

COVID-19 Business Relief & Recovery Grant Program



Introduction

Please read before starting to fill out application:

- This online form has six sections. The "My progress" bar across the top will show your progress as you complete each section.
- When you complete a section, click the green "Continue" button at bottom right of the section to move to the next section.
- You can save your work at any time and return later to continue filling out the form. Just click the blue "Save" button at the bottom left of each section – this will generate a link which you can copy or email to yourself and use later to return to finish your form.

Affirming Grant Program Structure

1. I understand I am applying for the Lakewood COVID-19 Business Relief and Recovery Grant Program. I have read and understand the program's rules and eligibility requirements BEFORE completing this application. (Select 1 option) **Required**

- Agree
- Do not agree

2. I understand I may be required to provide additional documentation to verify the responses I enter into this application, and further, I acknowledge if I am unable to provide additional documentation in a timely manner, my application may be deemed ineligible. (Select 1 option) **Required**

- Agree
- Do not agree

3. If my application is deemed eligible, I understand I am applying to be entered into a random drawing for a \$3,000 grant. (Select 1 option) **Required**

- Agree
- Do not agree

4. I understand for the COVID-19 Business Relief and Recovery Grant Program, all grants will be awarded within the eligibility requirements, published process, and to the extent of available funding. However, I further acknowledge there are likely to be more eligible applications than there will be available grants and my eligible application may not receive a grant award. (Select 1 option) **Required**

- Agree
- Do not agree

Verification of Eligibility

5. My business is registered with the Colorado Secretary of State and is organized in the State of Colorado. (Select 1 option) **Required**

- Yes
- No

6. My business has a current certificate of good standing from the Colorado Secretary of State. (Select 1 option) **Required**

- Yes
- No

7. My business's principal place of business is at a physical address within Lakewood, Colorado. (Select 1 option) **Required**

- Yes
- No

8. The physical address I will later enter into this application is not a post office box, private mail box at a mailing service center/store, or a virtual mailbox. (Select 1 option) **Required**

- True
- False

9. My business is not a 501(c)3 nonprofit corporation. (Select 1 option) **Required**

- True
- False

10. The principle purpose of my business is not political lobbying. (Select 1 option) **Required**

- True
- False

11. My business is not a government organization. (Select 1 option) **Required**

- True
- False

12. My business is not a residential living facility. (Select 1 option) **Required**

- True
- False

13. My business was in operation on or prior to Jan. 1, 2020. (Select 1 option) **Required**

- True
- False

14. My business was in operation on or prior to Jan. 1, 2019. (Select 1 option) **Required**

- True
- False

15. My business does not have more than 25 employees now or at any time in 2019, nor in 2020. (Select 1 option) **Required**

- True
- False

16. My business is not delinquent on any local taxes due to the City of Lakewood as of Feb. 29, 2020. (Select 1 option) **Required**

- True
- False

17. There are no outstanding liens or judgments against the business or its owners. (Select 1 option) **Required**

- True
- False

18. I have applied for either the Paycheck Protection Program (PPP) or an Emergency Injury Disaster Loan (EIDL). (Select 1 option) **Required**

- True
- False

19. I am an equity owner of the business applying for assistance or the general manager authorized to submit an application, and I reside in the state of Colorado. (Select 1 option) Required

- True
- False

20. If awarded a grant, I affirm we intend our business to be solvent and in operation for at least 90 days from the date of grant award. (Select 1 option) Required

- True
- False

21. My business was solvent and operating between May 15 and June 15, 2020. (While your business may have been temporarily closed during this period of time, was your business paying bills like rent and utilities? Was your business providing paychecks or taking care of other business operations/transactions between May 15 - June 15, 2020?) (Select 1 option) Required

- True
- False

22. For my business, I am able to provide receipts for all COVID-19 mitigation expenses incurred so far in 2020. (Consider all expenses such as PPE, screens, floor decals, signage and other similar expenses.) (Select 1 option)

Required

- Yes
- No

23. None of the business's owners, spouses or immediate family members are employees or elected officials with the City of Lakewood. (Select 1 option) Required

- True
- False

24. My business was forced to close temporarily or forced to dramatically limit operations due to the public health orders related to the COVID-19 public health crisis. (Select 1 option) Required

- Yes
- No

Business Information

25. Business Name (Legal registered name) Required

26. Business DBA Name (If same as legal registered name, enter again) Required

27. Street Address (Must be physically located within the city of Lakewood) Required

28. Mailing City Required

29. State

30. Zip Code Required

31. Lakewood Sales Tax License Number (Enter "None" if your business doesn't have one.) Required

32. Lakewood Use Tax License Number (Enter "None" if your business doesn't have one.) Required

33. Business EIN number Required

34. Type of Business Entity (Choose only one): (Select 1 option) Required

- C Corp
- S Corp
- LLC
- LLP
- PC
- Joint Venture Partnership
- Sole Proprietor
- Other

35. What year was your business formed? Required

36. Number of years in business in Lakewood, Colorado Required

37. Category of Business (Choose only one): (Select 1 option) Required

- Restaurant
- Hotel (with 50 or more rooms)
- Hotel (with 49 or fewer rooms)
- Retail
- Healthcare
- Service provider
- Manufacturer
- Construction
- Other

38. My business is: (Select 1 option) Required

- NOT home-based
- Home-based

39. My business locations: (Select 1 option) Required

- Only 1 location in Lakewood
- Multiple locations, but only in Lakewood
- Multiple locations in Lakewood and other cities

40. In a few sentences, describe your business and how it generates revenue. Required

(1,000 characters max)

41. Number of employees or Full Time Equivalents (FTE) my business had in June 2019. (If none, enter "0")

Required

42. Number of employees or Full Time Equivalents (FTE) my business had in February 2020. (If none, enter "0")

Required

43. Number of employees or Full Time Equivalents (FTE) my business had in April 2020. (If none, enter "0")

Required

44. Number of employees or Full Time Equivalents (FTE) my business had in May 2020. (If none, enter "0")

Required

45. In a few sentences, describe the hardship caused to your business due to the COVID-19 virus. Required

{1,000 characters max}

46. The amount my business has spent on COVID-19 mitigation measures in 2020. (Consider expenses such as PPE, screens, floor decals, signage and other similar expenses.) Enter "0" if amount is zero. Required

46-A. Upload receipts for COVID-19 related business expenses so far. (If your business has incurred COVID 19 mitigation expenses, copies of receipts must be uploaded. If your business has not had any COVID-19 mitigation-related expenses, then skip this item.)



Please attach all files to the end of this form before submitting it.

47. In a few sentences, describe your business' plan for continued viability through to January 2021 and beyond.

Required

{1,000 characters max}

48. In a few sentences, describe how your business intends to use grant funds, if they are awarded, from this program. Required

{1,000 characters max}


49. In 2019, my business's verifiable, annual gross revenues. If your business was not open in 2019, please enter "0" **Required**

50. My business's verifiable gross revenues for the months of March and April, 2020. **Required**

51. Between May 15 and June 15, 2020, my business performed which of the following (check all that apply): (While your business may have been temporarily closed during this period of time, was your business paying bills like rent and utilities? Was your business providing paychecks or taking care of other business operations/transactions between May 15 - June 15, 2020?) **Required**


- Continued operations open to the public, even if on a limited basis
- Received revenues for goods delivered and/or services performed
- Issued payroll checks
- Paid rent or mortgage payments
- Used or installed COVID-19 mitigation measures such as PPE, screens, floor decals, signage, etc.
- Other

51-A. Upload copies of your paid business-related expenses checked in item #51. (All applications must include an upload of document(s) proving your business was solvent and continuing operations between May 15 - June 15, 2020.) **Required**

 Please attach all files to the end of this form before submitting it.

52. If you checked "Other" in question 51 above, indicate which specific business tasks were performed. If you did not check "Other" above then enter "None" for this prompt. **Required**

53. Upload your business's completed and valid W-9 form. **Required**

 Please attach all files to the end of this form before submitting it.

Applicant Information (Primary Applicant & Contact)

54. First Name Required

55. Last Name Required

56. Title Required

57. Phone Required

58. Email address Required

59. Please list the first and last names of the individuals who each own 20% or more of this business (if none input "none"). Required

{1,000 characters max}

Applicant Agreements & Affirmations

60. In submitting this application, I, the undersigned, hereby certify that: (1) I am authorized to bind the applicant; (2) the applicant does or will comply with the Requirements and Criteria set forth below; (3) the applicant understands and agrees that failure to comply with the Requirements and Criteria below will disqualify the applicant from award of grant funds, and if any funds have been disbursed to the applicant, the applicant agrees to immediately repay such funds to the City. (Select 1 option) Required

- Agree
- Do not agree

61. Applicant agrees to use grant or loan funds only for the legitimate expenses of the business and in general alignment with applicant's response to item #48 on this form. A few examples of eligible uses includes commercial rent, payroll expenses, business supplies & materials, materials purchased for the mitigation of COVID-19 response and expenses incurred for compliance with public health orders (e.g., PPE, temporary barriers, signage, temperature check stations, etc.). (Select 1 option) **Required**

- Agree
- Do not agree

62. Applicant agrees to provide to the City of Lakewood a grant report, specifically including copies of proof of payments for legitimate business expenses (receipts, invoices, etc.), on or before December 1, 2020. (Select 1 option) **Required**

- Agree
- Do not agree

63. Applicant agrees to and grants permission for the City of Lakewood to use their name and their business's names, photographs, voices, video recordings, personal appearances and likenesses in connection with the reporting and promotion of this program. Applicant waives any claims to royalty, right, or remuneration for such use. Applicant agrees such information may be used for marketing and other purposes. (Select 1 option) **Required**

- Agree
- Do not agree

64. Because the internet consists of multiple interconnected networks and end points (e.g., websites and other content providers) which are not directly connected to Lakewood's server network, the applicant agrees to indemnify and hold harmless the City of Lakewood from any failures of the internet, electronic equipment or software used in the submission of this grant application. (Select 1 option) **Required**

- Agree
- Do not agree

65. CERTIFICATION: I, the primary applicant listed in this application, hereby CERTIFY all statements in this application are true and complete. I agree and acknowledge any misstatements or material omissions herein is grounds for immediate payback in full of any funds granted through this program, and that the City of Lakewood or its assigns may use any means necessary to collect this debt. (Select 1 option) **Required**

- Yes
- No

66. Electronic Signature **Required**

End of form

Don't forget to attach all files before submitting this form