



# COUNTY OF WASHINGTON, VIRGINIA

COUNTY GOVERNMENT CENTER  
1 GOVERNMENT CENTER PLACE, SUITE A  
ABINGDON, VIRGINIA 24210

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July 6, 2020

Dear Applicant:

The Washington County Board of Supervisors thanks you for your interest in the Washington County Virginia Small Business Relief Fund. The Board is aware of the devastating effect the COVID-19 crisis has had on so many of our County's small businesses. Therefore, the Board is pleased to report that the County has received a grant awarded through the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, which allows us to distribute funds to small businesses to help them recover from losses and new expenses resulting from COVID-19.

Existing businesses located in Washington County, Virginia, (including the Towns located in the County) that have been severely impacted by the COVID-19 Crisis and that meet other criteria as provided in this application packet are eligible to apply. Grants will be awarded in amounts ranging from \$1,000 to \$20,000, depending upon the number of applications filed and the nature of loss and need described in each application.

**Grants must be used for purposes allowed under the federal CARES Act and must be for expenses incurred between March 1, 2020 and December 30, 2020. Please see the enclosure, Permitted Uses for Grant Funding, for more information.** Applicants are limited to one grant application per business, and no more than one grant award from the Small Business Relief Fund may be made per business.

An independent group of business leaders from the fields of accounting, banking, law, and grant writing have volunteered to serve as the Grant Review Committee. The Committee's goal is prompt, fair, and equitable distribution of funds to help as many small businesses as possible. The Committee will use email to notify each applicant whether they were awarded a grant. Grant awards will be disbursed through the Washington County Industrial Development Authority.

If you have questions, please email Washington County Executive Assistant Alicia Roland ([aroland@washcova.com](mailto:aroland@washcova.com)).

We greatly appreciate your business in Washington County.

Sincerely,

Dwayne Ball  
Chairman

*Enc: Grant Eligibility  
Permitted Uses of Grant Funding  
Grant Application Instructions  
Grant Application*

## **Grant Eligibility**

Businesses must meet all of the following requirements to be eligible to apply:

- Have been established since at least March 1, 2020, as a business located in Washington County, Virginia (including the towns located in the county)
- Have no more than 30 employees
- Have an active business license if required by the town in which the business is located (This requirement does not apply to business applicants that are not located in a town.)
- Be current with payment of all local taxes (Real Estate, Personal Property and BPOL taxes), for which applicant is responsible, associated with the business and the property on which it is located, including County taxes and, if applicable, Town taxes (If the business or business owner is not also the owner of the physical location of the business, please note that information on the application.)
- File a complete application by the announced due date

Ineligible categories include, without limitation, the following:

- Individuals
- Non-profit organizations
- Sponsorship for conferences, golf tournaments, or other events
- Construction for buildings or remodeling projects unless such construction or remodeling is specifically related to prevention of spread of COVID-19
- Capital funding campaigns
- Tax payments
- Damages covered by insurance or reimbursed by any other program or grant

The above-criteria apply to the first round of grant awards. Subsequent rounds may expand eligibility criteria to include non-profit organizations and more businesses. If the criteria exclude your organization, please provide your feedback to [Grants@WashCoVa.com](mailto:Grants@WashCoVa.com) to explain how the above-listed criteria exclude your organization, and explain how the criteria could be amended to include your organization and others that are comparable while still limiting the use of funds to small organizations.

If your business is awarded a grant, the funds must be used before December 30, 2020.

## **Permitted Uses of Grant Funding**

Your application for grant funding must include your certification that you will use the grant only for purposes that qualify under the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act. Please note that the certification statement includes acknowledgment that you may be required to return funds to the County if it is determined that you spent grant funds for purposes that do not qualify. In turn, the County is required to return funds that are spent on purposes that do not qualify under the Act to the state so that they may be returned to the federal government.

Please review Guidance from the U.S. Treasury for more detailed information regarding permissible uses of grant funding. In sum, the following applies.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); and
2. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

Please consult with your tax accountant regarding tax implications of receiving a grant through this program.

### **Excerpts from FAQs posted by the U.S. Treasury regarding use of CARES Act Funds:**

*The Guidance provides that eligible expenditures may include expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. What is meant by a “small business,” and is the Guidance intended to refer only to expenditures to cover administrative expenses of such a grant program?*

Governments have discretion to determine what payments are necessary. A program that is aimed at assisting small businesses with the costs of business interruption caused by required closures should be tailored to assist those businesses in need of such assistance. The amount of a grant to a small business to reimburse the costs of business interruption caused by required closures would also be an eligible expenditure under section 601(d) of the Social Security Act, as outlined in the Guidance.

*The Guidance provides that expenses associated with the provision of economic support in connection with the public health emergency, such as expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, would constitute eligible expenditures of Fund payments. Would such expenditures be eligible in the absence of a stay-at-home order?*

Fund payments may be used for economic support in the absence of a stay-at-home order if such expenditures are determined by the government to be necessary. This may include, for example, a grant program to benefit small businesses that close voluntarily to promote social distancing measures or that are affected by decreased customer demand as a result of the COVID-19 public health emergency.

## **Grant Application Instructions**

### **Filing deadlines:**

- **Application deadline is October 30, 2020, by 5 pm.**
- **If additional rounds are offered, deadlines will be announced at a later date.**

The grant application will be posted on the Washington County website, [www.washcova.com](http://www.washcova.com), as a fillable pdf form. If you prefer, you may print and fill out the application, or you may reproduce it for completion as your own document as long as all questions are answered in the order originally presented. Please stay true to the amount of space that was originally provided. All requested information and attachments must be provided. Do not include unsolicited information. If the application is illegible, it will be rejected.

Once you have completed your application, you may submit it by email to: [Grants@washcova.com](mailto:Grants@washcova.com), or you may mail or hand-deliver it to:

Washington County Virginia Small Business Relief Fund  
c/o Washington County Administrative Division  
1 Government Center Place, Suite A  
Abingdon, Virginia 24210

Applications submitted by facsimile will be rejected. Applications received after the deadline, postmarks notwithstanding, will be considered in the next available application period, if possible.

Applicant should retain a copy of the application and all attachments.

The Grant Review Committee may arrange telephone interviews with applicants to conduct further investigation after initial grant application review and may request additional documentation. Due to the anticipated large number of applications, the Committee expects that it will be unable to make an award to every applicant. Please understand that denial of an award in no way suggests rejection of the business. Washington County and the Grant Review Committee want all businesses in Washington County to succeed.

Your application will be considered a public document upon submittal to the County and will be subject to the requirements of the Virginia Freedom of Information Act. Do not include in the fillable fields of the application form any information that you want to remain confidential. If you wish to submit with your application any information that you consider to be proprietary information, please clearly mark it, "PROPRIETARY". The County will maintain the confidentiality of such information to the extent permitted by law and will notify the applicant in the event that disclosure is requested by a third party.



**Washington County, Virginia, Small Business Relief Fund**  
**Grant Application**

**I. APPLICANT IDENTIFICATION AND CONTACT INFORMATION**

Name of Business: \_\_\_\_\_

Sole proprietorship     Partnership     LLC     Corporation     Other: \_\_\_\_\_

Business license number, if applicable: (Attach a copy) \_\_\_\_\_

Physical address of business: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Owner/Operator's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (Mobile) \_\_\_\_\_ (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

**Check to confirm that you have completed the IRS form W-9 included with the application packet to submit with your application. Your completed W-9 will be maintained separately from the application to protect against disclosure of your FEIN or SSN. It is required to determine whether an IRS form 1099 will be required if your company receives a grant.**

**II. BUSINESS DESCRIPTION:**

Short one line description (4-10 words) of your business:

\_\_\_\_\_

**III. GRANT AMOUNT REQUESTED:** \_\_\_\_\_

#### IV. COVID-19 IMPACTS TO YOUR BUSINESS

What are the impacts to your business? (Check all that apply.)

- Business closure
- Reduced hours of operation
- Employee layoffs
- Revenue decline
- Increased operating costs (e.g. employee paid leave)
- Access to capital to address increased costs
- Inability to respond to home-delivery requests
- Interrupted supply/delivery
- Employee absenteeism
- Inability to serve customers
- Decreased customers
- Other: \_\_\_\_\_

**DESCRIBE HOW COVID-19 HAS AFFECTED YOUR EMPLOYEES, IF IT HAS HAD AN EFFECT.**

Not including the business owner(s), what was the daily average number of employees you had on your payroll the months of January – March 1, 2020?

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Not including the business owner(s), how many employees did you discontinue on your payroll, by termination, lay-off, or furlough, due to the COVID-19 crisis?

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Not including the business owner(s), how many employees do you have on your company payroll as of the date of your certification of this application?

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Please describe any special considerations for your business that affect employment impacts of COVID-19, such as seasonal changes in number of employees; business start-up on March 1, 2020; or other.

*“For purposes of this application, ‘employee’ means an individual who receives or received paid wages or salary, from which 1) employment taxes (e.g. FICA, FUTA) and income taxes (not self-employment tax or corporate income tax) are withdrawn and remitted to the IRS, as evidenced by business tax returns filed, i.e. IRS Form 941 – Employer’s Quarterly Federal Tax Return; IRS Form W-3 – Transmittal of Wage and Tax Statements, or IRS Form W-2s, or 2) IRS Form 1099-MISC.”*

**OTHER THAN EMPLOYMENT AS DESCRIBED, ABOVE, DESCRIBE HOW COVID-19 HAS IMPACTED YOUR BUSINESS.**

[Empty text box for describing COVID-19 impact]

**V. FINANCIAL INFORMATION**

**Operating income.**

Provide income and expense statements for last year and current year. Please provide actual numbers from January 2019-September 2019 and January 2020-September 2020 for comparison.

**Describe up to four specific significant financial losses that COVID-19 has caused you and, if available, attach supporting documentation.**

<b>\$ Amount of Loss</b>	<b>Brief description</b>	<b>List supporting documentation (if available)</b>

**Other grant applications.**

Has your organization applied for grant support for COVID-19 impacts from any other sources (federal, state, local, or private)? Please check one: Yes \_\_\_\_\_ No \_\_\_\_\_

*Examples: Payroll Protection Program, RegionAHEAD grant, Chamber of Commerce grant, other (Including funds from Washington County Small Bus Grant previous rounds).*

Provide a detailed list of funding received or applied for, and attach additional pages as needed.

Name of Source	Amount of Award	Restrictions on Use	Other information

**VI. INTENDED USE OF GRANT FUNDING:**

How do you intend to use grant funding if awarded to you?

- Reimburse costs of business interruption
  - Pay delinquent bills
  - Pay current bills
  - Restore employees
  - Implementation of new practices
  - Remodeling or construction to decrease risk of spread of COVID-19, if so, please provide a description below
  - Purchase of PPE and sanitizing products
  - Other, please describe:
- 

If you would use the funds to reimburse expenses previously incurred, please provide receipts and itemize your reimbursement request.

What new or innovative ideas do you plan to implement into your business due to the effects and impact of COVID-19?

## **TERMS AND CONDITIONS**

1. The submission of an application for the Grant constitutes an unconditional agreement to, and acceptance of, these Terms and Conditions. The Applicant is responsible to ensure his or her familiarity with these Terms and Conditions.
2. By submittal of this Application, Applicant gives permission and waives confidentiality of tax information concerning Applicant's tax payment status so that the County Treasurer may verify to the Grant Review Committee (Committee), Washington County (County), and the Washington County Industrial Development Authority (IDA) the tax payment status of Applicant.
3. The funds requested in this application are necessary to continue the ongoing operations of the applicant. Funds will be used by Applicant between March 1, 2020 and December 30, 2020, for the purposes as described in the application.
4. Applicant plans to maintain its existing operations in Washington County, Virginia, for at least the next six months after its receipt of grant funds. If Applicant moves its business outside of Washington County or otherwise ceases its operations in Washington County within the next six months after its receipt of grant funds, then Applicant shall return to the IDA the full amount of the grant funds awarded to Applicant within 60 days of written notice from the IDA.
5. Applicant agrees that the information submitted for Applicant's application will be subject to the requirements of the Virginia Freedom of Information Act, which may require public disclosure. If Applicant wishes any information to be considered for exception as proprietary information, Applicant must clearly identify such documents or information. Applicant's request will be honored to the extent permitted by law.
6. Applicant agrees, if requested, to submit to an audit to confirm that grant funds awarded to Applicant, if any, were used as stated in the application.
7. Applicant agrees to reimburse the IDA, in full, within 60 days of written notice from the IDA if all commitments made in this application are not met.
8. Applicant acknowledges that the County, IDA, and Committee have established criteria for qualified Applicants and applications, and that Applicants and applications that do not satisfy the criteria shall not be considered. Applicant agrees that the determination of whether an Applicant or application satisfies the criteria is solely in the discretion of the County, IDA, and Committee and that all such decisions are final and are not subject to appeal.
9. Applicant agrees that the determination of whether Applicant receives a grant award is solely in the discretion of the County and the IDA and that all grant decisions are final and are not subject to appeal.
10. In consideration of the time, expertise, and other resources provided by the County, the Committee, and the IDA, the Applicant, to the full extent permitted by law, by submitting an application voluntarily releases the County, the Committee, the IDA, and all individuals who comprise the foregoing from any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees, charges, liability, or exposure), however caused, resulting from arising out of or in any way connected with this application and shall hold them harmless from any claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees, charges, liability, or exposure), however caused, resulting from arising out of or in any way connected with this application.

**CERTIFICATION**

I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate, and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name and title:

\_\_\_\_\_  
Physical address:

\_\_\_\_\_

\_\_\_\_\_  
Email address: \_\_\_\_\_

**(Applicant should retain a copy of the application and all attachments.)**

