APPLICANT CONTACT INFORMATION
Applicant First Name:
Applicant Last Name:
Applicant Phone Number:
Applicant Email Address:

APPLICANT DEMOGRAPHIC INFORMATION
Gender:
o Male
o Female
o I choose not to disclose

Race:
o American Indian or Alaskan Native
o Asian
o Black or African-American
o Hispanic or Latino
o Native Hawaiian or Pacific Islander
o White
o Other: Please list: ________________
o I choose not to disclose

Ethnicity:
o Hispanic or Latino
o Not Hispanic or Latino
o I choose not to disclose

Veteran Status:
o Non-veteran
o Veteran
o Service-disabled veteran
o Spouse of a Veteran
o Active duty or reserves
o I choose not to disclose

Do you identify as LGBTQIA?
o Yes
o No
o I choose not to disclose

Do you have a disability?
o Yes
o No
o I choose not to disclose
BUSINESS INFORMATION
Business Name (must match state or county business registration):
Business Address:
Line One (street address):
Line Two (Office/Suite #):
Line Three (City):
Line Four (Zip Code):
Employer Identification Number or Social Security Number:
Website or Social Media page (if you do not have a business website, please leave blank):

ELIGIBILITY QUESTIONS
1. Is your business located within Tom Green County?
   o Yes o No
   **Your business must be located within Tom Green County to be considered eligible for this grant.

2.A. Has your business experienced a reduction in revenue of at least 15% due to COVID-19 since March of 2020?
   o Yes o No

2.B. Is your 2020 total annual net income less than $100,000, but no less than $5,000?
   o Yes o No
   **You must be able to answer “YES” to either question 2.A, 2.B, or both to be considered eligible for this grant.

3. What date was your business established?
   ______/_______
   **Your business must have been established on or before January 1, 2020 to be considered eligible for this grant.

4. Does your business fall into any of the following business activities: real estate investment or property rental income, gambling or gaming, adult entertainment, not-for-profit, or anything federally, state, or locally barred?
   o Yes o No
   **You must be able to answer “NO” to this question in order to be considered eligible for this grant.

ELIGIBILITY CERTIFICATIONS
5. By answering this question “YES”, I verify that I, my business, or its affiliates are NOT involved in any litigation against the City of San Angelo and Tom Green County.
   o Yes o No

6. By answering this question “YES”, I verify that as of March 2020, I, my business, or its affiliates were not in arrears on any existing Agreement nor defaulted on a previous Agreement with the City of San Angelo or Tom Green County.
   o Yes o No
7. By answering this question “YES”, I verify that that I, my business, or its affiliates are not debarred, suspended, terminated, or otherwise excluded from (or ineligible to) transact with a federal, state, or local government entity or agency.
   o Yes o No

8. By answering this “YES”, I verify that as of March 2020, I, my business, or its affiliates were not delinquent on taxes due to the City of San Angelo or Tom Green County.
   o Yes o No

**You must be able to answer “YES” to all eligibility certifications (#5 - #8) in order to be considered eligible for this grant.

### ADDITIONAL ASSESSMENT QUESTIONS

The City of San Angelo and Tom Green County are committed to ensuring that funding from this program is based on equity, business survivability, and urgency. Understanding that funding may be limited, an equity matrix is utilized to evaluate applications should the program receive more applications than funding available. The following additional questions are helpful in assessing applicant equity.

9.A. Have you received additional sources of pandemic-related financial assistance? Check all that apply.
   o Economic Injury Disaster Loan
   o Economic Injury Disaster Advance
   o Paycheck Protection Program Loan
   o Local sources of assistance (ex. San Angelo Area Foundation COVID-19 Community Response Fund)
   o Unemployment assistance
   o Other: Please list ________________________________

9.B. If you checked any of the boxes in the above question, please enter the total dollar amount of pandemic-related financial assistance received here:
   ____________________________________________

10. How many full-time employee equivalents does your business employ? (This will include full-time employees and part-time employees, but not independent contractors. For part-time employees, please add .25, .5, .75 or 1 based on the amount of hours the employee works in an average week.)

   ____

11. Please enter your total annual revenue (dollar amount) for 2019.

   ______

12. Please enter your total annual revenue (dollar amount) for 2020.

   Q1______
   Q2______
   Q3______
   Q4______

13. Was your business required by a federal, state, or local mandate to shut down for a total combined period of longer than 3 months? (If your business was ordered to close for different periods of time at separate times, please combine total close time to answer this question).
   o Yes o No
14. How is your business structured?
   o Independent Contractor
   o Sole Proprietor
   o Limited Liability Company or Limited Liability Partnership
   o Corporation
   o Non-profit
   o Other: Please list: ___________________

15. Please select the industry your business operates in:
   o Agriculture, Forestry, Fishing and Hunting (not covered in economic census)
   o Mining, Quarrying, and Oil and Gas Extraction
   o Utilities
   o Construction
   o Manufacturing
   o Wholesale
   o Retail
   o Transportation and Warehousing
   o Technology and Information
   o Finance and Insurance
   o Real Estate and Rental and Leasing
   o Professional, Scientific, and Technical Services
   o Management of Companies
   o Administrative and Support and Waste Management and Remediation Services
   o Education
   o Health Care and Social Services
   o Arts, Entertainment, and Recreation
   o Accommodation and Food Services
   o Hospitality and tourism
   o Other Services (except Public Administration)
   o Public Administration
   o If other, please list:

16. Please list your business activity. This should describe what your business does in 1-2 words. For instance, if you are a bakery, you would write "bakery".
   ________________________________

17. Is your business certified with the federal, state, or local government? Please check all that apply.
   o Minority Business Enterprise
   o Veteran Business Enterprise
   o Service-Disabled Veteran Business Enterprise
   o 8(a) certified
   o HUB certified
   o Woman Business Enterprise
   o Economically Disadvantaged Business Enterprise
   o Native Business Enterprise
   o Other: Please list: ___________________
GRANT CERTIFICATIONS

18. By answering this question “YES”, I certify that the funds will be used for working capital (including rent, pre-existing mortgage interest or payments, and utilities), inventory or supplies, furniture or fixtures, machinery for equipment, maintenance or repairs, payroll or employment benefits, or other expenses deemed critical for business operations. I understand that if the funds are knowingly used for unauthorized purposes, the City of San Angelo and Tom Green County may hold me legally liable, such as for charges of fraud.

   o Yes  o No

19. By answering this question “YES” I know that I may be audited to prove that grant funds under this program were used appropriately and I agree to an audit of the use of grant funds received.

   o Yes  o No

20. By answering this question “YES”, I agree to claw-back provisions if funds are used for ineligible purposes.

   o Yes  o No

21. By answering this question “YES”, I confirm that I have completed this application truthfully and understand that untruthful answers will prevent me from obtaining funding under this program.

   o Yes  o No

22. Please share anything additional you would like this award committee to know when considering your application.

By signing below, you agree to all of the representations, authorizations, and certifications as listed in this application.

Applicant Signature
Date

The City of San Angelo and Tom Green County are a governmental body subject to the Texas Public Information Act. Information you submit in this application may be subject to the Act and, therefore, subject to public release.