



Small Business Micro Grant Application Form

720-587-4644 | microgrants@townofjohnstown.com

TownofJohnstown.com

The Town recognizes and understands the value the small businesses bring to the community. To help support the small businesses, the Town created the Small Business Micro Grant Program to provide grants to help small businesses immediately offset some of the economic impacts arising from the pandemic.

The Small Business Micro Grant Program is open to small businesses physically located and operating within the Town's boundaries, including locally-owned franchises. To be eligible for the Micro Grant Program, the business must have had 1-50 full-time employees on March 10, 2020, the date Governor Polis issued a statewide disaster declaration. Micro grants up to \$10,000 will be available for small businesses in the Town.

The Town will review applications submitted and funding will be received on a first-come, first-served basis. Grants will be awarded in the sole discretion of the Town based on the submission of the required documentation, the responses provided in the application and any other factors the Town deems to be relevant. The Town may, but is not required to, provide a reason for the denial of an application or for the determination of the amount of the grant award. Submitting an application is not a guarantee of a grant award and the Town may terminate the Program at any time, for any reason, or when available funds are depleted.

Contact Information ***(required)**

First Name *

Last Name *

Email Address*

Contact Phone Number *

Business Information

Business Name *

Type of Business*

Percentage (%) of business conducted within Johnstown Town limits?*

Please download, complete all fields, & save this form to your computer before attaching to an email and sending to microgrants@townofjohnstown.com

Town Business License Number

NAICS (if known)

Business Address Line 1*

Business Address Line 2

City*

State*

Zip Code*

Business Phone Number*

What is the Grant amount being applied for?

Applications for the Micro Grant are eligible for up to \$10,000.

Amount requested?*

Tell us about your business:

What are the impacts to your business?* Check all that apply.

- Business Closure
- Reduced hours of operation
- Employee layoffs
- Revenue decline
- Increased operating costs (e.g. employee paid leave)
- Access to capital to address increased costs
- Inability to respond to home-delivery requests
- Interrupted supply/demand
- Employee absenteeism
- Inability to serve customers
- Decreased customers
- Request of rent deferral/abatement
- Utilization of reserves

Other:

Please provide a description of the impact of COVID-19 on your business:*

Please provide your business' plan for ensuring business viability for maintaining operations through 2020:*

Number of employees before COVID-19:*

Number of employees currently:*

Annual gross revenue before COVID-19:*

- Less than \$250,000
- Between \$250,000 and \$500,000
- Between \$500,000 and \$750,000
- Between \$750,000 and \$1million
- Between \$1million and \$2million
- Greater than \$2million

Use of the Micro Grant:

Describe what you plan to do with the money:*

Are you investing your own funds to support your business?* If so, how much?

Are you current with all financial obligations (rent, utilities, sales tax remittance)?*
If not, please provide a list of obligations that are not current along with the duration of the delinquency.

- Yes
- No

Additional comments:

Statement of Understanding & Certification by Applicant

I have read the program eligibility criteria for the Small Business Micro Grant Program and I certify that I am authorized to sign this application as, or on behalf of, the Applicant. I agree to assist the Town in verifying any of the information contained in this application from any available source as requested.

By signing below, I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a Small Business Micro Grant and that the information provided is true and complete to the best of my knowledge.

By typing/signing my name and title below, I am electronically signing my application and acknowledge and understand the Disclosure Information shown below.

*Name:**

*Title:**

Disclosure Information:

The Town of Johnstown supports the public's right to access public records. Information submitted through the application is a public record and may be subject to disclosure under the Colorado Open Records Act, C.R.S. §§ 24-72-200.1, et seq. In addition, the Town of Johnstown may be required to disclose information by subpoena, civil-investigative demand or court-ordered or court-authorized discovery. The Town of Johnstown will use its best efforts to maintain the confidentiality of financial information submitted by the applicant, as permitted by law, but cannot guarantee confidentiality.

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By submitting this application, applicant certifies that all information is true and correct. APPLICANT FURTHER RECOGNIZES, ACKNOWLEDGES AND AGREES THAT THE INFORMATION CONTAINED IN THE APPLICATION AND THE DOCUMENTATION PROVIDED TO THE TOWN MAY, WITHOUT NOTICE TO THE APPLICANT, BE DISCLOSED AND MADE AVAILABLE TO THE PUBLIC.

I agree that any information submitted through this application may be subject to disclosure under the Colorado Public Records Act or through another legal process*

I Agree

I Disagree

Please save this form to your computer after filling it out and email your saved form and supporting documentation to: microgrants@townofjohnstown.com

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