

# PORTSMOUTH COVID-19 BUSINESS RECOVERY GRANT

## PROGRAM GUIDELINES



**PORTSMOUTH COVID-19 BUSINESS  
RECOVERY GRANT**



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## **Program Guidelines and Application**

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In response to the COVID-19 public health crisis and developing economic impacts being experienced the City of Portsmouth is offering financial assistance under the COVID-19 Business Recovery Grant program to local small businesses experiencing challenges to their operations.

Through the utilization of Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 relief funds, the Portsmouth Economic Development Authority will provide economic support to Portsmouth businesses that have experienced direct financial impacts as a result of COVID-19. Priority will be provided to businesses expanding or transitioning to provide critical health care services and those manufacturing and/or distributing medical and protective supplies, including sanitizing products and personal protective equipment in response to COVID-19. Small businesses with expenses related to business interruption caused by required closures are also eligible for financial assistance.

Economic recovery funds are available in the form of a 1:1 matching grant to reimburse the costs of business expansion or interruption.

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**THE FIRST ROUND OF APPLICATIONS ARE DUE VIA EMAIL TO  
RECOVERYGRANT@PORTSMOUTHVA.GOV STARTING JULY 21,  
2020 AND CLOSE AUG. 31, 2020, BY 5:00PM EST.**

## **PROGRAM GUIDELINES**

### **ELIGIBILITY & APPLICATION PARAMETERS**

To be considered for the grant, a business must meet all of the following requirements:

- Eligibility is limited to for-profit, independently owned (non-national chain and/or nationally franchised locations) small businesses. Non-profit organizations are not eligible
- Experienced verifiable losses in operating hours, losses in revenue, and/or reductions in staffing as a result of Governor Northam's Executive Order 53, and associated directives
- Must operate in a physical brick and mortar location (no home-based businesses)
- Must have been in business as of March 1, 2019 and have a current Portsmouth business license
- Must be in good standing with local taxes and licenses, as verified with the City of Portsmouth Treasurer's office
- Had 50 full-time equivalent employees or fewer as of March 1, 2020

Businesses must document, via application statements:

- How their business has been adversely impacted and required to adjust normal operations in response to the COVID-19 disruption as well as their immediate future operations
- Identify how employment is being retained and the type of positions being retained

### **FUNDING PARAMETERS**

Business Recovery Grants will be awarded as one-time 1:1 matching reimbursement grants of up to \$5,000 based upon the following verifiable business expenses (e.g. paid receipts/invoices). Additional funding may be requested based on a Statement of Need. Statement of Need funding will be prioritized and distributed based on costs incurred to businesses expanding or transitioning to provide critical health care services and those manufacturing and/or distributing medical and protective supplies, including sanitizing products and personal protective equipment in response to COVID-19. Applicants for Statement of Need Grants may apply for additional funds up to a total grant amount of \$25,000.

Grant funds may be utilized for fixed-cost expenses (incurred since March 24, 2020) to include:

- Rent or mortgage payments
- Insurance, private utilities, or similar operational expenses
- Costs related to personal protective equipment (PPE) and increased sanitation requirements
- Marketing efforts directly related to COVID-19 (i.e. digital, print, signage advertisement)

Grants will be awarded as reimbursements based upon certifiable business expenses (e.g. paid receipts/invoices). Grant funds will be awarded to the business on a first-come first-serve basis subject to the administrative approval of an application by the Portsmouth Economic Development office and the availability of funding.



## **COVID-19 BUSINESS RECOVERY GRANT APPLICATION**

*Date Received (To Be Completed By PED Staff):*

### **CONTACT INFORMATION**

Contact's Name:

Contact's Phone:

Cell Phone:

Email:

### **BUSINESS INFORMATION**

Business Name:

Business Address (  Owned  Leased):

Mailing Address (If different from business):

Business Phone:

Form of Entity:  Sole Proprietorship  LLC  Partnership

Corporation  Other

Type of Business:  Woman-Owned  Minority-Owned

Veteran-Owned  SWaM Certified

Business Sector:  Retail  Restaurant/Hospitality

Professional Services  Personal Services

Other:

Number of Full-Time Equivalent (FTE) Employees  
(One FTE=Minimum of 35 hours per week)

As of March 1, 2020:

As of Application Date:

Description of business:

### BUSINESS INFORMATION (CONT.)

COVID-19 Business Impacts | Demonstrate and quantify the direct financial impact of COVID-19 to your business operations through loss of operating hours, revenue, fixed costs, employment and non-payroll expenses, etc. (Max of 100 words)

Assistance related to COVID-19 | Has your business previously applied for and/or received financial assistance, benefits, loans or grants (including federal Payroll Protection Program, Economic Impact Disaster Loan, etc.) related to the COVID-19 pandemic through another program?

Yes No

If yes, provide details and, if applicable, attach documentation (e.g. copy of application for assistance whether approved or declined.)

\*\*Please note that other forms of financial assistance do not preclude a business from the Portsmouth Business Recovery Grant; however, recipients may not use Recovery Grant funds for expenditures for which they have already received other assistance funds (i.e. double coverage).

### PROPOSED USE OF GRANT

The Business Recovery Grant will provide up to \$5,000 of verified expenses incurred within the approved categories. Please submit documentation of expenses along with evidence of payment in order to meet the 1:1 matching grant ratio requirements (E.g. \$10,000 Expenses = \$5,000 COVID-19 Grant). The Business Recovery Grant will provide up to \$5,000 of verified expenses incurred within the approved categories (\$25,000 for businesses eligible for Statement of Need funding). Please see Appendix A for documentation needs; **cash payments are ineligible.**

Funding Amount Requested:

Lease/Mortgage (please specify and include lease agreement/mortgage statement):

Private Utilities (please specify):

Insurance or operating expenses (please specify):

Costs related to PPE and sanitation (please specify):

Marketing efforts related to COVID-19 (please specify):

Other:

## COVID-19 BUSINESS RECOVERY GRANT APPLICATION

### COVID-19 APPLICATION CHECKLIST

Please verify that each of the required items listed has been completed by initialing the bottom of the page. Only **complete** applications will be considered and reviewed.

#### Eligibility

- Business owners & operators in a physical brick and mortar location within the City of Portsmouth (no home-based businesses)
- Eligibility is limited to for-profit, independently owned (non-national chain and/or nationally franchised locations) small businesses. Non-profit organizations are not eligible
- Business experienced verifiable losses in operating hours, losses in revenue, and/or reductions in staffing as a result of Governor Northam's Executive Order 53, and associated directives
- Must be in good standing with local taxes and licenses, as verified with the City of Portsmouth Treasurer's office
- Business may NOT have outstanding codes violation
- Must have been in business as of March 1, 2019 and have a current Portsmouth business license
- Had 50 full-time equivalent employees or fewer as of March 1, 2020

#### Required Attachments

- Copy of valid City of Portsmouth Business License
- Copy of "Articles of Incorporation" if applicable
- Copy of lease agreement/mortgage statement if applicable
- Copies of all paid invoices related to the grant request and canceled checks, credit card statements, bank statements, etc. that verify payment (cash payments not reimbursed)
- Copy of completed IRS Form W-9 - Appendix B
- Copy of completed Electronic Funds Transfer Form - Appendix C

INITIAL

DATE

## COVID-19 BUSINESS RECOVERY GRANT APPLICATION

### SIGNATURE SECTION

I hereby certify that the payment of all applicable taxes, including but not necessarily limited to business, real estate, personal property, meals, and sales taxes are current. I further certify that the information provided on this application is true and correct to the best of my knowledge and that as a representative of the business named in this application I am legally authorized to execute this application.

SIGNATURE

TITLE

PRINT NAME

DATE

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THIS SECTION FOR OFFICIAL USE ONLY

- Evidence of expenses paid
- City Treasurer's Office confirmation of "good standing"
- Confirmation of current business license

Signature/Date

## HOW TO PROVIDE DOCUMENTATION OF PAYMENT

### Paying by Check

If you pay a reimbursable expense by check, please provide:

- A copy of the cancelled check
- A copy of the invoice, lease agreement, mortgage statement, etc. that the check was used for
- A screenshot or a redacted banking statement from your checking account that the check was processed

### Paying by Credit Card

If you pay a reimbursable expense by credit card, please provide:

- A copy of the invoice, lease agreement, mortgage statement, etc. that the credit card was used for
- A screenshot or a redacted credit card statement that the charge was applied to
- A screenshot or redacted bank account statement that shows the credit card charge was paid

**Cash payments are not eligible for reimbursement.**



## W9

**Please visit <https://www.irs.gov/pub/irs-pdf/fw9.pdf> to download and fill the latest blank W9 form and submit as an attachment to your application.**

## ELECTRONIC FUNDS TRANSFER FORM

**Please complete the EFT provided on the following page and submit the form as an attachment to your application.**



# Direct Deposit/Electronic Funds Transfer (EFT) ENROLLMENT/CHANGE OF ACCOUNT FORM

## INSTRUCTIONS

The City of Portsmouth encourages vendors to accept payments via direct deposit using the Automated Clearing House System (ACH). Each time a payment is made via ACH, the city will notify you with an email from [purchasing@portsmouthva.gov](mailto:purchasing@portsmouthva.gov) which outlines the details of the payment transmitted.

Form must be typed and submitted to:

E-mail: [purchasing@portsmouthva.gov](mailto:purchasing@portsmouthva.gov) or fax (757) 393-5413

Mail: City of Portsmouth Department of Finance, 801 Crawford Street, 5th Floor, Portsmouth, VA 23704

### SECTION 1 - APPLICATION REQUIREMENT (REQUIRED ITEM)

Submit **one** item with your application.  
Incomplete applications will not be processed.

- Copy of voided check imprinted with vendor name
- Current bank statement       Letter from your bank\*

\* Bank documentation must contain the vendor/company name, complete bank account and routing number. Bank documentation must also include bank representative's signature, printed name, and date signed.

### SECTION 2 - VENDOR INFORMATION (ALL FIELDS REQUIRED)

1. Attached completed W-9 to this Form.	
2. Vendor Name: <i>(As it appears on W-9 Form)</i>	
3. Vendor Address: <i>Number, Street, City, State and Zip Code</i>	
4. Vendor Email Address:	
5. Vendor Telephone Number and Extension:	

### SECTION 3 - BANK INFORMATION (ALL FIELDS REQUIRED)

1. Name of Bank:								
2. Name of Account: <i>(Exactly as it appears on Account)</i>								
3. Account Number and Type:							<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
4. 9-Digit Bank Routing Number: <i>(See bottom of check)</i>								
5. Bank Telephone Number and Extension:								

### SECTION 4 - VENDOR SIGNATURE AND AUTHORIZATION (MUST SIGN, PRINT AND DATE)

I confirm my authority, as an authorized signer of the above-referenced bank account, to issue this instruction to credit and debit, via the Automated Clearinghouse, the Account. I authorize the City of Portsmouth to deposit, via Automated Clearinghouse credit entry, all entitled payments to the Account and to initiate, as necessary, Automated Clearinghouse debit entries to adjust any Automated Clearinghouse credit (i) made in error (ii) deposited for an incorrect amount, or (iii) duplicate of a correct payment. The City of Portsmouth will make a reasonable effort to communicate with me to notify me of a debit entry that will be made to the Account. I understand that this authorization will remain in effect until a written instruction, properly executed by me, authorizing cancellation is submitted to the e-mail address above.

<b>Authorized Signature</b>	<b>Print/Type Name</b>	<b>Date (MM-DD-YYYY)</b>

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