



New Hanover County Small Business Economic Incentive COVID-19 Grant Program Application

New Hanover County, in partnership with Wilmington Business Development and Live Oak Bank, is providing COVID-19 small business economic incentive grants to economically distressed businesses for the purpose of addressing pandemic public impacts and business interruption on hiring/rehiring residents, business retention within New Hanover County, and/or premises expenditures to enhance public hygiene and safety in the amount of \$10,000. **These funds have to be spent by December 30, 2020 and can only be used for payroll to hire and rehire employees or for additional expenditures related to the business complying with State and Local orders to be COVID-19 compliant. These funds may not be used for rent, utilities, or expenditures related to normal business operations outside of payroll.**

Qualifications:

- Business is locally owned and physically located in New Hanover County.
- One or more business owners is a New Hanover County resident.
- Business has **more than one and less than 25 employees** (including full-time, part-time and seasonal employees).
- Business is an existing commercial enterprise that has been in operation for more than 6 months.
- Business must have a valid Tax ID.
- Business has experienced layoffs, furloughs, expenditures or loss of revenue due to business interruptions caused by local and state closures and restrictions from COVID-19.
- Business or registered agent does not have a pending bankruptcy.
- Business is in good tax standing with all Federal, State and local governments or has a payment plan in place prior to March 10, when Governor Roy Cooper declared a statewide state of emergency.
- Business is not a financial institution, non-profit, or home-based business.
- Business is not debarred or suspended from working with North Carolina.

Please complete all required fields (in red) below.

Legal Business Name: _____

Doing Business As (DBA): _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing address:
(if different from physical address) _____

City: _____ State: _____ Zip Code: _____

Business Owner Name or
Registered Agent: _____

Business Owner's Physical Address:
(Business owners must be New Hanover County residents) _____

City: _____ State: _____ Zip Code: _____

Employer Identification Number (EIN)/Tax ID or Taxpayer ID: _____

Secretary of State ID (SOS ID): _____ (https://www.sosnc.gov/online_services/search/by_title/_Business_Registration)

Contact Telephone Number: _____ Contact Email: _____

Number of Years in Business: _____ Number of Employees: _____

Are you a Minority or Women Owned Business? _____ Select all that apply: Am. Indian Asian Am. Black Hispanic Female

Do you currently owe delinquent taxes? _____ If yes, did you have a payment plan in place prior to March 10 to bring your taxes current? _____



On behalf of the business, I attest it meets all qualifications stated above in order to receive grant funds and I understand my application will be a part of a lottery process subject to New Hanover County review. If I am selected to receive funds, it will be my responsibility to provide all requested documentation within 48 hours of notification, including: a completed, verified and notarized application form, e-verify information, and business banking information including routing and checking account numbers. If I fail to provide a completed application or appropriate banking information, I will forfeit these funds and they will be made available to another applicant. I also understand that if I accept these funds, New Hanover County can audit my expenses and if they are not properly used, I will be responsible for repayment to New Hanover County.

By signing below, I certify that I am authorized to sign and submit this Application on behalf of the Business and that all information is true and correct.

Business Name: _____

By: _____
Business Authorized Signature Date

Notarization is only required if selected to receive funds.
If notified of selection, the applicant will have 48 hours to provide a notarized application form.

Sworn to and subscribed before me this the _____ day of _____.

Notary Signature My commission expires