



# City of Manitou Springs

## COVID-19 Small Business Reopening Assistance Grant

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### COVID-19 Small Business Reopening Assistance Grant Application Form

#### **Business Information for Manitou Locations ONLY:**

Legal Business Name: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City of Manitou Springs Business License Number: \_\_\_\_\_

Has your business been in operation since January 1, 2020 or prior?  YES  NO

Is your business For-Profit?  YES  NO

Does your business have any outstanding debt with the City of Manitou Springs?  YES  NO

If yes, please explain: \_\_\_\_\_

Type of Business (restaurant, salon, retailer, etc.): \_\_\_\_\_

Amount of Most Recent Sales or Excise Tax Paid: \$ \_\_\_\_\_

*(PLEASE PROVIDE COPY OF LAST SALES OR EXCISE TAX RETURN)*

Number of FTE (Full-time Equivalent) employees before COVID-19: \_\_\_\_\_

Number of FTE (Full-time Equivalent) employees currently: \_\_\_\_\_

Has your business experienced any closures due to COVID-19? Please provide details (when, duration, reopening date). \_\_\_\_\_

#### **Grant Funding Request:**

1. Have you been awarded any other sources of grant funding related to COVID-19? (check one)

Yes  No

If yes, describe which source(s) and the amount:

\_\_\_\_\_

*Note: Grant funding from other sources for the same exact expense are not eligible.*

2. Demonstrate your business' decline in revenue during COVID-19 by providing the total revenues in March/April 2020 in comparison to total revenues in March/April 2019. What is the percentage of decrease between the two periods or a similar period if not able to use the March/April Timeframe? (this information will remain confidential)

\_\_\_\_\_

3. Funds will be disbursed in accordance with the CARES Act and the City of Manitou Springs must document how the requested grant funds will be used.

Please list below how you intend to apply the grants funds below, \$2,000 maximum. Receipts will be collected for your specific use.

COVID-19 Expenses (PPE, modifications for social distancing)	\$ _____
Lease/Mortgage expenses	\$ _____
Staff related expenses tied to COVID-19 (OT, benefits)	\$ _____
Supplies/Services	\$ _____
Other (be specific): _____	\$ _____
 Total Request (\$2,000 Maximum):	 \$ _____

Additional Comments (additional sheets may be attached as needed):

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**Acknowledgements and Signature:**

I have read the eligibility criteria for the COVID-19 Small Business Reopening Assistance Grant Program and certify that I am authorized to sign this application as or on behalf of the business owner. I agree to assist the City in verifying any of the information contained in this application 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 micro-grant and that the information provided is true and complete to the best of my knowledge.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***All applications become the property of the City of Manitou Springs and are considered public record and are subject to the Colorado Open Records Act.***

**Documentation to Attach:**

Attach Additional Sheets as Needed

Copy of Most Recent Sales or Excise Tax Return

Completed W-9 (blank one can be filled out here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)