

HUERFANO COUNTY SMALL BUSINESS RELIEF APPLICATION

ABOUT THE GRANT

The State of Colorado authorized the Small Business Relief Program (SBR) through Senate Bill 20B-001 on Dec.7, 2020. The program provides the Department of Local Affairs (DOLA) with \$37 million to distribute to local governments to provide as grants to small businesses in areas affected by severe capacity restrictions.

The deadline to apply is February 17th, 2021 by 4:00 PM.

Grant amounts are based on 2019 receipts for sales or revenue and are separated into three tiers:

- Less than \$500,000 in receipts = \$3,500
- \$500,000 - \$1 million = \$5,000
- \$1 million - \$2.5 million = \$7,000

ELIGIBLE BUSINESSES:

- Restaurants
- Bars, Wineries, Breweries, Distilleries (businesses who have a beer and wine license included)
- Caterers
- Movie Theaters
- Gyms and Recreation Centers

REQUIREMENTS:

- Provide receipts and/or expense/revenue documentation demonstrating a minimum of 20% decrease in annual revenue in 2020 compared to 2019 receipts OR is a business that opened between Jan.1st and Mar.26th of 2020
- Currently operating in Huerfano County
- Must affirm commitment to be in operation for next six months
- Have a valid business license and/or Certificate of Good Standing with the Colorado Secretary of State
- Affirmation that business has not received any funds from the Arts Relief Program or Minority Owned Business Relief Program authorized in SB20B-001
- Affirmation that the business is in compliance with all public health orders (grant funds must be rescinded if business is no longer in compliance with State or local public health orders)
- Must have at least one employee or be registered as a sole proprietor
- Must be a small business defined in SB20B-001 as having less than \$2.5 million in annual revenue and be headquartered and operating in Colorado

HUERFANO COUNTY SMALL BUSINESS RELIEF APPLICATION

BUSINESS INFORMATION

Legal Name:	
Trade Name:	
Address (Must be located and headquartered in Huerfano County):	
Zip Code:	
Business Identification Number (FEIN or EIN):	
Date Business Opened:	
Number of Employees:	
Brief Description of Business Operations:	
Business Status (Closed or Planning to Close?):	
Colorado Income Tax Account Number or Tax Exempt Certificate Number:	
Provide an NAICS Code indicating the industry your business is in:	

OWNER #1

First Name:	
Last Name:	
Phone Number:	
Email Address:	
Percentage of Ownership:	

OWNER #2

First Name:	
Last Name:	
Phone Number:	
Email Address:	
Percentage of Ownership:	

PLEASE ATTACH A SEPARATE SHEET WITH ANY ADDITIONAL OWNERS

HUERFANO COUNTY SMALL BUSINESS RELIEF APPLICATION

POINT OF CONTACT

First Name:	
Last Name:	
Phone Number:	
Email Address:	
Role in Business:	

Did business receive any funding through the CARES Act, including from the Paycheck Protection Program (PPP), Economic Injury Disaster Loan (EIDL), and the Coronavirus Relief Fund (CVRF)?

- Yes
- No

If yes,

- affirm that the applicant will not use these grant funds for the same expenses as they used CARES Act funds (e.g., using CARES Act funds and Small Business Relief Grant funds for December mortgage payment)

COVID-19 RESTRICTIONS EFFECT

Which of the following did your business experience as a result of restrictions due to COVID-19? (Select all that apply)

- Closed due to public health orders
- Capacity restrictions due to public health orders
- Open only for dine-in/takeout
- Reduced hours of operation
- Revenue decline
- Decrease in customer demand
- Increase in operating costs
- Other:

SUPPORTING DOCUMENTATION

Please attach the following documentation.

	Business License or Certificate of Good Standing with Colorado Secretary of State-can be Certificate of Fact of Trade Name if sole proprietor and/or otherwise ineligible to have Certificate of Good Standing (Required)
	W-9 Form (Required)

HUERFANO COUNTY SMALL BUSINESS RELIEF APPLICATION

	Receipts and/or expense/revenue documentation for 2019 and 2020 demonstrating at least a 20% decline in revenue since Mar.26 th , 2020 due to restrictions (Required unless opened business between Jan.1 st and Mar.26 th of 2020)
	Receipts and/or expense/revenue documentation demonstrating business had less than \$2.5 million in sales/revenue in 2019 -If business opened between Jan.1 st and Mar.26 th of 2020, then demonstrate it had less than \$2.5 million in sales/revenue for 2020 (Required)

APPLICATION CERTIFICATIONS

I hereby certify by reading and initialing each statement listed below that:	Please Initial below
Applicant's business activities are legal under Colorado and federal law.	
Applicant intends to keep business operational in the state for at least the next six months	
Applicant's business is headquartered in Colorado and is currently operating in Huerfano County	
Application submission will not be considered until a complete application, and required attachments, have been submitted.	
Business and business owner do not have any outstanding judgments, tax liens, or pending lawsuits against them.	
Applicant's business is currently in compliance with all State and local public health orders, and will continue to be in compliance if receives grant funds and will return funds to County if no longer in compliance	
Applicant's business has not received funding from the Arts Relief Program or Minority Owned Business Relief Program established by SB20B-001	
Applicant is current with Huerfano County Personal Property Taxes and State of Colorado Sales and Withholding Taxes	
Applicant's business has at least one employee or is a sole proprietorship	
Applicant's business has seen a 20% or greater decline in revenue from previous year since Mar.26 th , 2020 due to COVID-19 restrictions or began operation between Jan.1 st and Mar.26 th of 2020	

HUERFANO COUNTY SMALL BUSINESS RELIEF APPLICATION

Applicant certifies that grant funds will be used for these expenses, including but not limited to payroll, rent, utilities, inventory, equipment, PPE, business loan principal or interest, and other operational expenses

PLEASE SIGN ON THE NEXT PAGE

BY SIGNING THIS APPLICATION, I CERTIFY THAT:

1. I AM AUTHORIZED BY THE OWNERS OF THE BUSINESS TO SUBMIT THIS APPLICATION
2. ALL INFORMATION IN THIS APPLICATION, AND SUBMITTED WITH THE APPLICATION, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
3. I WILL SUBMIT ACCURATE INFORMATION IN THE FUTURE.

Signatory's Full Legal Name: Please Print Legibly	
Business Name:	
Title:	
Date:	
Signature:	

SUBMISSION INFORMATION

Please Submit Applications to: Dominic Elizondo, Business Resiliency Specialist, Huerfano County

Via Email: delizondo@huerfano.us

Via Mail: 401 Main Street, Suite 201, Walsenburg, CO 81089

Email submission is preferred. Applications may be dropped off to the County Courthouse Dropbox