**RE: Town of Paonia Business Grant Program**

Dear Potential Applicant:

The Town of Paonia is accepting applications from Paonia businesses seeking funding to assist with unexpected COVID-related losses.

The Town was awarded approximately $125,000 (reimbursement of actual expenditures) via the state Coronavirus Relief Fund. The Town has allocated $55,000 for grants to assist local businesses with costs in relation to the COVID-19 pandemic. Please refer to the information below to learn about how your business can apply for funding, including application submission requirements, review criteria and the application schedule.

Eligibility

All businesses with a physical presence within Paonia are eligible to apply\*. Eligible businesses include corporations, partnerships, sole proprietorships, individual contractors, LLCs, and joint ventures. Please note that businesses are required to verify funds requested for reimbursement via this grant were used for eligible expenditures by including copies of invoices and an explanation of how the invoiced item is a COVID related expenditure. In lieu of invoice copies, you may supply a written statement to the impact of COVID-19 on your business and how the funds requested will be expended by December 15, 2020 in support of the business. All Invoices associated must be provided by December 30, 2020.

Expenses

***Eligible expenses*** include but are not limited to:

Additional support staff

Expenses associated with re-opening after mandated closure

Expenses associated with adhering to local, state, and federal mandates

PPE

Cleaning supplies

***Ineligible expenses*** include but are not limited to:

Expenses claimed and funded through other grant and loan programs

Anticipated expenses for the 2020 calendar year

Application Deadline

Applications are available beginning October 20, 2020. Applications will be accepted for review beginning October 26th and will be reviewed on a rolling basis up until November 30, 2020. The funding is available on a first come, first served basis until the earlier of November 30th or the $55,000 runs out, whichever comes first.

How to Apply and Application Submittal Guidelines

To apply, an eligible business must complete the application below and submit it to Corinne Ferguson, Town Administrator/Clerk, in person at 214 Grand Avenue or via email at [Corinne@townofpaonia.com](file:///\\PAONIASERVER\Users\TownClerk\Corinne\Corinne@townofpaonia.com). The maximum award amount per business is $5,000 and a formal statement identifying need in lieu of or invoice/receipt must accompany a completed application to justify the funding request. Only one application may be submitted per organization. Incomplete or late applications will not be considered.

Funding Decisions

Funding decisions will be based solely upon an organization’s written application. The Town Administrator and Town Treasurer will review all applications and make funding decisions. Written notification of the decision made regarding the application will be provided to the address on the application.

The information provided in this document is only a general summary of the grant program features and does not create any obligation by the Town of Paonia to provide a grant to any applicant or potential applicant.

If you have any questions, please feel welcome to contact Corinne Ferguson @ 970-527-4101 or [Corinne@townofpaonia.com](file:///\\PAONIASERVER\Users\TownClerk\Corinne\Corinne@townofpaonia.com).

Sincerely,

Mary Bachran

Mayor, Town of Paonia

\*Businesses owned by Town of Paonia Staff or Town Council Members are not eligible for this grant.

**BUSINESS GRANT PROGRAM APPLICATION**

1. Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Business Physical and Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Employer Identification Number (EIN) or Last Four Digits of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_

* + Contact Person
  + Title
  + Phone
  + E-mail
  + Address

1. Dollar amount **requested** (up to $5,000): $
2. Description of your business (include type i.e. retail, restaurant, etc.):
3. Have you received COVID related grants or loans from Delta County, The State of Colorado, or the Federal Government? Yes\_\_\_ No\_\_\_

If answered yes, please attach documentation showing what funds were received.

1. Provide a brief description of the financial hardship your business has incurred associated with the COVID-19 Pandemic which funding support is being requested:

1. Please attach written statement (supporting invoices due by December 30th) and/or invoice(s)/receipt(s) to justify the funding request.

I affirm that all the information included in this application, its attachments, and its supplemental documents is true and correct to the best of my knowledge.

Authorized Signatory Date

Printed Name: