



In the mountains of Virginia

## New River Valley Small Business Relief Program

The Counties of Floyd, Giles, Montgomery and Pulaski have jointly established this regional \$1.6 million fund to support small business recovery and resiliency efforts due to the COVID-19 outbreak. Funds for this program have been provided by Virginia’s Department of Housing and Community Development as part of a Community Development Block Grant award to assist localities mitigate the impacts of COVID-19 on the regional economy. Due to this funding source, we are unable to offer funds to businesses based in the towns of Blacksburg and Christiansburg, as well as the City of Radford. Funds of up to \$15,000 are being provided to businesses to help offset business impacts during the pandemic. Applications will be accepted now through Friday, May 21st. Applicants must complete this application including required documentation. Refer to the New River Valley Relief Program information sheet, attached to this application form, for detailed guidelines including eligible businesses, eligible uses, ineligible uses, and documentation required.

**Legal Business Name:** \_\_\_\_\_

(Checks will be written to this entity)

**Trading or Doing Business as** (IF Applicable): \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business located in:** \_\_\_Floyd County \_\_\_Giles County \_\_\_ Pulaski County  
\_\_\_ Montgomery County outside incorporated Towns of Blacksburg and Christiansburg

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

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Business Start Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**DUNS #:** \_\_\_\_\_ (If you don’t have one, you can obtain free here: <https://fedgov.dnb.com/webform/> It is required.

**Federal Employer Identification Number (EIN):** \_\_\_\_\_

**Which best describes your business location:**

\_\_\_Home-Based                      \_\_\_Rent a separate business space                      \_\_\_Own a separate business space

**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

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Manufacturing

Other: \_\_\_\_\_

**Entity Type:** (check all that apply)

For Profit

Locally Owned Franchise

Woman Owned

Minority Owned

Micro-business (less than 5 employees)

Disadvantaged Enterprise certified business

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

**What impacts has the COVID-19 health emergency had on your business? (check all that apply)**

State-mandated closure

State maintained limitation (crowd size, etc.)

Fewer customers

Customers buying less

Supply chain disruption

Workforce availability (not enough workers)

Health and safety concerns

Other : \_\_\_\_\_

**Request for Funds:**

**A. Amount of Rent & Mortgage funds being requested for months already paid** (can be for up to 6 months):

\_\_\_\_\_ List months it is for: \_\_\_\_\_

(attach a copy of the lease or a copy of mortgage statement and proof of payment)

**B. Amount of other eligible expenses:** \_\_\_\_\_

(attach copy of other eligible expenses and proof of payment/receipts)

**TOTAL FUNDS requested (A+B):** \_\_\_\_\_ (cannot exceed \$15,000)

**Please use this space to explain the impact of COVID19 on your business. You can also use this space to further explain the reason for other eligible expenses. Refer to informational sheet for eligible expenses.**

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**You must attach the following documents:**

- Business License (if applicable; not required in Floyd and Giles Counties, unless inside a Town limit)
- W9 Form: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- If claiming RENT- Current and Signed Lease- all pages & canceled checks or paid invoices for up to six months
- If claiming MORTGAGE- One monthly statement showing minimum amount due & canceled checks for up to six months

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- If claiming OTHER ELIGIBLE EXPENSES- full receipt, itemized with names/description of items & proof of payment or paid invoices for all items.

## Applicant Signature and Certification

I, \_\_\_\_\_, am the owner of \_\_\_\_\_ (business name) and have the legal ability to enter into this contract on its behalf. As part of the conditions of the business receiving \$ \_\_\_\_\_ in funds from the New River Valley Small Business Relief Program, I make the following statements under penalty of perjury:

I covenant to save, defend, hold harmless and indemnify County of Giles, 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 my participation in this program.

I authorize the internal use of any information gathered for the program analysis.

\_\_\_\_\_ (Business Name) 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 County of Giles and its partner entities to make inquiries as necessary to verify the accuracy of the statements and information made as part of applying for, receiving, and administering this program.

I also acknowledge and understand that I must submit proof of eligible expenditures (canceled checks, paid invoices, payment receipts) with the application for it to be considered complete.

I certify that I have not received financial assistance for the items that I have requested funds from the NRV Small Business Relief Program. I understand that there can be no Duplication of Benefits from funds provided by this program and any other source. If there is a Duplication of Benefits those funds will have to be repaid to County of Giles and understand that I will be held personally liable for the repayment of these funds.

I understand that these funds are from local, state, and/or federal sources, and are governed by local, state, and federal laws. **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.**

\_\_\_\_\_  
Printed Name of Business Owner, and Name of Business

\_\_\_\_\_  
Signature of Business Owner and Date

\_\_\_\_\_  
Printed name of Authorized Representative of Application Review Committee

\_\_\_\_\_  
Signature of Authorized Representative of Application Review Committee and date