

# Decatur County COVID-19, Phase 3, 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

---

---

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

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

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

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

---

---

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? \_\_\_\_\_

Number of jobs created since March 15, 2020? \_\_\_\_\_

\*If no jobs have been created since March 2020, this will not count against your application.

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

Did your business receive a PPP loan? Yes No

Did your business receive a COVID-19 Small Business Grant from the city of Greensburg during the previous funding cycle?  
Yes No

**\*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.)**

For each income verification form you include please fill in the table below with employee position information:

Employee Initials	Average hours worked in a 7 day week period		Employee Initials	Average hours worked in a 7 day week period

### Section II, Financing Information:

Statement explaining why jobs would be lost and/or eliminated without the grant funds:  
 \*Please be as detailed as possible. Additional attachments will be accepted.

---



---



---



---



---



---



---

### Section III, Additional Information Requested:

The following information is requested in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.

- Ethnicity:** (Mark One)    Hispanic or Latino    Not Hispanic or Latino
- Race:** (Mark One or More)    White    Black or African-American
- American Indian/Alaska Native
- Asian    Native Hawaiian or Other Pacific Islander
- Gender:**    Male    Female

If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information.

## Section IV, Other Supporting Information:

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

---

---

---

---

## 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 Decatur County 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 Decatur County 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 by**

**JUNE 14th to:**

Bryan Robbins

Economic Development Corporation

P.O. Box 525

Greensburg, IN 47240

Email: [director@edcgdc.com](mailto:director@edcgdc.com)

Phone: 812-222-2520

Applications accepted in person, by email or USPS  
(postmarked by June 10th)

**City Use Only**

**Date Received:** \_\_\_\_\_ **Date(s) Reviewed:** \_\_\_\_\_ **Tracking Status:**

# 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.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>
	<p><b>3</b> 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.</p> <p> <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  <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) ▶ _____             </p>
	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>
	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>
	<p><b>7</b> List account number(s) here (optional)</p>

### 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>									
or									
<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 ▶
------------------	----------------------------	--------

## 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.