

**Community Investment Partnership  
Tazewell County Chamber of Commerce  
Clinch Valley Community Action**

**ELIGIBILITY**

- Applicants must be located in Tazewell County. (Due to the large volume of requests, the Community Investment Partnership will not be able to grant every request)
- Applicants must be a Sole Proprietor, Non-profit or profit, or Micro Business (salons, restaurants, retail, brewery, etc.)
  - Less than 50 employees
  - Must plan to reopen.
- Applicants must complete the application in its entirety and review board members may arrange a call with businesses to conduct further investigation after an application has been completed.

(Applicant should retain a copy of the application for his/her files)

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\* - Required Field

**First Name \*** \_\_\_\_\_

**Last Name \*** \_\_\_\_\_

**Email \*** \_\_\_\_\_

**Name of Organization: \*** \_\_\_\_\_

**Federal Tax ID Number \*** \_\_\_\_\_

**Owner /Operator's Name: \*** \_\_\_\_\_

**Mailing Address \*** \_\_\_\_\_

**\*Telephone \*** \_\_\_\_\_

**Grant Amount Requested \*** \_\_\_\_\_

**Description of your business (4-10 words) \*** \_\_\_\_\_

**How has your business been affected by the COVID-19 outbreak? Provide a brief description of your business in the space provided and the impact COVID-19 has had on your business and employees and how this grant would be used. \***

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**What type of business are you? \*** \_\_\_\_\_

**Do any of the following apply to your business? \***

*Choose up to 3 (check below)*

**veteran-owned** \_\_\_\_\_

**woman-owned** \_\_\_\_\_

**minority-owned** \_\_\_\_\_

**Check the following. Has your business been affected by any of the following? Check all that apply. \***

*Choose up to 11*

**Business Closure** \_\_\_\_\_

**Reducing hours of operation** \_\_\_\_\_

**Employee layoffs** \_\_\_\_\_

**Revenue decline** \_\_\_\_\_

**Increased operating costs (e.g. employee paid leave)** \_\_\_\_\_

**Access to capital to address increased costs**\_\_\_\_\_

**Inability to respond to home-delivery requests**\_\_\_\_\_

**Interrupted supply/delivery**\_\_\_\_\_

**Employee absenteeism**\_\_\_\_\_

**Inability to serve customers**\_\_\_\_\_

**Decreased customers**\_\_\_\_\_

**If you have had layoffs, how many employees have been furloughed or laid off? \* \_\_\_\_\_**

**Fiscal Information of Applicant Organization Total operating income. Complete income and expense statements for last year, current year and budget for forthcoming year on the Agency Budget page included . Place an X on each year you have enclosed. \***

*Choose up to 3*

\_\_\_\_\_ **Last Year**

\_\_\_\_\_ **Present Year**

\_\_\_\_\_ **Next Year Budget**

**Has your organization received/applied for federal stimulus funding? Please check one. \***

Yes

No

**Has your organization received/applied for any additional support from other sources? Please check one. Provide a detailed list of funding received or applied for:**

Yes

No

**What new or innovative ideas do you plan to implement into your business due to the effects and impact of COVID-19?**

**Certification**

1. The information contained in this application, including all attachments, is true and correct to the best of your knowledge.
2. The funds requested in this application are necessary to continue the ongoing operations of the applicant.
3. The applicant plans to maintain its existing operations for at least the next six months.
4. The applicant agrees to not relocate outside the region (as defined above) for six months after receipt of funds.
5. The applicant agrees to submit to an audit in six months to confirm funds have been used as stated in the application.
6. The applicant agrees to full return of funds if all commitments are not met.

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Signature, President or Board of Directors/

Authorizing Officials (up to 4 additional)

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**Please full out the details below about your Business Budget**

**Total Business Revenue**

March 18- to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Program Expense and Cost**

March 28 to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_

**Professional Fees**

March 28-to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Supplies**

March 18-to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Telephone**

March 18-to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Postage/ Shipping**

March 18-to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Occupancy**

March 18- to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Insurance Taxes**

March 18-to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Equipment Rental/Repair/Maintenance**

March 18- to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Printing/Publications/Marketing**

March 18- to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Travel /Staff/Volunteer Training**

March 18- to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Organization Dues**

March 1 8- to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**Salaries/Wages**

March 18- to date \_\_\_\_\_

2020 Budget \_\_\_\_\_

2019 Actual \_\_\_\_\_ \*

**In the future, when your business is back on its feet, would you consider making a contribution to the Community Investment Partnership to help fulfill our mission of helping more businesses thrive?**

Yes

No