

CITY OF CHESTER MICRO BUSINESS GRANT PROGRAM
Application Submission Cover Sheet

The completed application and required documents must be submitted to:

Mail: Chester Economic Development Authority (CEDA)
P. O. Box 407, Chester, PA 19016

Email: jar@ceda.cc

Questions regarding obtaining an application or submitting a completed applications can be directed to Jo Ann Ruark at (610) 447-7854 or via email to jar@ceda.cc

Completed applications will be accepted starting July 15, 2020 between the hours of 9:30AM to 4:00PM thru July 29, 2020 at 4:00PM.

***Only full and complete applications will be reviewed for this grant program. Full and complete applications include:**

- Application Questionnaire completed with acknowledgements initialed and signed by applicant.
- Income Certification and Declaration of Retained Jobs form completed, signed and dated
- A copy of the most recent tax return submitted (2018 or 2019) for business, signed.
- Copies of invoices for expenses to be considered for this grant award should be included with completed application.

If you have questions regarding technical assistance once your completed application has been received and processed by CEDA, please contact:

Antoinette Truehart,
Managing Director for Entrepreneur Works Fund
Phone: 267- 792-3770
Email: atruehart@entre-works.org

**CITY OF CHESTER
MICRO BUSINESS GRANT PROGRAM APPLICATION
(Please Print Clearly)**

Business Information General

Business Legal Name: _____

d/b/a if operating under a different name: _____

Year Business was founded: _____

Is the business incorporated in the Commonwealth of PA: (select one) ___ YES ___ NO

Please indicate the business structure: (select one):

___ Sole Proprietor ___ Partnership ___ LLC ___ C Corp. ___ S Corp.

Business Physical Address:

Street Address: _____

City, State Zip Code: _____

Business Website Address: _____

Federal EIN: _____ - _____

Type of Business: (select one) ___ Food/Beverage ___ Retail ___ Non-Profit

___ Personal Service ___ Professional Service ___ Technology/Manufacturing ___ Other

Business Ownership

Please list the names and addresses of all individuals/companies with ownership in applicant Business: (If there are more than 2, please list on a separate sheet of paper)

Owner 1: _____ **Percent Owner:** _____

___ Male ___ Female **Race/Ethnicity** _____ **Hispanic?** ___ Yes ___ No

Address: _____

Owner 2: _____ **Percent Owner:** _____

___ Male ___ Female **Race/Ethnicity** _____ **Hispanic?** ___ Yes ___ No

Address _____

Business Employment

Number of employees (including yourself) on business payroll prior to stay-at-home order on 3/01/20? (select one)

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

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Number of employees (including yourself) on business payroll as of May 1, 2020? _____

Have you furloughed or laid off employees? (select one) ___ Yes ___ No

COVID-19 Related Questions

Is the business open? (select one) ___ Yes ___ No ___ Partially

Is the business closed or partially closed due to COVID-19 shut down? (select one) ___ Yes ___ No

If yes, what is the estimated revenue loss the business experienced for March-May? (select one)

___ 0% ___ 25% ___ 50% ___ 75% ___ 100%

Under the current conditions how long can your business continue to remain operational? (select one)

___ 0-3 months ___ 3-6 months ___ 6-12 months

How has COVID-19 impacted your business? (select all that apply)

___ Loss of Revenue ___ Ability to pay rent, utilities, taxes ___ Staffing

___ Ability to purchase supplies ___ Other: _____

State in detail the impact that COVID-19 has had on your business operations:

Has the business applied for other sources of COVID Funding? (Select all programs & outcomes that apply)

Paycheck Protection Program (PPP):

Amount \$ _____ ___ Received ___ Denied ___ Pending ___ Did Not Apply

If Received, how did you use the funds? _____

SBA Economic Injury Disaster Relief (EIDL)

Amount \$ _____ ___ Received ___ Denied ___ Pending ___ Did Not Apply

If Received, how did you use the funds? _____

SBA Debt Relief

Amount \$ _____ ___ Received ___ Denied ___ Pending ___ Did Not Apply

If Received, how did you use the funds? _____

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Pennsylvania COVID-19 Working Capital (CWCA)

Amount \$ _____ Received _____ Denied _____ Pending _____ Did Not Apply

If Received, how did you use the funds? _____

Delco Strong Grant Program

Amount \$ _____ Received _____ Denied _____ Pending _____ Did Not Apply

If Received, how did you use the funds? _____

Other Funding Program _____

Amount \$ _____ Received _____ Denied _____ Pending _____

If Received, how did you use the funds? _____

How do you intend to use the funds from this grant? (Select all that apply)

_____ Payroll _____ Rent _____ Utilities _____ Non-federal debt expenses

_____ Inventory (accounts payable) _____ Other _____

Statement of Need: *(Describe how this assistance will enable the business to re-open, continue, retain or create jobs)*

Post COVID-19 Questions

Does the business have a plan for emerging from the Commonwealth of Pennsylvania COVID-19 shutdown? *(please describe in 3 or 4 sentences)*

Is the Business interested in additional resources to help the business to overcome the issues related to the shutdown caused by COVID-19? (Select all that apply)

_____ Marketing/Promotion _____ Accounting _____ Legal _____ Safety

_____ Cleaning of Physical Location _____ Technology _____ Working Capital Resources

_____ Other: _____

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Primary Point of Contact for Application:

Name: _____ Phone Number: _____

Email: _____

Primary Language Spoken by Business contact person: _____

ACKNOWLEDGEMENTS

I acknowledge that I am an owner or authorized by the owners of the business to submit this application. I acknowledge that if my business is awarded funding that all owners that hold 20% or more interest in the business will be required to execute the agreement with the City of Chester in order to receive the grant funds. _____ *(initial)*

I acknowledge that I have not defaulted on any previous grant or loan funds received from the City of Chester _____ *(initial)*

I acknowledge that by submitting this application, I am not automatically awarded funding. _____ *(initial)*

I attest that the business is current on all taxes. Further, I acknowledge that if awarded through this program I am responsible for any reporting requirement and tax payment obligation at the state and federal level. _____ *(initial)*

I acknowledge that applicants and grantees for this program are responsible for following the rules, regulations, and contract stipulations of this grant program regardless of the source of funds; furthermore, I acknowledge that it is the responsibility of a grantee to use and report on all funds appropriately whether sourced from the City of Chester, County Level Authority, State, or Federal government programs. _____ *(initial)*

I acknowledge that the information submitted is true to the best of my ability on the date of submission. I fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

PRINT FULL LEGAL NAME: _____

SIGNATURE: _____

DATE: _____