## Attachment A

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Federal Employer Identification Number (EIN) or Social Security Number: |  |
| Years in Business: |  | Employees (prior to 3/15/20): | Full Time |  | Part Time |  |
| Have you been able to keep your rent current? | YES[ ]  | NO[ ]  | How many employees do you have currently? |  | How many employees will you have upon reopening? |  |
| Annual Payroll:\_ | $ |  |  |  |  |  |  |
| Have you applied for and/or received Covid-19 funding from another sources? | YES[ ]  | NO[ ]  |  | If yes, list the source and amount: |  |

|  |  |  |
| --- | --- | --- |
| In one sentence, what does your business do? |  |  |
|  |  |  |
| Have you been able to keep your rent current? |  |  |

|  |  |  |
| --- | --- | --- |
| USE OF FUNDS: |  |  |
| Inventory restock | $ |  |
| General Supplies | $ |  |
| Rent/Mortgage | $ |  |
| Utilities | $ |  |
| Marketing | $ |  |
| Equipment | $ |  |
| Payroll  | $ |  |
| Other (please list) | $ |  |
|  |  |  |
| TOTAL REQUESTED:  | $ |  |

 |
|  |
| COVID-19 IMPACTS |
| Is your business Open due to Covid-19? | OPEN[ ]  | LIMITED HOURS[ ]  | CLOSED[ ]  |
| Summarize Covid-19 Impacts to the business: |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| When do you expect to reopen? |  |
| When you do expect to return to pre-Covid-19 operations? |  |
| DOCUMENTATION1. Payroll or roster of employees
2. 2018 Federal Tax Return. Only applicable if your business was operational in 2018. Personal returns will be accepted for independent contractors and self-employed individuals if business returns are not available.
3. 2019 Federal Tax Return (if filed). If not, income Statement showing monthly sales. You may use your regular format, such as downloading from your accounting software. Or you may use this free template (<https://corporatefinanceinstitute.com/resources/templates/excel-modeling/free-income-statement-template/> )
4. 2020 year-to-date (January - March) income statement showing monthly sales. You may use your regular format, such as downloading from your accounting software. Or you may use this free template (<https://corporatefinanceinstitute.com/resources/templates/excel-modeling/free-income-statement-template/>)
5. Supporting documentation for potential revenue in April 2020 such as proof of canceled contracts, revenue generating events, etc.
 |

## CERTIFICATIONS

This application does not commit the City to making an award.

The City of Millville reserves the right to accept or deny any or all applications if it is determined to be in the best interest of the City to do so. The City shall notify the applicant if it rejects their application.

**By signing my name, I certify that my responses to the questions have been truthful and the supporting documentation I have provided is authentic. I understand that the City of Millville**

**reserves the right to deny funding based on tax history.**

* I am/was in good standing with all property taxes and inspections
* Without an infusion of emergency assistance I would be unable to reopen
* I intend to re-hire as many of my previous employees as materially possible within the next six months

Submit Application to:

samantha.silvers@millvillenj.gov

(856) 825-7000 x7341

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**