

**City of Monticello Small Business Grant Application
Round 2**

1. Name of Owner _____
2. Business Name and Tax ID number _____
3. Business type (retail, restaurant, salon, etc.) _____
4. Business address _____
5. Contact Phone Number _____
6. Number of employees (include owner if you are paying yourself). Full time _____
Part time _____
7. Average monthly revenue last 12 months _____
8. Average monthly expenses last 12 months (please break down into rent/mortgage, water/sewer, electric, gas, telecom, payroll, etc.)
Rent/mortgage _____ Water/sewer _____ Gas/Electric _____ Telecom _____
payroll _____ Other (specify) _____
9. Requested grant amount (maximum \$10,000) _____
10. Do you think a grant of \$10,000 or less will help you keep your doors open or eventually re-open?
Please explain and support your answer.

11. How will you use the funds you have requested?

12. Have you or do you plan to apply for any other state or federal assistance through EIDL, EIDL advance, or PPP? If so, have you received any funds yet from these resources?

13. Did you apply for the first round of City or County grants? If so, what were the result?

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14. Are you a Veteran, Woman, or Minority owned Business? _____

15. Additional comments: Is there anything else you think we should know about your business or the challenges you face as the owner?

I certify that the information above is correct to the best of my knowledge. I authorize the City of Monticello Small Business Grant selection committee to make inquiries as necessary to verify the accuracy of the statements made by me in the application. I agree to indemnify and hold harmless the City of Monticello, its officers, directors, employees, agents and volunteers from any and all claims, loss or other liability arising from or related to the services that committee provides before, during, and after the grant review process. I agree that I will use any funds received for purposes consistent with my application and with the grant program rules.

Owner or Authorized Representative Signature

Date

In addition to this application, please submit the following no later than October 2, 2020:

Copy of valid Indiana driver's license or other form of Indiana State ID

W-9

Employee Income Form

Copy of current status with Secretary of State (certified letter not required)

Note: if the grant is approved, additional documents may be required before transfer of funds.

Additionally, you will need to complete a report later this year to document how the funds were used.

**The City of Monticello Small Business Assistance program aims to provide funds for businesses to establish financial stability during the COVID-19 pandemic. Funds are limited and will be directed to businesses who demonstrate the greatest level of need. It is possible, not all businesses will receive funds based on fund availability and eligibility criteria. **