



City of Farmersville /Collin County CARES Act

Small Business Assistance

Application

The application together with all supporting documents (collectively the “Application Packet”) must be received by the City of Farmersville on or before Noon on December 7, 2020.

City of Farmersville, Texas
Small Business Grant Program
205 S. Main ST
Farmersville, Texas 75442

Alternatively, the Application Packet may be dropped off at the City of Farmersville City Hall drive-through window or placed in the drop box at 205 S. Main St between the hours of 7:30 A.M. to 4:00 P.M., Monday-Friday.

All information should be placed in a sealed envelope with your business name, and “Farmersville CARES Act Small Business Assistance” written on the envelope. Envelope will be marked with the date and time the envelope is delivered and received or placed in drop box at City Hall.

BUSINESS INFORMATION

Applicant Name: _____ Name of Business Owner(s): _____

Business Name & DBA: _____

Type of Business: _____

Business Address (must be commercially classified): _____

Owner(s) home address: _____

Business Phone Number: _____ Owner(s) Phone Number: _____

Business or Owner(s) Email Address: _____

Funds must be used for one of the following:

Please indicate how you would use the proceeds if awarded a grant

- _____ Business Lease/Mortgage Payment
- _____ Utility Payments (excluding City of Farmersville utilities)
- _____ Payroll for employees still employed by the business
- _____ Unexpected expenses related to COVID-19



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BUSINESS IMPACT

Please indicate how your business has been impacted by COVID-19:

What are the impacts to your business from COVID-19? Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Forced business closure | <input type="checkbox"/> Reduced hours of operation |
| <input type="checkbox"/> Restricted access to capital to address costs | <input type="checkbox"/> Inability to respond to home delivery |
| <input type="checkbox"/> Interrupted supply/deliveries from vendors | <input type="checkbox"/> Increased operating cost |
| <input type="checkbox"/> Employee layoff/furlough | <input type="checkbox"/> Revenue decline |
| <input type="checkbox"/> Inability to serve customers | <input type="checkbox"/> Decreased customers |
| | <input type="checkbox"/> Other |

Please briefly add any additional information relating to your application or situation.

Attestation

(Check all boxes that apply and fill in all blanks):

I, _____ the owner/manager of _____ attest the following: COVID 19 related loss of \$_____.

Attach supporting documentation to show evidence of financial impact of COVID-19:

- Sales Tax reports for 2020 (January to current)
 - Supporting documents for loss.
-
- I have not** received Collin County CARES ACT funds that will exceed \$25,000.00 when added to the amount requested above
 - My business is located within the city limits of Farmersville and is not primarily internet based
 - My business is not a publicly traded company, a non-profit organization, franchise, or home-based business
 - My business had fewer than 16 employees, including myself, either full or part time, on or before March 13, 2020.
 - My Business was open on or before March 1,2020 and has not permanently closed.

I acknowledge that (Check all that apply):

_____ I understand that my business is not entitled to a grant.



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_____ I understand the City of Farmersville will not accept and/or evaluate incomplete applications.

_____ The City may require additional information/documentation/clarification.

_____ If I accept the funds, I agree under the Chapter 380, of the Texas Local Government Code, that if my business ceases operations within 90 days of check date the funds will be subject to be paid back.

_____ I understand the City of Farmersville will review applications and approve grant funding on a first-come, first-served basis. The City of Farmersville does not discriminate based on race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, or any other basis of discrimination prohibited by law.

By submitting an application under the program, the applicant consents to submitting all required or supporting documentation and information to the City of Farmersville and to the public disclosure of such documentation and information by the City of Farmersville in response to any request submitted pursuant to the Texas Public Information Act and/or other applicable law.

I certify that the information I have given is truthful and accurate to the best of my ability. Financial information provided has not been manipulated to exaggerate the financial duress of this business. I understand that the information submitted in this application will be shared with a committee, comprised of individuals selected by the City Council of the City of Farmersville, that will determine the allocation of funding to applicants.

I understand that if my business is selected to receive funding, I will be required to sign a “City of Farmersville / Collin County Small Business Grant Agreement” (“Agreement”) **before** the check is mailed to the address on this form. **If the signed “Agreement” is not received in the City offices by 4:00 pm on December 29, 2020, then the Funds will be returned to the City.**

Signature(s)_____

Date_____

To be completed by City:

Date Received _____

Time Received _____

Received By_____