

CHARTER TOWNSHIP OF WATERFORD
Local Business Covid-19 Assistance Program

BUSINESS INFORMATION

Applicant Business Name:

Type of Business:

Applicant/Business owner name(s):

Business Address:

Applicant Home Address:

Mailing Address (if different):

Business Phone:

Applicant Phone:

Email:

DUNS Number:

(<https://www.dnb.com/duns-number.html> get one here or look yours up)

Date of Incorporation:

Current number of employees:

Has the ***business*** ever been subjected to criminal or civil fines and penalties including from the Township Code or Zoning Ordinance or regulatory violations or in bankruptcy? Is the business or business owner delinquent in any township, federal, state taxes?

Yes No

BUSINESS TYPE: LLC Partnership Sole Proprietor Other

BUSINESS DESCRIPTION AND SUMMARY OF OWNER'S EXPERIENCE IN INDUSTRY

PROPOSED USES OF FUNDS

AMOUNT OF REQUEST	USE
\$	Rent/Mortgage for _____ months (max of \$10,000)
\$	Other (please specify, max of \$2,000) _____ _____
Total Relief Grant Funds Request (Max \$10,000 combined total):	
\$	

Please specify below the jobs your business intends to retain or create through the funds provided by the Relief Fund.

Position Title:	Hours Worked per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:

Please indicate any additional jobs retained on a separate sheet

EMERGENCY NEED

1. Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.
2. Please use the space below to explain how the funding will help your business remain viable and prevent layoffs:
3. **If applicable**, describe how will you create new lines of business and services to meet new demand during the COVID-19 pandemic and the number of new jobs created:

Other Funds

1. Describe your business revenues during COVID-19 and during a similar period prior to COVID-19:
2. Describe other funds you intend to apply for and the amounts and sources of those funds and total amount.
3. Describe any other gaps in financing you might have to prevent employee layoffs or create new jobs and your plan to fill those gaps.
4. Please indicate how many employees and business owners, from a low-/moderate-income households would be retained or employed, after accessing these funds (please refer to household income chart below).

Persons in Family	1	2	3	4	5	6	7	8
Low (80%) Income Limits	44,000	50,250	56,550	62,800	67,850	72,850	77,900	82,900

APPLICANT STATEMENT: I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the Charter Township of Waterford. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

SIGNATURE: _____ **Date:** _____

Name: _____

Title: _____

SIGNATURE: _____ **Date:** _____

Name: _____

Title: _____

SIGNATURE: _____ **Date:** _____

Name: _____

Title: _____

Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).

NOTE- Staff will follow-up with applicants for required additional information and documents after application submission, if needed.

Email completed application to: jpolkowski@waterfordmi.gov

APPLICANT STATEMENT: I hereby declare that any person(s) employed by the Charter Township of Waterford, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed below. (Please include in your disclosure any interest which you know of. An example of a direct interest would be a Township of Waterford employee, Board of Trustee Member, Planning Commissioner, who would be paid to perform services under this proposal. An example of indirect interest would be a Charter Township of Waterford employee who is related to any officers, employees, principal or shareholders of your firm or to you. If in doubt as to status or interest, please disclose to the extent known). I hereby certify that the information on this form is complete and accurate. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

Name: _____

Signature: _____ **Date:** _____

Disclosed Conflict of Interests:

