

Perry County ARP | Small Business Operational Assistance Program

Community Foundation Alliance Inc.

Project Title*

Character Limit: 100

Organization Information

Type of Entity*

Choices

- Corporation
- Sole Proprietorship
- Partnership
- Limited Liability Partnership
- Limited Liability Company

Indiana Secretary of State Business ID

Character Limit: 10

Date of Last Income Tax or Information Return Filed*

Character Limit: 10

Are Any Returns Being Contested or Audited?*

Choices

- Yes
- No

Is the Business Current on Property Taxes Owed to Perry County?*

Choices

- Yes
- No

Number of Years Operating in Perry County or Providing Services to Perry County Residents*

Character Limit: 3

Number of Full-time Employees (as of application date)*

Character Limit: 10

Number of Part-time Employees (as of application date)*

Character Limit: 10

Contact Information

Application Contact Name*

Character Limit: 50

Phone Number*

Character Limit: 20

Email Address*

Character Limit: 254

Contact's Relationship to the Business*

Character Limit: 50

Proof of Need

How has COVID-19 negatively impacted the business' finances?*

Character Limit: 2000

Gross Revenue*

Scan and attach the past three years (2019, 2020, 2021) proof of gross revenue. Only one of the following two will be accepted as proof: 1) Federal Tax Return Schedule E or Form 1120 for each of the past three years as appropriate for your business classification, or 2) an official Income (Profit-Loss) Statement for each of the past three years.

File Size Limit: 4 MB

Other Funding*

Has the business applied for funding from federal, state, or local sources for COVID-19-related purposes? If so, what were the sources and how much funding was requested? Did the organization receive the requested funds? For what were the funds utilized?

Character Limit: 2000

Previously Awarded Funds

Attach documentation (e.g. award letter, copy of check, etc.) of any previously awarded funds (e.g., CARES Act funds, Small Business Administration funds, local sources of funds, etc.).

File Size Limit: 3 MB

Did the business temporarily close?*

Choices

Yes

No

If the business temporarily closed, how long did it close?

Character Limit: 50

Did the business lay off employees?*

Choices

Yes

No

If the business laid off employees, how many and for how long?

Character Limit: 100

Is the business currently experiencing issues finding and retaining employees?*

Choices

Yes

No

Financial Hiring and/or Retention Incentives

If the business is currently experiencing issues finding and retaining employees, does it plan to use requested funds for financial hiring and/or retention incentives?

Character Limit: 1000

Plan to Adapt to Future Negative Economic Conditions*

How does the business plan to adapt to future negative economic conditions caused by pandemics, disasters, economic downturns, etc...?

Character Limit: 2000

Budget Information

Total Amount of Funding Requested*

Character Limit: 20

Request Budget*

Attach the budget for this request.

Click here to download the template. Once downloaded on your computer, you will need to complete and save the template and then upload it into the field provided below.

File Size Limit: 3 MB

Is this part of a matching grant?*

Choices

Yes

No

If you answered yes above, what is the match percentage?

Character Limit: 10

Supporting Documentation*

Attach supporting documentation for cost estimates in the budget. [Proof of payroll expenses for wages paid to W2 employees, 900 series payroll forms, proof of insurance payment, certificate of insurances, copy of mortgage, rental, or lease agreements, proof of mortgage, rental or lease payments for real or personal property, copy of utility bills, receipts, etc.]

If attaching more than one document, you must scan/save all documents to the same file. Only one file can be uploaded to the "Upload a file" field. Please contact Emily Alvey at eaalvey@communityfoundationalliance.org if you need assistance.

File Size Limit: 10 MB

Other Information

Will the organization accept an award less than the amount requested?*

Choices

Yes

No

Agreement

Application Submission Certification and Agreement*

By submitting this application, I certify and agree that I am the designated authorized agent of the organization and that all information submitted is true and correct to the best of my knowledge. I further agree that false or misleading statements will result in nullifying the grant application and require the immediate return of any allocated grant funds to Perry County. Failure to provide proper documentation of the information provided in this application to Perry County upon request shall render the grant application incomplete, and will result in the grant being nullified and require that all grant funds received be returned immediately to Perry County. I understand the information submitted will likely be public information, subject to disclosure, pursuant to the Indiana Access to Public Records Act (IC 5-14-3). I further understand that the use of grant funds cannot duplicate prior funding received for the same purpose and that Perry County may audit the use of the grant funds. A list of successful grant recipients will also be made public.

By providing a phone number and email address, you are authorizing Perry County to exchange information with you about your application using unencrypted email. This information may include private or nonpublic data. Unencrypted email is not secure. You accept the risk that data may be intercepted by someone other than the intended recipient and understand that Perry County is not liable for any damages caused by such interception. Providing a phone number and email address does not authorize Perry County to release private or nonpublic data to anyone other than the recipient unless otherwise allowed by law.

Furthermore, I confirm that I understand that this is a competitive process and that the organization I represent may or may not be chosen.

Choices

Yes

No

For Reference Only
*not for submission