



# City of Greensburg COVID-19 Response Small Business Grant

A grant program for small businesses impacted by COVID-19

## Application

### Section I, Business Information:

Business Owner(s):

Name

Home Address

Mobile Phone

E-mail Address

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

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Describe Type of Business (product or service): \_\_\_\_\_

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Business Status: (Check One)  New (under 12 months)  Existing (over 12 months)

Type of Business Organization:

- Partnership  Sole Proprietorship  Microenterprise (5 or fewer employees)  
 "S" Corporation  "C" Corporation  Other: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Is this a female-owned business?  Yes  No

Amount of grant funding requested? \_\_\_\_\_

Total number of jobs held at your business prior to March 15, 2020? \_\_\_\_\_

Number of jobs furloughed because of pandemic? \_\_\_\_\_

Current number of jobs held at your business? \_\_\_\_\_

Number of jobs to be retained because of grant funding? \_\_\_\_\_

Please indicate that number of hours you consider a person to be a full time employee. \_\_\_\_\_

**\*For each job retained please have the employee who will fill the job complete an income verification form that is attached to this application. (Please make copies of verification form as needed.)**



## Section IV, Other Supporting Information:

If there is additional supporting information you would like to provide before your application is reviewed, please explain below.

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## Section V, Certifications:

*Please read the following and sign the Application Form below.*

The information in this grant application is provided for the purpose of applying for funds under the City of Greensburg COVID-19 Response grant program. The information is accurate to the best of my knowledge. I further understand that my name and grant amount and other non-financial information may be subject to the Indiana Public Access Law. I also understand that the City of Greensburg COVID-19 response grant program retains the sole discretion as to whether this grant application is approved, disapproved, or modified. It is my right to accept or decline the grant amount.

Name (Printed): \_\_\_\_\_ Name (Printed): \_\_\_\_\_

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

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

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

### Application should be submitted to:

Greensburg City Hall  
314 W. Washington Street  
Greensburg, IN 47240  
Email: Kwilliams@greensburg.in.gov  
Phone: 812-663-3344

<b>City Use Only</b>
Date Received: _____ Date(s) Reviewed: _____ Tracking Status: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type. See Specific Instructions on page 3.</b>	1 Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					
	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					
	<input type="checkbox"/> Other (see instructions) ▶ _____					Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.				Requester's name and address (optional)		
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
<b>or</b>										
<b>Employer identification number</b>										

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**INDIANA OFFICE OF COMMUNITY AND RURAL AFFAIRS**  
**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**INCOME VERIFICATION FORM**

Dear Employee or Applicant,

Please provide the information requested on this form so that we can verify that your employment here is achieving the goals of the State of Indiana's Community Development Block Grant (CDBG) Program funded by the U.S. Department of Housing and Urban Development (HUD). As part of program requirements, the business must report the total number of jobs retained for persons of low-to-moderate income families. This information is not part of the interview process and will not be considered in determining which applicants will be retained. This information is to satisfy HUD's requirements for documentation of the beneficiaries of business financial assistance. This information is confidential; however it is subject to verification by authorized government officials.

Employee's Name: \_\_\_\_\_ **SSN #:** XXX-XX- \_\_\_\_\_

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

**Gender of Applicant:** M( ) F( )

**Check the box that identifies your race:**

*Single Race:*

- ( ) White
- ( ) Black/African American
- ( ) Asian
- ( ) American Indian/Alaskan Native
- ( ) Native Hawaiian/Pacific Islander
- ( ) Other

*Multi-Racial Identifiers:*

- ( ) American Indian/Alaskan Native & White
- ( ) Asian & White
- ( ) Black/African American & White
- ( ) American Indian/Alaskan Native & Black/African American

**Do you consider yourself as being of Hispanic ethnicity?** Yes( ) No( )

**Do you have a disability that is a substantial handicap?:** Yes( ) No( )

**Are you currently employed?** Yes( ) No( )

**FIRST:**

Identify the number of people living in your family and check it. A family is comprised of persons related by blood, marriage, or adoption. Do not count emancipated children and their dependents.

**SECOND:**

**Find the dollar figure that corresponds with the number you checked.** Is your family's gross yearly income above or below this figure? Your figure should include anyone who contributes their income to the family. If your figure is above, check "above". If it is below, check "below".

_____ One	\$ 36,150	_____ Above	_____ Below
_____ Two	\$ 41,300	_____ Above	_____ Below
_____ Three	\$ 46,450	_____ Above	_____ Below
_____ Four	\$ 51,600	_____ Above	_____ Below
_____ Five	\$ 55,750	_____ Above	_____ Below
_____ Six	\$ 59,900	_____ Above	_____ Below
_____ Seven	\$ 64,000	_____ Above	_____ Below
_____ Eight	\$ 68,150	_____ Above	_____ Below

**Certification: I the undersigned, certify that the information stated in this form is true and accurately reflects the household composition and income data.**

Employee's Signature: \_\_\_\_\_

Grantee Name: City of Greensburg Date: \_\_\_\_\_, 20\_\_\_\_

County (Use Employee Work Address): Decatur