



**For Official Use Only:**

Date/Time Received: \_\_\_\_\_

Complete Application: \_\_\_\_\_

Zoning: \_\_\_\_\_

**Alma Small Business and Non-Profit Assistance Grant  
Program Application**

**DUE BY SEPTEMBER 25, 2020**

**BUSINESS INFORMATION**

1) Legal Name of Business:

\_\_\_\_\_

2) Doing Business As (DBA) Name (If Different From Above): \_\_\_\_\_

3) Describe the Products/Services Provided to Community: \_\_\_\_\_

\_\_\_\_\_

4) Physical Address of Business:

\_\_\_\_\_

5) Mailing Address of Business:

\_\_\_\_\_

6) Owner/Applicant/Contact Person E-mail Address:

\_\_\_\_\_

7) Owner/Applicant/Contact Person Phone Number:

\_\_\_\_\_

**FIXED COSTS INFORMATION (Rent/Mortgage/Utilities)**

1a) Monthly Rent or Mortgage Amount: \_\_\_\_\_ 1b) Total for Two Months: \_\_\_\_\_

2) Total Rent/Mortgage Assistance Requested (Not to Exceed Two Months): \_\_\_\_\_

3) Landlord/Mortgage Holder Name:

\_\_\_\_\_

4) Landlord/Mortgage Holder E-mail Address:

\_\_\_\_\_

5) Landlord/Mortgage Holder Phone Number:  
\_\_\_\_\_

6a) Monthly Electricity/Gas Bill Amount: \_\_\_\_\_ 6b) Total for Two Months: \_\_\_\_\_

7) Total Electricity/Gas Bill Assistance Requested (Not to Exceed Two Months): \_\_\_\_\_

8) Monthly Phone/Internet Bill Amount: \_\_\_\_\_ 8b) Total for Two Months: \_\_\_\_\_

9) Total Phone/Internet Bill Assistance Requested (Not to Exceed Two Months): \_\_\_\_\_

10) TOTAL ASSISTANCE AMOUNT REQUESTED (Not to Exceed the Sum of Total Rent/Mortgage, Electricity and Gas, and Phone/Internet Assistance Requested, or \$5,000, Whichever is Less):  
\_\_\_\_\_

**PROGRAM ELIGIBILITY/QUALIFICATIONS**

1) Did your business have its operations severely limited by a prohibition of onsite sales, service, dining, drinking, or entertaining by one or more public health orders issued in connection with the COVID-19 pandemic? YES \_\_\_\_\_ NO \_\_\_\_\_

2) Describe how your business has been limited:

3a) Does your business have a current Town of Alma business license? YES \_\_\_\_\_ NO \_\_\_\_\_

3b) If yes to above, what is the account number? \_\_\_\_\_

3c) If no, did you hold an active Town of Alma business license in 2019? YES \_\_\_\_\_ NO \_\_\_\_\_

3d) If yes to above, what was the account number? \_\_\_\_\_ (To qualify you must submit business license renewal forms to the Town of Alma along with this application form)

4) Number of Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_

5a) Is this business a publicly traded corporation, or owned by, controlled by, or a subsidiary of a publicly traded corporation? YES \_\_\_\_\_ NO \_\_\_\_\_

5b) Did this business earn more than \$5 million in annual gross revenues, or is it owned by, controlled by, or a subsidiary of an entity that earned more than amount? YES \_\_\_\_\_ NO \_\_\_\_\_

PROGRAM ELIGIBILITY/QUALIFICATIONS (Continued)

6) Please list any Federal or State assistance applied for: \_\_\_\_\_

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REQUIRED DOCUMENTS AND CERTIFICATIONS

8) Have you included the following documents with your application form?

8a) Commercial Lease or Mortgage Payment Documentation	YES _____
8b) Electricity/Gas Bill	YES _____
8c) Phone/Internet Bill	YES _____
8d) Business License Renewal Application (if necessary)	YES _____

9) A completed W-9 form for your business is required. YES \_\_\_\_\_

10) I hereby certify that I understand and agree that any grant funds provided to me by the Town under the Small Business Assistance Grant Program shall be used for up to two months of my business rent or mortgage and utility expenses only and shall be used for no other purpose.

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

Printed Name: \_\_\_\_\_

11) I hereby certify that the statements made on this application are true and correct to the best of my knowledge:

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

Printed Name: \_\_\_\_\_

Applications Reviewed and Approved by a Non-disclosed Committee