


# Application Form

## **GRANT REQUEST**

 **Amount Requested:**

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 **What will the funds be used for?**

(Please respond in one brief sentence)

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 **Project Description:**

(Max words approximately: 200)

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 **Have you applied for other federal and/or local disaster relief programs i.e. EIDL, PPP, Rapid Response, or any City of Norfolk grant or loan funding?**

Yes

No

 **Please list what other federal and/or local disaster relief programs you have applied for i.e. EIDL, PPP, Rapid Response, or any City of Norfolk grant or loan funding.**

Please Type "N/A" if not applicable

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 **What is the status of those previously mentioned applications(i.e. approved, denied, pending, etc.)**

Please Type "N/A" if not applicable

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 **What business expenses are those previously mentioned program applications covering?(i.e. payroll, rent, etc.)**

Please Type "N/A" if not applicable

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## **BUSINESS INFORMATION**

 **Brief Business Description:**

(Max words approximately: 200)

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 **Business Industry:**

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 **NAICS Code:(6 Digit)**

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** Federal Tax ID # or Social Security #:**

(Only insert social security # if you are a Sole Proprietorship)

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** Legal Entity Type:**

- LLC
- LLP
- Sole Proprietorship
- Partnership
- S- Corporation
- C-Corporation
- Not incorporated

** Is your business a franchise?**

- Yes  
 No

** Select the one that best describes your business location:**

- I own commercial property
- I lease a commercial property
- I am a home-based business
- I work in a mobile location (street vending, shared transportation driver)
- None of the above

** City of Norfolk Business License Number:**

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** City of Norfolk Business License Account Number:**

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** Years in Business:**

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** Business Start Date:**

Please express what Month and Year your business opened. Express in numbers only.

Month \_\_\_\_\_

Year \_\_\_\_\_

** Current number of Employees:**

(To include part-time, full-time, owners, and 1099 employees)

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** What percentage of your current employees are City of Norfolk residents?**

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** If awarded the monies, will your business be able to create new job/s for LMI Norfolk Residents?**

(Note: If applying for the Reimbursable Grant, this is a requirement) What will the positions be? What will be the expected pay rate? Will employee benefits be offered?


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 **Business Website:**

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 **What Census Tract is your business located within?**

(Please insert numbers only, no special characters or symbols.) For help looking up your Census Tract click [here](#).

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 **Is your business located in a Low to Moderate Income Area?**

Need help determining if you are in a LMI area? Click [here for instructions](#).

- Yes
- No

 **If yes, what is the LMI percentage found of the Federal HUD Map?**

(Please insert numbers only, no special characters or symbols.)

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 **Is this Business Women Owned?**

- Yes
- No

 **Is this Business Veteran Owned?**

- Yes
- No

 **Is this Business LGBTQ+ Owned?**

- Yes
- No

 **Is this Business SWAM Certified?**

- Yes
- No

 **Do you currently have the proper licenses/permits in place to operate business and/or accomplish articulated project description?**

- Yes
- No

 **Please be advised that in order for grant/loan funds to be disbursed, proper licenses MUST be in place.**


I understand

 **Briefly Describe Your Short Term Future Plans and Growth Goals for your Company/Business?**

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 **Affiliated Businesses:** (List any other business owned by any principal with 20% or more ownership in the company)

Business Name / Owner / % of Ownership


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 **Do you currently have a business banker?**

- Yes
- No

 Do you currently have a business accountant?


Yes

No

 Do you currently have a business attorney?


Yes

No

 Do you work with a business consultant?


Yes

No

 Has your Business completed any Technical Assistant Programs?

Yes

No

 If yes, please explain the agency used, what type of technical assistance program , and date completed.

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### PRINCIPAL OWNER INFORMATION

(This individual will be responsible for executing grant contract and documents necessary)

 Principal Owner Title/Business Role:

i.e. CEO, Owner, etc.

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 Ownership Percentage in Company:

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 Indicate Principal Owner Gender:


• Female

• Male

 Are you presently under indictment for any financial/monetary based crime?

Yes


No

 If yes, please provide details:

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 Have you or any officer/owner of your company ever been involved in bankruptcy or insolvency proceedings?

Yes

No

 If yes, please provide details:

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 **Are you or your company (including inter-related companies) involved in any pending lawsuits?**

- Yes
- No

 **If yes, please provide details:**

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 **Are you a Low to Moderate Income Individual?**

Need help determining if you are a LMI individual? [Click here for instructions.](#)

- Yes
- No

 **If yes, how many people live in your household?**

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 **What is your total annual household income amount?**

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