

DEADLINE JUNE 5, 2020

BUSINESS APPLICATION FOR LIVINGSTON COUNTY CARES ACT GRANT

Name of Business _____

Business Structure - Corporation ____ Sole Prop ____ LLC ____ Partnership ____ Non-Profit ____

Address _____

Business Phone Number _____

Owner's Name & Address _____

Did your business close or alter operations due to Covid-19? - Yes ____ No ____

If yes please explain _____

If yes, dates of closure _____

If yes, date of reopening or expected reopening _____

Percentage of revenue decrease from March & April, 2019 to March & April, 2020 _____

Number of employees - Full-time _____ Part-time _____

Did your business receive any COVID-19 financial assistance (PPP, EIDL, etc.) ? Yes ____ No ____

If yes, amount received _____

Expenses incurred by your business from March 1, 2020 through May 3, 2020 for which you are applying for reimbursement. Expenses can include but are not limited to payroll, rent, mortgage interest, utilities, inventory replacement and Covid-19 supplies. Provide additional pages if necessary. Documentation of the expense must be attached.

Payroll amount _____

Rent amount _____

Mortgage Interest amount _____

Utilities amount _____

Inventory replacement amount _____

Covid-19 supplies amount _____

Other (describe) amount _____

Other (describe) amount _____

Other (describe) amount _____

Total amount _____

Signature _____ Date _____

***** Please attach a narrative of your specific needs or additional information if available.**