Town of Spencer
90 N West Street
Spencer, Indiana 47460
Phone (812) 829-3213

Town of Spencer COVID-19
Small Business Economic Recovery Grant Program

Application deadline November 1, 2020 - Contact us if you need more time

The Town of Spencer (**TOS**) has designed this **Small Business Economic Recovery Grant (SBERG**) program responding to impacts businesses in Spencer and the six (6) mile fringe have suffered due to the COVID-19 Pandemic.

Purpose
The SBERG's purpose is to help support For-Profit businesses in the target area to meet the grant objectives of 51% Low to Moderate Income (LMI) job retention.

Eligibility Criteria
- Your business must be in Spencer or within six (6) miles of the town limits
- Your business must be a For-Profit business
- Your business must have at least one (1) and no more than 100 employees
- Your business must have been opened prior to June 8, 2020
- Your employees must meet the 51% LMI job retention threshold.
- OR the TOTAL pool of employees in the program must meet the 51% LMI job retention threshold
- You must provide documentation that these jobs would be lost if not for grant assistance

PLEASE NOTE: This grant program covers For-Profit businesses only. If you are a not-for-profit or charitable organization, please contact the Owen County Community Foundation (OCCF).

Grant Amounts
Maximum $10,000 per business. Funding is limited to the amount of grant money received by Spencer.

Covered Activities
Working Capital Continue Operations Support Remote Work

Application
An electronic template for this application is available on our website http://www.spencer.in.gov/SBERG/. Save the template to your computer and type in your information, save the file and print it and email the necessary documents (including copies of requested tax documents) to dean.bruce@spencer.in.gov or mail to Town of Spencer, ATTN: SBERG, 90 N. West Street, Spencer, IN 47460

The application may also be picked up at the Spencer Municipal Building, 90 N. West Street, Spencer, IN 47460. Contact the Town of Spencer at 812-829-3213 to pick up a copy.

Application Assistance
If you require help filling out this application, please contact the Town of Spencer to set up an appointment by calling 812-829-3213. Incomplete applications will not be reviewed, they will be returned and must resubmitted.

If your grant application is approved, you will be notified. The Town of Spencer will request from OCRA, funds to cover your grant. When received, the town will issue you a check and provide you a Grant Report form. The Grant Report form must be filled out and submitted within 30 days of spending your funds and no later than 13 months from the date on your SBERG acceptance letter. Keep a copy for your records. When complete, mail the Grant Report to: Town of Spencer, ATTN: SBERG, 90 N. West Street, Spencer, IN 47460.

If you have questions about this SBERG, please contact the Town of Spencer at 812-829-3213 or send an email to dean.bruce@spencer.in.gov .

FREQUENTLY ASKED QUESTIONS:

What if I have problems filling out this application?
Contact the Town of Spencer to set up an appointment by calling 812-829-3213.

If I need more time to apply beyond November 1, 2020?
Contact Dean Bruce at dean.bruce@spencer.in.gov.

How long will it take to get a response?
Once your application is received, you will receive an email acknowledgement. Your application will then be processed by the Small Business Economic Recovery Grant committee. You will receive a response to your application within 14 days.

Who do I contact if my situation changes?
If your business situation or funding sources change drastically for the good or bad, please contact the Town of Spencer via email at dean.bruce@spencer.in.gov and explain the situation.

Can I print the application and write it by hand?
Use of the electronic version greatly reduces time to process applications. The electronic version is readily available online at our website www.spencer.in.gov/SBERG. You can save the template to your computer and type in your information, save the file and print it and email the necessary documents (including copies of requested tax documents) to dean.bruce@spencer.in.gov or mail to Town of Spencer, Attn: SBERG, 90 N. West Street, Spencer, IN 47460.

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Town of Spencer (TOS) COVID-19 Small Business Economic Recovery Grant (SBERG) Program

Check all that apply.

- ☐ My business is physically located within the Town of Spencer, Indiana or within 6 miles of the town limits.
- ☐ My business is a For-Profit business.
- ☐ I agree to provide documentation to help verify the economic hardship suffered as a result of COVID-19; including, tax returns, financial statements, and other financial data.
- ☐ I agree to document and report economic impact achieved as a result of the program, including but not limited to: jobs created and/or retained, wages for these jobs, increased sales, and access to capital.
- ☐ This business has at least one (1) full-time equivalent employee (FTE) and no more than 100 (FTE) or is a sole proprietorship.
- ☐ I agree to provide proof of application for other funds, including but not limited to 1) federal stimulus funds for COVID-19 relief or 2) COVID-19 funds available from local lenders and other grants.
- ☐ My business was open prior to June 8, 2020.
- ☐ My business is Minority Business Enterprise, Women owned Business Enterprise or Veteran Owned?

INSTRUCTIONS: Email this completed application to: dean.bruce@spencer.in.gov SUBJECT: SBERG or mail to: Town of Spencer, ATTN: SBERG, 90 N. West Street, Spencer, IN 47460. We will contact you if more information is needed. Do not write on the back off this application or attach other sheet(s) except those already requested. Incomplete applications will not be reviewed and will be returned.

Business Name: _____ EIN#: _____

Contact: (First, Last): _____ Title : _____

Contact Phone #: _____ Email: _____

Business Address: _____ _____
Street Address, City, State, Zip

Mailing Address: _____ _____
Street Address, PO Box City, State, Zip

Additional Information

What is your business industry classification or organization type? *Example: Childcare, Healthcare, Hospitality (restaurant, catering, hotel...etc), Entertainment (theater, culture institution, etc...) Construction, Manufacturing, Distribution, Personal Services (salons, barbers, dry cleaners etc...) Retail, Other (please specify)*

_____

What year was your business founded? _____

What is your business organization? ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other (specify) _____

Do you rent or own your business property? ☐ Rent? ☐ Own? Monthly Rent/ Mortgage $

Lease Expiration Date (if applicable)

Number of Full-time Employees Number of Part-time Employees Employee hours considered full time

2018 Gross Revenue 2019 Gross Revenue

What is your projected monthly revenue moving forward during this crisis?

% Revenue loss experienced since March 1, 2020. 0.00%

% Total revenue loss projected for 2020. 0.00%

Please describe the impact COVID-19 has had on your business.

What are the challenges your business is facing because of COVID-19?

Do you commit to best faith efforts to retain your staff? ☐ check if yes LMI staff? ☐ check if yes

How will you use these funds to help your business or retain staff?

Do you have insurance that will cover your business closure? ☐ YES ☐ NO

Amount received from insurance? _____

What other forms of funding have you or will you apply for? (You must certify your application/s for other funding in future steps of the process.)

Funding Applied For	Amount

In total how much funding are you applying for? _____

Other Sources: $_____ Small Business Economic Recovery Grant: $_____ *(10,000 max)*

How are you budgeting all additional funding for the three SBERG related activities?

Expense	Total Funds	Other Funds	SBERG
Working Capital			
Continue Operations			
Support Remote Work			
TOTALS			

Employee income verification. List employee initials, job position and average annual income for this job.

Employee Initials	Job Position	Average Annual Income

Submit:

√ **Completed Application**
√ **Most recent tax documents** for 2019
√ **Financial Statement (balance sheet)**; Profit & Loss Statement (P&L) Year-To-Date
***additional documents may be requested**.

By Email: dean.bruce@spencer.in.gov
By USPS: Town of Spencer, ATTN: SBERG, 90 N. West Street, Spencer, IN 47460

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Town of Spencer Small Business Economic Recovery Grant Agreement

Grantee organization: _____

This grant agreement is between the grantee organization and the Town of Spencer, Indiana. It is understood that funds will be used only the purpose(s) as outlined in the grant request. **If an exception is needed, the request must be made in writing and approved in advance by Town of Spencer Small Business Economic Recovery Grant Committee.**

The grantee organization agrees to submit a final report on the grant within 30 days of use of all grant funds or no later than 13-months from date the grant is accepted. Grant Report form supplied by Town of Spencer.

Payments will be made at the time the grant application is approved to the **grantee only**

This grant will be automatically closed out one year after the above date unless the town receives notification that you would like a continuance and we approve that request. Unused funds at the end of 13-months should be returned to the Town of Spencer, ATTN: SBERG, 90 N. West Street, Spencer, IN 47460.

Agreed by Town of Spencer:

_____ Date:_____

Mike Spinks, President

ATTEST: by Town of Spencer

_____ Date: _____

Cheryl Moke, Clerk/Treasurer

Agreed by Grantee Organization:

_____ Date: _____

Signature of Applicant

☐ *I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.*

OFFICE USE ONLY Received ___/___/_____ Reviewed ___/___/_____ Approved Y___ N ___

Approval Date ___/___/_____ Approval by _____

Approved Amount $_____ Notification Date ___/___/_____