

**NEWINGTON AMERICAN RESCUE PLAN
COVID-19 SMALL BUSINESS ASSISTANCE PROGRAM**

APPLICATION

Applicant Information

Business/Organization Name:		
Owners/Members:		
Business/Organization Street Address:		
City:	State:	Zip Code:
Contact Phone:		Website URL
Contact Email Address:		
Federal Employer Identification Number (EIN):		
Month and year business/organization was incorporated/registered?		Month: Year:
Years in Newington:	Years at current location:	
Does your business own or rent it current location? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Business/Organization structure (sole proprietorship, LLC, partnership, non-profit, etc.)		
Describe your business/organization. What products or services does your business offer?		
How many employees did your business have on January 1, 2019?		
Full-time:		Part-time:
How many employees does your business currently have on payroll?		
Full-time:		Part-time:
Does your business hold a State certification as a MBE, WMBE, DBE		
<input type="checkbox"/> Yes (attach copy of certifications) <input type="checkbox"/> No		

Is your business currently in "Good Standing with the CT Department of Revenue Services (DRS)?"

- Yes (*attach DRS Status Letter) No (explain)

*Status Letters may be requested www.portal.ct.gov/DRS/myconneCT/myconneCT

Underwriting

What was your 2019 Gross Revenue \$

2020 Gross Revenue \$

Is your business/organization current on all tax obligations to the Internal Revenue Service, the State of Connecticut and the Town of Newington?

- Yes No

If no, please explain:

Does your business/organization have any outstanding liens or judgments?

- Yes No

If yes, please explain:

Is your business/organization compliant with the CT Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation and child labor?

- Yes No

If no, please explain:

Have you applied for any funding from federal programs such as the Payroll Protection Program (PPP) or SBA Economic Injury Disaster Grant/Loan Program related to the current pandemic and disaster declaration?

Yes No

Have you been approved or received any funding to date from federal or state relief programs related to the pandemic and disaster declaration?

Yes No

If yes, please provide details as to program and amount:

How has your business/organization been affected by COVID-19? Has there been a significant change in the way your business/organization operates due to COVID-19?

What is the amount of funding requested (up to \$10,000):

How will you use the funds? Please refer to the categories listed under "Eligible Use of Funds". Please describe how your intended use of funds will help your business/organization combat or counter the negative impact the COVID-19 public health emergency has had on your business:

Please provide an itemized budget supporting the funds you are requesting. The budget may include, but not limited to: items to be purchased and their costs; activities proposed and their associated costs; number, type and rate of personnel to be compensated; cost estimates or quotes: (You may attach a budget or use the space allotted)

Section 3: Applicant Certification

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge and agree that the Town of Newington does not assume any responsibility for the success or failure of the Applicant's existing business.

I understand the information in this application is provided for the purpose of applying for the Newington American Rescue Plan COVID-19 Small Business Assistance Program. I authorize the Town of Newington to make inquires as necessary to verify the information contained in this application.

I agree that all funds provided pursuant to this application will be utilized exclusively for the purpose(s) set forth in this application, as may be amended. Upon utilization of the funds, I shall provide a final report to the Town of Newington detailing all funding utilization and costs. I further agree to return all unused funds to the Town of Newington.

I understand that any willful misrepresentation on this application could result in a fine and/or Imprisonment under provision of the United States Criminal Code U.S.C. title 18, Section 1001, and shall entitle the Town of Newington to receive a return of any funding provided hereunder, in addition to any other remedies it may have against me at law or in equity.

I, further understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Signature(s): _____

Printed Name: _____

Date: _____