



MESA COUNTY COVID-19 Business Assistance Grant

Application for COVID-19 Business Assistance Grant

The following information will be used by the Mesa County Enterprise Zone for its review and potential funding of Business Assistance Grants directly related to assistance needed as a result of the COVID-19 pandemic. This form shall be completed by the applicant organization including all relevant financial information to prove need of funds.

ORGANIZATION INFORMATION

Organization:

Organization Structure:

Website:

Street Address:

City:

Zip Code:

Main Contact Name:

Main Contact Email:

Main Contact Phone:

Is the Organization located in the EZ?

Select the category and sub-category that best fits your funding request:

<input type="checkbox"/> Increased/maintained connectedness on technology platforms:	<input type="checkbox"/> Direct Cash Infusions
<input type="checkbox"/> software subscription costs	<input type="checkbox"/> Sales Tax payments
<input type="checkbox"/> point of sale systems	<input type="checkbox"/> Mortgage payments
<input type="checkbox"/> critical operation software	<input type="checkbox"/> Rent/Lease payments
	<input type="checkbox"/> Benefit continuation payments
	<input type="checkbox"/> Insurance premium payments

A. Please describe your category and sub-category request for funding:

B. Describe specifically how the above has been affected by the COVID-19 pandemic:

C. Total Funding Amount Requested:

Organization Applicant Attestations:

- *I am aware that the highest grant I may receive is up to \$5,000.00.*
- *I am aware that all grants will be awarded by the Mesa County COVID-19 Response Fund.*
- *I am aware as part of the application process, requesters will be required to provide documentation to show need, which could include, but not be limited to: payroll reports, P&Ls, leases, receipts, quotes or invoices, etc. In addition, after a grant is approved, grantees will be required to provide supporting documentation to show how the funds were used and how they have impacted the business' ability to remain in business or to re-open, and the number of jobs which have been retained or re-hired. Failure to provide required documentation will result in inability to participate in the grant program initially or to receive any subsequent grant funds.*
- *I am aware that the filling out this application request does not ensure funds will be awarded to me, my business or my employees.*
- *I agree to abide by the policies and reporting requirements of the Mesa County Enterprise Zone and as such may be asked or additional information at any time*

Organizational Representative:

Type Name

Signature

Date

Once you feel your application is complete, please call 970-263-2917 to schedule an appointment with staff. Additional information may be required to complete the application as determined.