

Return Applications to:
County Government Center Building (2nd Floor)
1 Government Center Place, Suite A
Abingdon, VA 24210
or Email: grants@washcova.com

**Must be received in office by 5:00 on
October 23, 2024 (1st Round)**

**November 13, 2024 (2nd Round)
(if funds are still available)**

Please provide a W-9 with you application



Washington County, Virginia
Small Business Relief Fund 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) _____

II. BUSINESS DESCRIPTION:

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

Short one-line description (4-10 words) of how this has affected your employees:

Number of Full Time Employees: _____

Number of Part-Time Employees: _____

III. AMOUNT REQUESTED: _____

**** At this time the maximum award given will be \$7,500.00**

Describe business losses that you have incurred in the box below and if possible please attach 2-4 pictures of any damage;

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:

(If you are awarded funds you will need to provide the County a W-9 form)