

Fairfax City ReConnected Grant Program Application Round 1 - Eligibility Qualification

Overview:

During the qualification round (Round 1) of the Fairfax City ReConnected Grant (FCRG) program, applicants will be required to provide the Economic Development Authority (EDA) with the necessary information to confirm program eligibility. The EDA will verify this information and invite eligible applicants to Round 2. Information gathered during Round 1 and through permission granted by the applicant to the Commissioner of the Revenue will be used to create a data model that measures eligible applicants based on their relative need as a result of COVID-19. This formula will be used to determine the percentage of grants allotted to each business category during the Round 2 of applications. Small, Women-Owned, Minority-Owned ([SWaM](#)) and Veteran-Owned business will receive at least 30% of the total allotment of all ReConnected grants (\$5,000 & \$10,000) regardless of business category.

At the end of this application, applicants are asked to pick which amount best suits their needs, either \$5,000 or \$10,000. This will aid the FCRG staff in the planning of future fund allocations. During Round 2 of the application, businesses requesting \$10,000 will be required to provide additional information, which may include a narrative, detailing their previous and proposed response to COVID-19 and why their need is above and beyond that required of the \$5,000 level program.

Round 1 applications with all accompanying documentation are due on **July 15th at 5 pm** to ReConnectedGrant@fairfaxcityeda.org.

If you have any questions, please reach out to ReConnectedGrant@fairfaxcityeda.org.

*All questions are required unless otherwise stated.

* Given the limited nature of funding, the EDA does not guarantee the award of any funds to any applicant. Filling out the following application does not guarantee funding.

*Please fill in answers to the best of your knowledge. All answers submitted by the applicants are subject to inspection by the FCRG staff and the Fairfax City Commissioner of the Revenue.

*All businesses applying to the FCRG must complete the Taxpayer Information Confidentiality Waiver at the end of this application.

Section 1 - Business Information:

Business Name: _____

Local Business Address: _____

Does your business have multiple locations? _____ Yes _____ No

If yes, provide addresses below: _____

Business Website: _____

Fairfax City Business, Professional and Occupancy License (BPOL) number: _____

Does your businesses occupy leased space? _____ Yes _____ No

If yes, on what date does the current lease expire? _____

Is the business owner registered with the Commonwealth of Virginia as a Small, Woman-Owned, and Minority-Owned (SWaM) business? _____ Yes _____ No

If yes, please provide certification number: _____

If the business is not registered with the State of Virginia as a SWaM business, it may still fall within one of the following categories. By clicking “yes” you are indicating that 51% of ownership is held by one of the below distinctions:

Women-Owned: _____ Yes

Minority-Owned: _____ Yes

Veteran-Owned: _____ Yes

Business Type:

Please select all that apply. If other, please provide a description in the space provided.

___ Sole Proprietorship

___ Partnership

___ Corporation

___ LLC

___ Non-Profit

___ Co-op

___ Franchise

___ Owner-Operated

___ Independent

___ Other: _____

Business Category:

Please select all that apply. If other, please provide a description in the space provided.

___ Arts, Entertainment, Recreation

___ Child Care, Education, Instruction

___ Construction, Engineering, Design Services

___ Distribution, Logistics, Warehousing

___ Finance, Insurance, Real Estate

___ Government, including political divisions of the Commonwealth

___ Health and Medical Services

___ Hotel and Accommodations

___ Information Technology, Broadcasting, Publishing

- Manufacturing
- Personal Services (barber shop, nail salon, fitness, dry cleaner, etc.)
- Private Household Services
- Professional, Technical, Business Services
- Repair and Maintenance Services
- Restaurant, Food Services
- Retail – please specify _____
- Social Services
- Transportation
- Other: _____

Section 2 - Business Owner information:

Is the person submitting the application the business owner? _____ Yes _____ No

Business Owner(s) Name(s): _____

Business Owner Phone Number: _____

Business Owner Email Address: _____

Contact information for the person submitting the application if not owner: _____

Title of person submitting the application if not owner: _____

Section 3 - Eligibility:

On what date did the business begin operating in the City of Fairfax? _____

Is the business a for-profit entity or a non-profit? _____ Yes _____ No

Is the business current on all tax payments to the City of Fairfax? _____ Yes _____ No

Does the business intend to continue operations at a location within the City of Fairfax until December 30, 2020? _____ Yes _____ No

How many full time and full time-equivalent employees did the business employ across all locations as of March 1, 2020? _____

Is the business currently in bankruptcy proceedings? _____ Yes _____ No

Revenue Information:

*Please provide a summary of the Gross receipts (revenue/sales before any expenses) for the months indicated. Supporting documentation is required and more information is below.**

	2019	2020
March	\$	\$
April	\$	\$
May	\$	\$

***Supporting Documentation:**

- Supporting examples and documentation include, but are not limited to, one or more of the following:
 - Detailed Profit and Loss statement for March, April, and May 2019 and 2020 or detailed bank statements for the period referenced
 - Showing an accurate timeline or graph that portrays revenue decline
 - Providing proof of customer/customer-expectation decline
 - Evidence supporting reduced profit margins as a result of increased operating costs or others
- Restaurants must also provide a detailed summary of meal taxes paid for the period referenced
- Retail businesses must also provide a detailed summary of sales tax paid for the period referenced

Please provide the following Business, Professional and Occupational License information for confirmation by the Commissioner of the Revenue.

2019 BPOL Annual Gross Receipts (Due March 1, 2020): _____

Section 4 - Additional Information:

Answers to these questions are not required and will not be considered for determination of eligibility.

Did your business close temporarily as a result of COVID-19 between March 2020 and June 2020?

_____ Yes _____ No

Has the business applied for federal small business relief through the Economic Injury Disaster Loan (EIDL) Program? _____ Yes _____ No

Was the business's application to the federal EIDL Program approved?

_____ Yes _____ No

Has the business applied for federal small business relief through the Paycheck Protection Program (PPP)? _____ Yes _____ No

Was the business's application to the federal PPP approved?

_____ Yes _____ No

Would you like to receive updates from the EDO? _____ Yes _____ No

Are you planning on applying for one of the fifty \$10,000 ReConnected Grants?

During Round 2 of the application, businesses requesting \$10,000 will be required to provide additional information, which may include a narrative, detailing their previous and proposed response to COVID-19 and why their need is above and beyond that required of the \$5,000 level program.

_____ Yes _____ No

Would your business like to take the [Fairfax City ReConnected Pledge](#)?

If yes, please read and agree to the information below.

_____ Yes _____ No

The Fairfax City ReConnected Pledge identifies businesses that are implementing safety precautions and best practices concerning COVID-19. Businesses taking the pledge commit to:

- requiring the use of face coverings by employees and customers;
- communicating safety protocols and training to managers and staff;
- working only when healthy;
- promoting social distancing and limiting capacity;
- cleaning and disinfecting frequently;
- adhering to specific business sector health and safety requirements by the Virginia Health Department.

By agreeing to take the Fairfax City ReConnected Pledge, your business is communicating that you have read and agree to the Fairfax City ReConnected Pledge as stated above. This is not a guarantee, or indication that this business has a COVID-19 Preparedness Plan, or requires one. The City is not responsible for enforcement of any COVID-19 preparedness efforts by businesses.

_____ I have read and agree to the Fairfax City ReConnected Pledge



Taxpayer Information Confidentiality Waiver

Pursuant to § 58.1-3, of the Code of Virginia, certain information regarding taxpayers is protected as confidential under Virginia law (“Confidential Taxpayer Information”).

As part of the requirements of the City of Fairfax (the “City”) Reconnected Grant Program (the “Grant Program”), _____ (the “Business”) hereby consents to and authorizes the limited dissemination of certain Confidential Taxpayer Information regarding the Business, as described herein, to certain City departments and employees. In particular, the Business hereby consents to the disclosure of all of the following information described below (the “Disclosed Information”) held by the City of Fairfax Commissioner of Revenue to the City of Economic Development Office and to any City employees charged with administration of the Grant Program:

1. All information relating the name, address, business license tax classification, and ownership of the Business;
2. All information relating to the gross receipts, revenue and property of the business; and
3. All information relating to the tax filing, assessment and payment history of the Business, including any late payment or filing penalties, statutory assessments, audit finding, liens or judgments.

The Disclosed Information shall include all information described above relating to the Business for the current and all preceding tax years, as well as for any tax years for which the Business applies or qualifies for the Reconnected Grant Program.

By signature of the undersigned authorized representative, the Business hereby consents to the disclosure of the Disclosed Information. The person signing this form affirms that he or she is authorized to waive tax confidentiality for, and is acting with the explicit authorization of, the Business.

(INSERT NAME OF BUSINESS)

(STREET ADDRESS)
FAIRFAX, VA

Name of Representative: _____ Title: _____

City/County of _____, Commonwealth of Virginia, to wit:

I, _____, do certify that I am the legal representative or agent of _____ and authorized to act in an official capacity on its behalf.

(SIGNATURE OF REPRESENTATIVE) Date _____

Email Address: _____

Telephone Number: _____