiable losses in operating hours, losses in revenue, and/or reductions in staffing as a result of Governor Northam's Executive Order 53, and associated directives
- Must be in good standing with local taxes and licenses, as verified with the City of Portsmouth Treasurer's office and Commissioner of Revenue
- Must be in good standing with Virginia SCC.
- Business may NOT have outstanding codes violation
- Must have been in business as of March 1, 2019 and have a current Portsmouth business license
- Had 50 full-time equivalent employees or fewer as of March 1, 2020

Required Attachments

- Copy of valid City of Portsmouth Business License
- Copy of "Articles of Incorporation" if applicable
- Copy of lease agreement/mortgage statement if applicable
- Copies of all paid invoices related to the grant request and canceled checks, credit card statements, bank statements, etc. that verify payment (**cash payments not reimbursed**)
 - Materials for reimbursement should include:
 - Individual monthly billing statements, not overview or summary
 - Individual monthly bank statements for verification of payment
 - Copies of cleared checks, if used as payment
 - Copies of monthly credit card statements, if used as payment
- Copy of completed IRS Form W-9 - Appendix B
- Copy of completed Electronic Funds Transfer Form - Appendix C

INITIAL

DATE

AFFIDAVIT OF APPLICANT

This _____ day of _____, 2020, the undersigned hereby affirms as follows:

I hereby certify that the payment of all applicable taxes, including but not necessarily limited to business, real estate, personal property, meals, and sales taxes are current. I further certify that the information provided on this application is true and correct to the best of my knowledge and that as a representative of the business named in this application I am legally authorized to execute this application.

_____ is an applicant to the Portsmouth COVID-19 Business Recovery Grant program, and certifies that all expenses for which grant proceeds are sought are related to COVID-19 related expenses, and that these expenditures have not been submitted as part of a successful grant application under the Payroll Protection Program or the CARES Act. To the extent that the Applicant did receive a PPP or CARES Act grant, the Applicant certifies that no expenditures for which it sought a PPP or CARES Act grant are for the period covered by the Program.

(PRINT NAME OF APPLICANT BUSINESS)

BY: _____ (SEAL)

PRINT NAME: _____

TITLE: _____

COMMONWEALTH OF VIRGINIA, CITY/COUNTY OF _____,
TO/WIT:

The foregoing affidavit was subscribed and sworn to before me this _____ day of _____, 2020, by _____ in his/her capacity as _____ for _____. He/she is personally known to me or presented satisfactory evidence of his/her identity.

Notary Public

Registration Number: _____

My commission expires: _____

HOW TO PROVIDE DOCUMENTATION OF PAYMENT

Paying by Check

If you pay a reimbursable expense by check, please provide:

- A copy of the cancelled check
- A copy of the invoice, lease agreement, mortgage statement, etc. that the check was used for
- A screenshot or a redacted banking statement from your checking account that the check was processed

Paying by Credit Card

If you pay a reimbursable expense by credit card, please provide:

- A copy of the invoice, lease agreement, mortgage statement, etc. that the credit card was used for
- A screenshot or a redacted credit card statement that the charge was applied to
- A screenshot or redacted bank account statement that shows the credit card charge was paid

Cash payments are not eligible for reimbursement.

W9

Please visit <https://www.irs.gov/pub/irs-pdf/fw9.pdf> to download and fill the latest blank W9 form and submit as an attachment to your application.

ELECTRONIC FUNDS TRANSFER FORM

**Please complete the EFT provided on the following page
and submit the form as an attachment to your application.**

Direct Deposit/Electronic Funds Transfer (EFT) ENROLLMENT/CHANGE OF ACCOUNT FORM

INSTRUCTIONS

The City of Portsmouth encourages vendors to accept payments via direct deposit using the Automated Clearing House System (ACH). Each time a payment is made via ACH, the city will notify you with an email from purchasing@portsmouthva.gov which outlines the details of the payment transmitted.

Form must be typed and submitted to:

E-mail: purchasing@portsmouthva.gov or fax (757) 393-5413

Mail: City of Portsmouth Department of Finance, 801 Crawford Street, 5th Floor, Portsmouth, VA 23704

SECTION 1 - APPLICATION REQUIREMENT (REQUIRED ITEM)

Submit **one** item with your application.
Incomplete applications will not be processed.

- ☐ Copy of voided check imprinted with vendor name
☐ Current bank statement ☐ Letter from your bank*

* Bank documentation must contain the vendor/company name, complete bank account and routing number. Bank documentation must also include bank representative's signature, printed name, and date signed.

SECTION 2 - VENDOR INFORMATION (ALL FIELDS REQUIRED)

1. Attached completed W-9 to this Form.	
2. Vendor Name: (As it appears on W-9 Form)	
3. Vendor Address: Number, Street, City, State and Zip Code	
4. Vendor Email Address:	
5. Vendor Telephone Number and Extension:	

SECTION 3 - BANK INFORMATION (ALL FIELDS REQUIRED)

1. Name of Bank:								
2. Name of Account: (Exactly as it appears on Account)								
3. Account Number and Type:					<input type="checkbox"/> CHECKING		<input type="checkbox"/> SAVINGS	
4. 9-Digit Bank Routing Number: (See bottom of check)								
5. Bank Telephone Number and Extension:								

SECTION 4 - VENDOR SIGNATURE AND AUTHORIZATION (MUST SIGN, PRINT AND DATE)

I confirm my authority, as an authorized signer of the above-referenced bank account, to issue this instruction to credit and debit, via the Automated Clearinghouse, the Account. I authorize the City of Portsmouth to deposit, via Automated Clearinghouse credit entry, all entitled payments to the Account and to initiate, as necessary, Automated Clearinghouse debit entries to adjust any Automated Clearinghouse credit (i) made in error (ii) deposited for an incorrect amount, or (iii) duplicate of a correct payment. The City of Portsmouth will make a reasonable effort to communicate with me to notify me of a debit entry that will be made to the Account. I understand that this authorization will remain in effect until a written instruction, properly executed by me, authorizing cancellation is submitted to the e-mail address above.

Authorized Signature	Print/Type Name	Date (MM-DD-YYYY)