

MEDIA RELEASE

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FOR IMMEDIATE RELEASE
Wednesday, July 22, 2020

EDO No. 7-22-20-001

City of Hopewell Announces COVID-19 Small Business Recovery Program

HOPEWELL, VA – The City of Hopewell is excited to announce the 2020 COVID-19 Small Business Recovery Program. The City of Hopewell, in partnership with the Hopewell Economic Development Authority (EDA) will launch this program to support small businesses in Hopewell who have been affected by COVID-19.

The Small Business Recovery Program includes a small business grant program. The maximum grant amount is \$3,000, to provide immediate relief to small business who have been negatively affected by COVID-19. The grant funding is limited, and once the allocated funds are distributed there is no guarantee of additional funding for this program.

Grant amounts will be based on the business's size: businesses with 1-5 employees can receive up to \$1,500, while businesses with 6-25 employees can receive up to \$3,000. During the application process, applicants will have to demonstrate that they were operational as of January 1, 2020; that they are an eligible City of Hopewell business; and that they are suffering negative impacts from COVID-19.

The application process will begin on Wednesday, July 22, 2020 and end on Friday, October 2, 2020 at 5pm. Applications, eligibility, evaluation and submittal information can be found on the City of Hopewell's website at www.hopewellva.gov/small-business-recovery-program/.

An online application is forthcoming, but these grants will be awarded based on timely, complete applications. Applications will be numbered and tracked as they come in. If funding for this program runs out before October 2nd at 5pm, there is no guarantee of additional funding for the program. Applicants are encouraged to apply as soon as possible.

Please see the attached application or www.hopewellva.gov/small-business-recovery-program/ for grant eligibility, evaluation, submittal process and more information.

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Date & Time Received: _____

Received By: _____



City of Hopewell

COVID-19 Small Business Recovery Program

Grant Program:

The City of Hopewell, in partnership with the Hopewell Economic Development Authority is launching the “City of Hopewell COVID-19 Small Business Recovery Program” to support Hopewell small businesses who have been affected by COVID-19.

Grant funds are limited. Once the allocated funds are distributed, there is no guarantee of additional funding from City Council for this program. The maximum grant amount is \$3,000, to provide immediate relief to small businesses who have lost income due to COVID-19 and to prepare for reopening under the CDC and State of Virginia guidelines.

During the application process, applicants will have to demonstrate that they were operational as of January 1, 2020, that they are an eligible City of Hopewell business, and that they are suffering negative impacts from COVID-19.

The application process starts on Tuesday, July 20th and ends Friday, October 2nd at 5pm. Grants will be awarded based on timely, complete applications. Applications will be numbered and tracked as they come in. If funding for this program runs out before October 2nd at 5pm, there is no guarantee of additional funding for the program.

Grant Eligibility (All businesses must meet these criteria to be eligible for a grant):

- Businesses must possess a valid City of Hopewell business license.
- All Hopewell small businesses with 25 employees or less (national chain and/or nationally franchised locations are not eligible).
- Businesses must have been established and operational in Hopewell on or before January 1, 2020.
- Business must be in good standing with city taxes and city sewer and refuse payments, or on an active payment plan.
- Must be a for-profit business
- Not a publicly traded company
- Business must have a physical presence within the City of Hopewell

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Grant Evaluation:

- Grants will be awarded to the majority business owner only.
- Grants will be awarded based on timely, complete applications. Applications will be numbered and tracked as they come in.
- Total grant funds available for each award will not exceed \$3,000.
- Grant amounts vary by size of business, based on number of employees (documented by payroll statements and federal employment records):
 - Businesses with 1-5 employees: up to \$1,500
 - Businesses with 6-25 employees: up to \$3,000
- Funds must be used for operational capital to assist the business in sustaining operations such as payroll, utilities, inventory, rent, and business mortgage.
- Grant recipients will be determined eligible by the City Manager's Office. Grants will be issued by the Economic Development Authority (EDA).
- Grant funds will be made payable to the business name as listed on IRS Form W-9.
- All applications and materials submitted will be public records and subject to the Freedom of Information Act (FOIA). Documents identified as propriety (i.e. tax returns, social security numbers, financial documents, etc) are exempt under FOIA.
- Application for the grant constitutes an unconditional agreement to and acceptance of the Terms and Conditions. The Applicant is responsible for ensuring his or her familiarity with the Terms and Conditions.
- By submitting an application, the Applicant certifies that it is not under any agreement or restriction that prohibits or restricts its ability to disclose or submit the materials included in the application or otherwise to apply for a grant.
- Applicants acknowledge and agree that the Applicant's business name can be used by the City or the EDA in the promotion of the grant program and may be displayed publicly showcasing selected businesses.

Grant Submittal:

- Please email grant applications to Stacey English, at senglish@hopewellva.gov.
- Grant applications can also be dropped off at City Hall. Please call (804) 541-2243 and ask for Stacey English or Debbie Pershing to arrange drop-off.

Date & Time Received: _____

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Grant Application:

Application Checklist (Please include the following documentation):

- Copy of the payroll statement nearest March 17, 2020.
- Copy of most recent payroll statement.
- Copy of Hopewell Business License.
- Copy of the business's IRS Form W-9.

Business Information

Legal Business Name as listed on IRS Form W-9: _____

DBA: _____

Business Address: _____

Business Phone: _____

Years of Operation in Hopewell: _____

Business Email: _____

Website: _____

Federal Tax ID# (EIN): _____

Description of Business: _____

Ownership Information: Complete this section for the majority business owner.

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Application Questionnaire: Program eligibility is limited to those businesses that meet the following qualifications:

1. Has the business established & operational in Hopewell since January 1, 2020? _____
2. Total number of employees prior to March 17, 2020: _____
3. Total number of employees currently: _____
4. Total number of employees you plan to keep moving forward: _____
5. Total number of employees either laid-off or furloughed as a result of COVID-19: _____

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Statement Narrative: Please attach your answers to these questions to this application.

- Identify how you plan to continue employment of all or certain employees and the type of positions being retained in comparison to pre COVID-19 disruption.
- Detail how you plan to use the grant funds to continue business operations

Application Understanding: Each applicant must initial the following statements to indicate that they understand and agree to the following conditions and certifications:

- I certify and attest that I am the majority owner of this business. _____
- I acknowledge that this completed and signed application is only an application for the City of Hopewell COVID-19 Small Business Recovery Program expressed herein.

- This application, even if favorably received does not constitute a commitment on the part of the EDA to extend grant funds. _____
- I agree to notify the EDA immediately in writing if any of the information contained in this application materially changes in any respect. _____
- I agree to hold harmless and indemnify the EDA, its board members, and associated City employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against the EDA, its board members, and associated City employees whether now existing or arising in the future regarding any damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application. _____
- I understand that by submitting this application the EDA is under no obligation to approve and/or extend an assistance grant. _____
- I understand that a false certification or false statement on this application will subject the signatory and applicant to repayment of the grants funds and other penalties under the law. _____

Date & Time Received: _____

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| Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service | Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information. | Give Form to the requester. Do not send to the IRS. |
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| Print or type. See specific instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <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) ▶ _____ <small>Note: 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 not 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.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | Requestor's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

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| 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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;">Or</td> </tr> <tr> <td style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> </td> </tr> </table> | Social security number | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> | | | | | - | - | - | - | Or | Employer identification number | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> | | | | | - | - | - | - |
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| 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. | |
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| Sign Here | Signature of U.S. person ▶ _____ | Date ▶ _____ |
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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.

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.