

# LENOWISCO Regional Small Business Recovery Assistance

## INFORMATION SHEET

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The City of Norton, County of Lee, County of Scott, and County of Wise have jointly established a regional \$1.6 million grant fund, known as the LENOWISCO Regional Small Business Recovery Assistance program, to support the district's small and nonprofit business recovery efforts following the COVID-19 outbreak.

One-time grants of up to \$15,000 are being provided to eligible businesses within the district to offset business impacts during the pandemic. The grant program will be administered by the City of Norton, on behalf of its neighbor counties, under the oversight of a regional management team.

### ELIGIBLE GRANT USES

Grant funds must be expended in compliance with strict state and federal laws. The aim of the grant program is to help businesses meet their long-term goals by adjusting to COVID-19 demands.

- Part 1: Retooling and technology activities
  - Cost of reopening and remaining open in compliance with Commonwealth of Virginia COVID-19 guidelines. This could include, space and technology upgrades to reopen and conduct business safely, including furniture, barriers, and technology such as laptops, software, and touch-free credit card payment systems to accommodate social distancing etc.
  - Rent/Lease reimbursement for items/equipment needed to allow for reopening or remaining open necessary to meet Commonwealth of Virginia COVID-19 guidelines
  - Sanitation (cleaning service and/or supplies – EPA-approved disinfectants, gloves, and masks).
  - Job training, classes and/or technical assistance such as:
    - Protecting employees from COVID-19
    - Protecting customers from COVID-19
    - Pivoting or modifying the business model (i.e. ecommerce)
    - Training for long-term sustainability planning
- Part 2: Rent or mortgage relief/reimbursement for three to six months of rent/mortgage (after April 1, 2020), which will be determined based on individual needs of the business at the time of application.

### INELIGIBLE GRANT USES

Under the terms of the grant program, businesses **cannot** be reimbursed for the following:

- Payroll costs incurred to maintain existing employees (i.e. job retention)
- Relief from employer payroll taxes
- Costs of daily business operations
- Regular maintenance of the facility or equipment
- Overdue/past due rent or mortgage payments prior to April 1, 2020
- Payment of taxes, fees or any other payment due to the City, Counties and/or Towns
- Franchise businesses except those that are locally owned and operated
- Expense(s) already covered by funds received from other sources
- Major building construction alterations

## ELIGIBILITY CRITERIA

Businesses/nonprofits in the region meeting **ALL** of the following eligibility criteria are encouraged to apply:

1. Must be locally or regionally owned, and
2. Must have twenty (20) or fewer full-time equivalent employees (FTE's), and
3. Must demonstrate that they were operational pre COVID-19 (March 1, 2020) and are realizing a direct negative impact from COVID-19 (e.g. revenue loss, reduced sales, closure or suspended operation, employment decline, business interruption), and
4. Must not have already received federal CARES Act assistance from any other source for the same expenses covered by this application, and
5. Must provide local or regional services, and
6. Must be an existing and operating business/nonprofit located in the region, and
7. Must be current on all fees, permits and taxes as of March 1, 2020, and
8. Must possess a valid business license in the relevant locality

## GRANT GUIDELINES

1. Each business/nonprofit must complete and submit a grant application, signed by the business owner, outlining the use of funds and how the funds will help sustain business operations in the LENOWISCO district
2. The maximum amount of a grant award will not exceed \$15,000
3. Only one (1) grant per business establishment will be awarded
4. Grants will not be awarded for specific expenses already covered by funds received from other sources
5. Copies of receipts/invoices must be presented in order to obtain funding
6. Funds are available on a first-come, first-served basis

\* There are numerous free programs on line that will calculate this FTE, or your accountant may provide the information to you, or guidance may be obtained from the SBDC.

How to apply:

Electronic copies of the application are available at [www.lenowisco.org](http://www.lenowisco.org).

Hard copies of the application are available at the following:

Norton City Hall, 618 Virginia Avenue NW, Norton VA 24273

Lee County Administrator's Office, Room 111, Lee County Courthouse, Jonesville VA 24263

Scott County Administrator's Office, 190 Beech Street, Suite 201, Gate City VA 24251

Wise County Administrator's Office, 206 East Main Street, Wise VA 24293

Pennington Gap Town Hall, 528 Industrial Drive, Pennington Gap VA 24277

Wise County/Norton Chamber of Commerce, 765 Park Avenue SW, Norton VA 24273

LENOWISCO Planning District Commission, 372 Technology Trail Lane, Suite 101, Duffield VA 24244

**Complete** and **signed** applications may be mailed, emailed (address below), or hand-delivered to the LENOWISCO Planning District Commission in Duffield.

For information or questions, please contact:

Frank Kibler, LENOWISCO P.D.C., (276) 431-2206, [fkibler@lenowisco.org](mailto:fkibler@lenowisco.org)

# LENOWISCO Regional Small Business Recovery Assistance

## APPLICATION

The City of Norton and Counties of Lee, Scott, and Wise have jointly established a regional \$1.6 million grant fund (titled the LRSBRA) to support the district's small and nonprofit businesses recovery efforts following the COVID-19 outbreak. One-time grants of up to \$15,000 are being provided to businesses in the district to offset business impacts during the pandemic. ***Following two previous funding rounds, applications will be accepted through December 11, 2020, for a third, and potentially final, funding round. Applicants must complete this application and verify the business experienced interruption due to full or partial closure during the COVID-19 public health emergency.***

Applications will be reviewed on a first-come, first-served basis, and availability of funds will depend on the number of applications received.

**Refer to the LENOWISCO Regional Small Business Recovery Assistance information sheet, attached to this application form, for detailed information on eligible uses, ineligible uses, eligibility criteria, and grant guidelines.**

<b>Business Eligibility</b>	<p>I certify that my business:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Is locally or regionally owned</li><li><input type="checkbox"/> Provides local or regional services</li><li><input type="checkbox"/> Suffered negative impacts from closure (mandated or voluntary, full or partial) in response to the COVID-19 public health emergency</li><li><input type="checkbox"/> Was operational prior to March 1, 2020</li><li><input type="checkbox"/> Had at least one (1) full-time equivalent (FTE) employee prior to March 1, 2020</li><li><input type="checkbox"/> Had fewer than 20 full-time equivalent (FTE) employees</li><li><input type="checkbox"/> Has not already received federal CARES Act assistance from any other source for the same expenses covered by this application</li><li><input type="checkbox"/> Has a valid business license in the locality in which my business is located (if applicable)</li><li><input type="checkbox"/> Is current on all fees, taxes, and permits as of the date of this application</li><li><input type="checkbox"/> Is currently operation OR plans to reopen no later than _____</li></ul> <p>Note: IF the business does not reopen by the above date, the applicant may request an extension of the opening date with an explanation of the cause of delay. Should an applicant fail to open, s/he must repay all grant funds, in full, which were awarded within 30 calendar days of the state opening date.</p>
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<b>Check List</b>	<p>The following documents are required with the application signed by the owner:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> A copy of your 2020 business license</li><li><input type="checkbox"/> IRS Form W-9 Request for Taxpayer Identification Number and Certification</li><li><input type="checkbox"/> Copies of receipts/invoices verifying costs for which you are seeking funds</li></ul>
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<b>Reporting</b>	<p>Grant fund recipients will be required to submit an end-of-year summary to include <u>proof</u> of expenditures, to explain how the grant funds were spent, and the benefit it brought to the business, before December 15, 2020. Failure to provide such report will result in the grantee being required to pay back all grant funds in full by December 31, 2020.</p>
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**Business Information**

Legal Business Name: \_\_\_\_\_  
(Grant checks will be written to this entity)

Trading as (IF Applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Business located in: \_\_\_\_\_ City of Norton \_\_\_\_\_ Scott County  
\_\_\_\_\_ Lee County \_\_\_\_\_ Wise County

Mailing address (if different than physical address): \_\_\_\_\_

Business Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lease or Own: \_\_\_\_\_ Home or Commercial Based: \_\_\_\_\_

Business Start Date: \_\_\_\_\_ DUNS #: \_\_\_\_\_

EIN (if no DUNS #) \_\_\_\_\_

Entity Type: \_\_\_ For profit \_\_\_ Locally Owned Franchise \_\_\_ Non-Profit  
\_\_\_ SWaM or Disadvantaged Enterprise certified business

Number of Full Time Equivalent (FTE) employees as of March 1, 2020: \_\_\_\_\_

Number Full Time Equivalent (FTE) employees at date of this application: \_\_\_\_\_

Why did the business close (fully or partially) during the COVID-19 health emergency?  
(check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> State mandate              | <input type="checkbox"/> Not enough customer demand |
| <input type="checkbox"/> Supply chain disruption    | <input type="checkbox"/> Workforce availability     |
| <input type="checkbox"/> Health and safety concerns | <input type="checkbox"/> Other _____                |

**Business Function**

Primary business type (select one):

- Arts, Entertainment, Recreation
- Child Care, Education, Instruction
- Construction, Engineering, Design Services
- Distribution, Logistics, Warehousing
- Finance, Insurance, Real Estate
- Health and Medical Services
- Hotel and Accommodations
- Information Technology, Broadcasting, Publishing
- Manufacturing
- Non-Profit
- Personal Services (barber/beauty shop, nail salon, fitness, dry cleaner, etc.)
- Private Household Services
- Professional, Technical, Business Services
- Repair and Maintenance Services
- Restaurant, Food Services
- Retail - please specify \_\_\_\_\_
- Transportation

**Total amount of Part 1 funds being requested:** \_\_\_\_\_ (See Info Sheet page 1 - Retooling, Technology)

**Total amount of Part 2 funds being requested:** \_\_\_\_\_ (See Info Sheet page 1 - Rent/Mortgage)

Please explain, in detail, how the requested grant funds will be used. Include a receipt or invoice showing the cost of each item (e.g. retooling, technology upgrades, sanitation needs, job training/classes/technical assistance, rent/mortgage, etc.). You may attach additional sheet(s) if needed.

Please briefly describe how grant funds will help your business sustain operations in the LENOWISCO district.

### **Applicant Signature and Certification**

I covenant to save, defend, hold harmless and indemnify the City of Norton, Lee County, Scott County, Wise County, any and all partner entities, and all officers, departments, agencies, agents and employees thereof from and against any and all claims, losses, damages, injuries, fines, penalties, costs including court costs and attorney fees, charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application.

I authorize the internal use of this information for the grant analysis. The Applicant acknowledges that all proprietary information voluntarily provided by the Applicant will be kept confidential to the extent permitted by the Virginia Freedom of Information Act and other applicable laws and regulations.

I certify that the information I have submitted is correct to the best of my knowledge. I authorize the LRSBRA project manager to make inquiries as necessary to verify the accuracy of the statements and information made by me herein.

I also acknowledge and understand that I will be required to submit an end-of-year follow-up summary to include proof of expenditures, to explain how the grant funds were spent, and the benefit it brought to the business before December 15, 2020, and that if I fail to provide such report, I will be required to pay back all grant funds in full by December 31, 2020.

**WARNING:** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

\_\_\_\_\_  
Business Owner's Signature

\_\_\_\_\_  
Date