



**American Rescue Plan (ARP)
Business Assistance Grant Application**

Owner Name:

Business Name:

Business Address:

Email Address:

Phone Number:

Business Identification Number (FEIN/EIN):

Date the business began operating in the Town of Foxfield:

What is the average number of full-time employees on your payroll over the last 12 months?

What is your estimated decline in revenue due to the COVID-19 pandemic?

What are the economic impacts of the COVID-19 pandemic on your business?

Have you applied for and received funding support through any grant programs or filed for reimbursement through your business insurance policy in the last 12 months? If yes, please state the program(s) you have applied for and received funds from, and the total amount received.

Will this grant funding enable you to hire, retain and/or bring back employees?

Please list the total amount of funds requested and provide a detailed explanation of how you will use the funds:

Please sign acknowledging that you have read the guidelines and affirm the information you have submitted on this application is true and accurate to the best of your knowledge.

Owner Signature

Date

Karen L Proctor, Town Administrator Signature

Date

Lisa Jones, Mayor Signature

Date

Documentation Required:

- Certificate of Good Standing from the Colorado Secretary of State.
- Copy of current lease or mortgage statement for the space in which the business is located.
- Copy of 2019 income statement and balance sheet.
- Copy of current 2022 income statement and balance sheet.
- Documentation for impacts/losses that are directly attributable to compliance with public health orders or otherwise a direct result of the COVID-19 pandemic.
- Completed W-9 form
- Completed grant application

Mail completed application and all required documents by **Friday, May 20, 2022**, to:

Town of Foxfield

P.O. Box 461450

Foxfield, CO 80046