

HARRISON COUNTY COMMISSIONERS

CDBG Phase 3 Supplemental COVID-19 Small Business Assistance Grant Program

Grant funds may only be used by awardees for working capital expenses that include, but are not necessarily limited to, employee salaries, general operating expenses (rent or utilities), inventory, and advertising/marketing expenses.

Company Name	
Legal Name Registered with Indiana Secretary of State	
Federal Employer Identification Number (FEIN)	
Business Address	
Business Telephone	
Owner(s) Name; Phone #	
Owner(s) Email Address	
Brief Company History or Narrative (Attach separate page if needed)	
Is this a Minority, Woman or Veteran Owned Business? Please indicate which one	
# of Employees – including the owner, if the owner is an employee	
Grant Amount Requested	
Description of How Requested Funding will be Utilized – must be for working capital ONLY and Need for the Funds (Attach separate page if needed)	

Have you applied for any other assistance such as an SBA loan, PPP or other COVID-19 funding?

Yes No

If Yes, did you receive assistance? Yes No If Yes, how much did you receive? _____

Have you expended the assistance? If not, list the balance remaining _____

The following documents must be included with this application form:

- CDBG CV Income Verification Form
- Documentation, signed by the owner, that jobs would be lost if not for the CDBG assistance
- IRS Form W-9 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

I/we declare that any statement in this application and the supporting documentation submitted to the Harrison County Commissioners is true and complete in substance and in fact. I/we declare that I/we am/are (a) legal resident(s) or U.S. Citizen(s) with the authority to conduct business in the State of Indiana.					
Name		Signature		Date	
Owner 1		Owner 1			
Owner 2		Owner 2			
Owner 3		Owner 3			

Please note that this grant will be considered taxable income and the County will submit the recipient a 1099G.