

# MEDIA RELEASE

Media Contact:  
Stacey English,  
Economic Development Specialist  
[senglish@hopewellva.gov](mailto:senglish@hopewellva.gov)  
PH: (804) 541-6008

FOR IMMEDIATE RELEASE  
Tuesday, September 29, 2020

EDO No. 9-29-20-001

## City of Hopewell Announces Expansion of COVID-19 Small Business Recovery Program

**HOPEWELL, VA** – The City of Hopewell is excited to announce the expansion of their 2020 COVID-19 Small Business Recovery Program. The City of Hopewell launched the original program on July 22, 2020 to support small businesses in Hopewell who have been affected by COVID-19. To date, approximately 50 businesses have received funding through this program.

Some of the eligibility criteria and maximum grant amounts have changed in this second round of grant funding. The maximum grant amount is now \$10,000, 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 1-10 employees can receive up to \$5,000, while businesses with 11-50 employees can receive up to \$10,000. During the application process, applicants will have to demonstrate that they were operational as of March 17, 2020; that they are an eligible City of Hopewell business; and that they are suffering negative impacts from COVID-19.

The application process has begun for this second round of grant funding, and it will end on Friday, December 4, 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/](http://www.hopewellva.gov/small-business-recovery-program/).

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 December 4<sup>th</sup> 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/](http://www.hopewellva.gov/small-business-recovery-program/) for grant eligibility, evaluation, submittal process and more information.

#####



# City of Hopewell

## COVID-19 Small Business Recovery Program - Second Round

### **Grant Program:**

The City of Hopewell 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 \$10,000, 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 March 17, 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 Friday, September 25, 2020 and ends Friday, December 4, 2020 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 December 4<sup>th</sup> 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 50 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 March 17, 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.

### **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 \$10,000.
- Grant amounts vary by size of business, based on number of employees (documented by payroll statements and federal employment records):
  - Businesses with 1-10 employees: up to \$5,000
  - Businesses with 11-50 employees: up to \$10,000
- ***Businesses who have already applied for and been approved for the first round of funding need not apply again. The city of Hopewell will automatically process a check for the difference of grant funding and send to the business. For example, a business who initially received a grant payment for \$1,500 will receive another check for \$3,500 to equal the new \$5,000 amount. Businesses will be notified by October 2, 2020 regarding their additional grant funding.***
- 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, the Treasurer's office and the Commissioner of the Revenue's office. Grants will be issued by the City of Hopewell.
- 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 in the promotion of the grant program and may be displayed publicly showcasing selected businesses.

**Grant Submittal:**

- Please fill out the online form completely, OR
- Please email grant applications to Stacey English, at [senglish@hopewellva.gov](mailto:senglish@hopewellva.gov) AND Debbie Pershing, at [dpershing@hopewellva.gov](mailto:dpershing@hopewellva.gov), OR
- Grant applications can also be dropped off at City Hall. Please call (804) 541-2243 **BEFORE ARRIVING** and ask for Stacey English or Debbie Pershing to arrange drop-off.

## Grant Application:

### Application Checklist (Please include the following documentation):

- Copy of the payroll statement nearest March 17, 2020.
- Copy of most recent payroll statement.
- For businesses with 2 or fewer employees, businesses can submit 1 of the following documents in lieu of payroll statements:
  - IRS "Schedule C" documentation
  - IRS Form 1099
  - IRS Form 941 – Employer's Quarterly Federal Tax Return
- 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 March 17, 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: \_\_\_\_\_

Statement Narrative: Please attach your answers to these questions if you need more space.

- 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 City to extend grant funds. \_\_\_\_\_
- I agree to notify the City 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 City, and associated City employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against the City, 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 City 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. \_\_\_\_\_

**Request for Taxpayer  
 Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <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.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

**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 *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>													-
<b>OR</b>													
<b>Employer identification number</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>													-

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

**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](http://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.*