

# Logan County Small Business Relief Program Application:

Logan County has applied to the Colorado Department of Local Affairs to receive funding for the small business relief program implemented by the State of Colorado Senate Bill 20B-001. This bill is intended to provide direct aid, grants, and annual fee waivers to certain struggling small businesses that have been negatively impacted by the COVID-19 Pandemic. For additional details regarding SB 20B-001 please visit -

[https://leg.colorado.gov/sites/default/files/2020b\\_001\\_signed.pdf](https://leg.colorado.gov/sites/default/files/2020b_001_signed.pdf)

Types of small businesses that are eligible for relief assistance from the SBR -

Any corporation, LLC, partnership or sole proprietorship (nonprofits are not eligible) that fits into the following types of businesses are eligible for relief payments:

- Restaurants
- Bars (includes establishments like a Winery, Brewery, Distillery, etc.)
- Caterers
- Movie Theatres
- Gyms & Recreation Centers

(If a business is voluntarily temporarily closed and affirms that they intend to continue ongoing operations for at least six months they would be eligible. Permanently closed businesses with no intention to reopen are not eligible.)

**\*APPLICATIONS MUST BE COMPLETE AND INCLUDE ALL REQUIRED DOCUMENTATION TO BE ELIGIBLE.**

**\*APPLICANTS MAY APPLY EVEN IF THEY HAVE RECEIVED CARES FUNDING PREVIOUSLY FROM THE COUNTY. HOWEVER, If a business uses both CARES Act funding and this funding, you will need to ensure that the state funds do not pay for any resources paid for by CARES Act funding to avoid triggering a recall of the federal funding.**

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**TO BE ELIGIBLE FOR THIS PROGRAM (as of December 31, 2020, as determined by a statewide or local public health order that has been in effect since December 10, 2020 or earlier) THE FOLLOWING REQUIRMENTS MUST BE MET:**

- Closure for in-person or indoor dining.
- Closure of bars and the prohibition of indoor events.
- A limit of the lesser of 10% capacity or 10 people per room or pool for gyms, recreation centers and indoor pools.
- Evidence that the business is headquartered in and doing business in Colorado within Logan County.
- Verification of their Colorado Income Tax Account Number or Tax Exempt Certificate Number.

- Affirmation of intent to continue operations within the county for at least the next six months.
- Minimum 20% revenue loss (compared against 2019 receipts) due to restrictions. OR is a business opened between Jan. 1 and March 26, 2020 .
- Businesses that started operations between January 1, 2020 and March 26, 2020 must provide evidence that calendar year 2020 sales are less than \$2.5 million.
- Valid business license and in good standing with issuing agency or a Certificate of Good Standing from the Secretary of State.
- Affirmation that the business has received no other funds from this special legislation (arts or minority business programs).
- Affirmation that the business is in compliance with all public health orders.
- Qualifies as a "Small Business" by meeting the criteria in the bill that the business is either a sole proprietorship or has at least one full time employee.
- Evidence that the business had less than \$2.5 million in sales in 2019.
- Cannot also receive funding from "Arts Relief Program" or the "Minority Owned Business Relief Program" (also established in SB20B-001)

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#### HOW MUCH CAN A SMALL BUSINESS RECEIVE FROM THE PROGRAM?

The legislation creating the program sets forth tiered relief payment caps, based on the business' receipts (sales or revenue) from 2019, in the following fashion. However, these tiers may be formulaically adjusted downward based on total dollars allocated to each eligible entity:

- Receipts less than \$500,000 eligible up to \$3,500 maximum payment
- Receipts greater than \$500,000 but less than \$1 million eligible up to \$5,000 maximum payment
- Receipts greater than \$1 million but less than \$2.5 million eligible up to \$7,000 maximum payment

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DEADLINE FOR SUBMISSION: February 5, 2021 12:00 pm noon

Please list your business/organization name and "SBR" in the subject line of your email to ensure that your information is allocated to the appropriate application submission.

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#### APPLICATION PROCESS:

Applications will be accepted via online grant form. Documentation needs to be emailed to [finance@logancountyco.gov](mailto:finance@logancountyco.gov) or in person to the Logan County Commissioners office at 315 Main Street in Sterling by 12:00 PM noon on Friday February 5, 2021.

**\*\*ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED\*\***

Awards will depend upon the number of applicants, availability of funds, and demonstrated need.

3/12

2. Business Trade Name \*

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3. Business EIN \*

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4. Name of Individual or Point of Contact \*

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5. Phone Number \*

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6. Email \*

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7. Business Physical Address \*

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8. Business Mailing Address (if different than above)

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9. City \*

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10. State \*

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11. Zip Code \*

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12. Business Phone Number \*

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13. Type of business \*

*Mark only one oval.*

- ☐ Restaurant
- ☐ Bar (includes Winery, Brewery, Distillery, etc)
- ☐ Movie Theater
- ☐ Caterers
- ☐ Gyms & Recreation Centers
- ☐ Restaurant and Bar
- ☐ Other: \_\_\_\_\_

NAICS Code and title (required)-\_\_\_\_\_

14. Size of Business \*

*Mark only one oval.*

- ☐ Gross Receipts less than \$500,000 (\$3,500 maximum payment)
- ☐ Gross Receipts greater than \$500,000 but less than \$1 million (\$5,000 max pymnt)
- ☐ Gross Receipts greater than \$1 million but less than \$2.5 million (\$7,000 max pymnt)

## 15. Type of Business \*

*Mark only one oval.*

- ☐ Corporation
- ☐ LLC
- ☐ Partnership
- ☐ Sole Proprietor
- ☐ Other

## 16. Year business established \*

*Mark only one oval.*

- ☐ In Operation prior to January 1, 2020
- ☐ Or, between January 1, 2020 and on/or before March 26, 2020.

## 17. 2019 Gross Income \*

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## COVID-19 Impact

## 18. Please describe how your business has been impacted negatively by COVID-19. \*

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19. Was your business required to close completely or modify/limit operations due to Public Health Orders related to COVID-19 from 12/10/2020 through 12/31/2020. \*

*Mark only one oval.*

☐ Yes

☐ No

20. # of FT and/or PT employees \*

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**ALL of the following items are REQUIRED . Missing information will cause your application to be rejected.**

21.

- ☐ Signed W-9
- ☐ 2019 Federal business tax return or Schedule C form if sole proprietor.
- ☐ 2019 Colo Business Tax Return.
- ☐ Valid business license in good standing.
- ☐ 2020 Profit and Loss Statement

#### DISCLAIMER and SIGNATURE

22. I certify -My business is in good standing with the Secretary of State \*

*Mark only one oval.*

☐ Yes

☐ No

23. I certify - I am current on all State and local taxes and/or DoR \*

*Mark only one oval.*

☐ Yes

☐ No

24. I certify - My business is in good standing with DORA or my relevant licensing agency \*

*Mark only one oval.*

☐ Yes

☐ No

25. I certify - My business is headquartered in Logan County Colorado. Headquarters is defined as the location where the principal business and management decisions are made for the business. \*

*Mark only one oval.*

☐ Yes

☐ No

26. I certify - I plan to stay in business for at least 6 months. \*

*Mark only one oval.*

☐ Yes

☐ No



27. I self certify - I have had at least 20% revenue loss due to effects of the COVID 19 public health crisis using a month over month OR year over year analysis since March 26th; or my business began between Jan 1, 2020, and March 26, 2020 \*

*Mark only one oval.*

☐ Yes

☐ No

28. I certify - I pledge to use these grants to pay for business expenses including but not limited to salary, rent, utilities, inventory, equipment, interest or principal on business loans and other business uses \*

*Mark only one oval.*

☐ Yes

☐ No

29. I certify - I have not applied for other SB20B-001 funds, which include the arts relief program or minority business program. \*

*Mark only one oval.*

☐ Yes

☐ No

30. I certify -I run a small business as defined as a corporation, LLC, partnership, sole proprietor, having at least one full-time employee and/or I am sole proprietor. \*

*Mark only one oval.*

☐ Yes

☐ No

31. I certify - I authorize the Colorado Department of Revenue and/or the Colorado Department of Labor and Employment to provide my tax return data to the authorizing entity for the purposes of confirming my eligibility for this aid application \*

*Mark only one oval.*

☐ Yes

☐ No

32. I certify -I understand that the statement's in this application are subject to verification and validation and I may be asked to provide documentation including financial or banks statements and other documents supporting their accuracy during subsequent follow-up communications with the State of Colorado or their agents and I will cooperate in providing such information. \*

*Mark only one oval.*

☐ Yes

☐ No

33. I certify - I understand that if I knowingly provide any inaccurate information on this application I will be subject to penalties, including potential repayment of any funds received and any appropriate legal action. \*

*Mark only one oval.*

☐ Yes

☐ No

34. I certify - By checking these statements I am swearing and certifying to the State of Colorado that all of these statements are accurate to the best of my knowledge. I am retaining documents and able to provide if requested. I am aware that I may be audited and asked to provide these documents to justify my award. If I can not validate the accuracy of these statements, I understand I may be asked to pay back this award and/or be subject to legal remedies. \*

*Mark only one oval.*

☐ Yes

☐ No

35. I certify - I certify that I am an officer of the above-named company with the authority to sign on its behalf. \*

*Mark only one oval.*

☐ Yes

☐ No

36. I certify that my answers are true and complete to the best of my knowledge \*

*Check all that apply.*

☐ I agree

37. If my grant application is approved, I understand that I must comply with all applicable rules and submit all necessary documentation within the stated timeframes. Failure to do so will result in forfeiture of grant funds. \*

*Check all that apply.*

☐ I agree

Google Forms