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**Opportunity for COVID-19 Funding Assistance for Small Business**

**Request for Funding Consideration**

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| Name of Business:  |  |
| Primary Business Address: |  |
| Name of Person Submitting Application: |  |
| Title/Position: |  |
| Contact Phone Number: |  |
| Email: |  |
| Type of Business/Industry: |  |
| Year Established: |  |
| Number of Employees: |  |
| Employer ID Number (EIN): |  |

Currently Authorized to Conduct Business in the Commonwealth of Virginia: Yes [ ] No [ ]

**Type of Activities/Support Funding Assistance Being Requested (see announcement) Choose 1 or more of the Categories Below:**

[ ] Sanitization - Describe nature and estimated dollar amount of any already incurred/planned expenditures:

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[ ] Technology - Describe nature and estimated dollar amount of any already incurred/planned expenditures:

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[ ] Other – Name type of Proposed Activity/Support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Describe the nature and estimated dollar amount of any already incurred/planned expenditures:

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Why should the local Board choose your application for funding support, among many others requesting assistance, as part of this limited COVID-19 Business Support initiative?

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What is (are) the expected outcome(s) associated with your planned use of the $2,000?

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**Signature and Certification:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

BY MY SIGNATURE I VERIFY:

(1) THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND FURTHER, THAT ONLY COSTS INCURRED AFTER MARCH 1, 2020 WILL BE SUBMITTED FOR REIMBURSEMENT

FOR ACTIVITES APPROVED IN THIS APPLICATION;

(2) THAT I HAVE THE AUTHORITY TO SUBMIT THIS APPLICATION ON BEHALF OF THE NAMED BUSINESS, AND

(3) I CERTIFY THAT THE BUSINESS (CONTRACTOR) IS AWARE OF AND WILL COMPLY WITH THE FEDERAL WORKFORCE INNOVATION AND OPPORTUNITY ACT ASSURANCES AND CERTIFICATIONS THAT ARE POSTED AT THIS SITE: [**www.vcwhamptonroads.org/wp-content/uploads/2020/03/COVID-19-RR-Assurances-and-Certifications.pdf**](http://www.vcwhamptonroads.org/wp-content/uploads/2020/03/COVID-19-RR-Assurances-and-Certifications.pdf)AND INCORPORATED HEREIN BY REFERENCE.

**Submission Instructions:**

1. **Submission Deadline -** **Close of Business Friday, April 3, 2020**

2. For Businesses located on the **Greater Peninsula**, submit electronically to **COVIDRRSupport@vcwpeninsula.com**

3. For Businesses located on the **Southside**, submit electronically to **COVIDRRSupport@vcwhamptonroads.org**