



Tazewell County  
Virginia



## Small and Non Profit Business Recovery Grant

### GRANT INFORMATION

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Through a Virginia Department of Housing and Community Development (DHCD) Block Grant program, Tazewell County established a local \$800,000.00 grant fund, known as the Tazewell County Virginia Small Business Recovery Assistance Grant, to support the small and non-profit recovery efforts following the COVID-19 outbreak. Tazewell County has partnered with the Tazewell County Chamber of Commerce to administer this grant. The program is also supported by the Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell, this is a one-time grant of up to \$10,000 being provided to businesses in the Tazewell County to offset business impacts during the pandemic. The grant program is administered by the Tazewell County Chamber of Commerce under the oversight of a local management team. There is no fee to apply and businesses do **not** need to be a member of the Tazewell County Chamber of Commerce in order to apply.

#### **Overview**

Round I - Applications will be accepted starting March 1 – March 19, 2021 and will be awarded on a first come first serve basis. There may be a round II for applications at a later date.

There is no guarantee that all businesses, will be eligible under this grant program.

Businesses must explain how they have been harmed by the COVID-19 pandemic to be eligible for this program. Ultimately DHCD has final approval of all fund distributions and they will rely heavily upon the applicant's explanation in their decision making.

Each business may receive up to a maximum total of \$10,000.

#### **GRANT ELIGIBILITY CRITERIA**

Businesses/nonprofits in the region meeting **ALL** of the following eligibility criteria are encouraged to apply:

1. Must be locally or regionally owned or operated, *and*
2. Must have at least one (1) full time employee which includes sole proprietors, *and*
3. Must have twenty (20) or fewer full-time equivalent employees (FTE's)  
**Note: 2 Part Time (PTE) = 1FTE, and**
4. Must verify that they were operational pre-COVID-19 (March 12, 2020) and are realizing a direct negative impact from COVID-19 (e.g. revenue loss, reduced sales, closure or suspended operation, employment decline, business interruption, etc.), and
5. Must not have already received federal CARES Act assistance from any other source for the exact same expenses requested by this application (no duplication of reimbursement), and
6. Must provide local or regional services, *and*
7. Must be an operating business/nonprofit located in Tazewell County including the Towns within - Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell
8. Must be current on all local fees, permits and taxes as of the date of the application, *and*
9. Must possess a valid Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell business license if required to have one by the locality where the business is physically located.

## ELIGIBLE GRANT USES

The aim of the grant program is to help businesses re-open and or remain operational while meeting their long term goals by adjusting to COVID-19 demands. Requests for grant funds may include:

- Rent expenses (lease or mortgage) falling between April 1, 2020 and the date of the application may be reimbursed for a maximum of 6 months or \$10,000; whichever occurs first. Home based businesses may receive up to 25% of the business owner's rent or mortgage, not to exceed six months. Awards are based on submission of a copy of a current signed lease, mortgage or loan statement and proof of rent/mortgage payment(s) for the month(s) requested. Some applicants will receive less than 6 months of rent/mortgage reimbursement while others will receive less than \$10,000.

Example 1 (receiving less than 6 months of rent/mortgage reimbursement): applicant pays \$3,000/month in rent/mortgage will receive the maximum of \$10,000.

Example 2: (receiving less than \$10,000 of rent/mortgage reimbursement): applicant pays \$1,000/month in rent/mortgage will receive the maximum of 6 months of rent/mortgage reimbursement or \$6,000. Under no circumstances will advance rent/mortgage costs be awarded (rent/mortgage occurring after the date of the grant award).

## INELIGIBLE GRANT USES

Businesses cannot be reimbursed for the below listed items under the terms and guidelines of this particular grant. The list is offered as clarity for applicants so that unnecessary time in completing the application process can be saved and disappointment avoided.

If you are not sure whether your particular expense is covered, please contact Lori Stacy, 276-988-5091 / Pam Warden, 276-385-1271 / Denise Harmon, 276-385-1203 to discuss. While you may not qualify for this particular grant there may be other programs which you can be directed to for assistance.

- Rent or mortgage payments prior to March 12, 2020.
- Expense(s) already covered by CARES funds received from other sources (no duplication of reimbursements).
- Any unlawful activity as defined by federal, state and or local laws.

## GRANT APPLICATION GUIDELINES

1. Each business/non-profit must complete and submit a grant application, signed by the business owner, outlining the use of funds and how the funds will help sustain business operations in the Tazewell County.
2. A DUNS number is required; no application will be processed without this number.
3. Non-profit must submit a copy of their 501 c 3 determination letter. Your organization **MUST** provide service without regard to protected class status to be eligible.
4. The maximum amount of a grant award *for rent/mortgage* will not exceed 6 months or \$10,000; whichever occurs first.
5. The maximum total amount of a grant award will not exceed \$10,000 per business.
6. Grants will not be awarded for the exact same rent/mortgage already covered by CARES funds received from any other source (no duplication of reimbursement).
7. Copies of lease, mortgage or loan statement and proof of *paid* rent/mortgage must be presented.
8. Funds are available on a first-come, first-serve basis until funds are depleted or December 15, 2021; whichever occurs first.

How to apply (Electronic submissions are accepted): Application packets may be mailed or emailed to Tazewell County Chamber of Commerce, P.O. Box 672, Tazewell, VA 24651 beginning March 1, 2021.

[info@tazewellchamber.org](mailto:info@tazewellchamber.org)

The application form is available for download at [www.tazewellchamber.com](http://www.tazewellchamber.com). Hard copy applications may be picked up from the following locations:

Tazewell County Chamber of Commerce, 165 Chamber Drive, Tazewell, VA 24651

Tazewell County Administration Office, 197 Main Street, Tazewell, VA 24651

**ALL Town Halls** - Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell

For information or questions please contact: Lori Stacy, Tazewell County Chamber of Commerce

Phone: 276-988-5091 Email: [info@tazewellchamber.org](mailto:info@tazewellchamber.org)

Pam Warden, Economic Development Manager

Phone: 276-385-1271 Email: [pwarden@tazewellcounty.org](mailto:pwarden@tazewellcounty.org)

Denise Harmon, Administrative Assistant

Phone: 276-385-1203 Email: [denise.harmon@tazewellcounty.org](mailto:denise.harmon@tazewellcounty.org)



# Small and Non Profit Business COVID-19 Recovery Grant

Tazewell County  
Virginia

## APPLICATION

(page 1 of 3)

Refer to the Tazewell County Small and Non Profit Business Recovery Grant Information Sheet, attached to this application form for detailed information regarding the grant. Please be sure to fill in all information. Missing information will delay processing of your application.

### I hereby certify that my business (please initials each line):

Business Eligibility

- Is locally or regionally owned or operated (corporately-owned national chains are not eligible)
- Provides local or regional services
- Suffered negative impacts from closure (mandated or voluntary, full or partial) in response to the COVID-19 public health emergency.
- Was operational prior to March 12, 2020
- Has at least 1 full-time employee (sole proprietors included)
- Has fewer than 20 full-time equivalent (FTE) employees at the time of applying (2 part-time equivalent to 1FTE)
- Has not already received federal CARES Act assistance from any other source for the exact same expenses requested in this application
- Has a valid Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell business license if required by the locality where the business is physically located
- Is current on all local fees, taxes and permits as of date of this application
- Is currently operational **OR** plans to reopen no later than \_\_\_\_\_

**Note: IF the business does not reopen by the above date, the applicant may request an extension of the opening date with an explanation of the cause of delay. Should an applicant fail to open, all grant funds must be repaid, in full, within 30 calendar days of the written agreed upon opening date.**

### The following documents are required to be submitted (please initial each line):

Check List

- Original** application form signed by the business owner; email and fax copies are not accepted
- A **copy** of your current business license if one is required
- Original** signed IRS Form W-9 Request for Taxpayer Identification Number and Certification
- Provide a **copy** of your Non-profit 501 C 3 determination letter. Your organization **MUST** provide service without regard to protected class status to be eligible.
- A **copy** of your lease, mortgage or loan statement for requesting rent reimbursement
- Copies** of canceled checks or other proof of rent/mortgage payment

## APPLICATION Continued (page 2 of 3)

Business Information

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

(Grant checks will be written to this entity)

**Trading as (IF Applicable):** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Business located in:**    **Town of Bluefield**        **Town of Pocahontas**        **Town of Tazewell**      
    **Town of Cedar Bluff**        **Town of Richlands**        **Tazewell County**   

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

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

**Phone:**  
 \_\_\_\_\_

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

**Lease or Own Building:**  
 \_\_\_\_\_

**Home or Commercial Based:** \_\_\_\_\_

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

**DUNS #:** \_\_\_\_\_

**No application will be processed without this #. Directions for obtaining DUNS # follow page 3 of this application form. If you need help obtaining a DUNS number, please contact us.**

**Entity Type (select all applicable types):**

<input type="checkbox"/> For profit	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Locally Owned Franchise
<input type="checkbox"/> Independent Brokerage	<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Woman Owned
<input type="checkbox"/> Veteran Owned		

**Number Full Time Equivalent (FTE) - 2 Part Time (PTE) = 1FTE**

**On 3/12/20 # of Employees** \_\_\_\_\_

**On date of application # of Employees** \_\_\_\_\_

**Why did the business close (fully or partially) during the COVID-19 health emergency?**  
*(check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> State mandate              | <input type="checkbox"/> Not enough customer demand |
| <input type="checkbox"/> Supply chain disruption    | <input type="checkbox"/> Workforce availability     |
| <input type="checkbox"/> Health and safety concerns | <input type="checkbox"/> Other: _____               |

Business Function

**Primary business type (select one):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Arts, Entertainment, Recreation            | <input type="checkbox"/> Hotel and Accommodations  | <input type="checkbox"/> Professional, Technical, Business Services |
| <input type="checkbox"/> Child Care, Education, Instruction         | <input type="checkbox"/> Information Technology, Broadcasting, Publishing                              | <input type="checkbox"/> Repair and Maintenance Services            |
| <input type="checkbox"/> Construction, Engineering, Design Services | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Restaurant, Food Services                  |
| <input type="checkbox"/> Distribution, Logistics, Warehousing       | <input type="checkbox"/> Personal Services (barber/beauty shop, nail salon, fitness, dry cleaner, etc) | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Finance, Insurance, Real Estate            | <input type="checkbox"/> Private Household Services  | <input type="checkbox"/> Other                                      |
| <input type="checkbox"/> Health and Medical Services                | <input type="checkbox"/> Retail – please specify: _____  |   |

## APPLICATION Continued (page 3 of 3)

Total amount of grant funds being requested: \$ \_\_\_\_\_

*Up To 6 Months Rent/Mortgage  
Max \$10,000.00*

Each paid receipt/invoice must list the bank/lender or landlord/business to which the rent or mortgage expense was paid, and the date of payment. Please use the space below to briefly explain how your business has been harmed by the COVID-19 pandemic. You may use a separate sheet if you wish.

(Loss of Revenue/Temporarily Closure/Loss of Employees/Increase of Supplies, Etc.)

### Applicant Signature and Certification

I covenant to save, defend, hold harmless and indemnify the Commonwealth of Virginia, Tazewell County, Town of Bluefield, Town of Cedar Bluff, Town of Pocahontas, Town of Richlands, Town of Tazewell, and or the Tazewell County Chamber of Commerce 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's fees, charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application.

I authorize the internal use of this information for the grant analysis. The Applicant 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 authorized the Commonwealth of Virginia, Tazewell County and/or their agents including the Tazewell Chamber of Commerce to make inquiries as necessary to verify the accuracy of the statements and information made by me in the application.

***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.***

\_\_\_\_\_  
Business Owner's Signature

\_\_\_\_\_  
Date

## How To Obtain a DUNS Number

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A DUNS (Data Universal Numbering System) number is ***required*** of each applicant applying for grant funds. This number is used to identify organizations and companies receiving federal funds and provides consistent name and address data for grant application systems.

Obtaining a DUNS number is relatively simple and is a one-time process. Businesses can receive a DUNS number at **NO COST** by applying online at <http://fedgov.dnb.com/webform>.

**To create a new DUNS Number within the United States, there are a couple of things you will need before submitting your request:**

- You will need **2 documents** to complete this process
  - The documents must match the **Correct Legal Business Name** at the **Current Physical Address**.
  - **Do Not Include** personal information such as Driver's License, Passport, Social Security, Banking Statements, etc. (See examples of accepted documents below)
  - For **Sole Proprietorship** companies, ensure the documentation contains **Your Full Legal Name** and **Current Physical Address**.

**Examples of Accepted Documents** to Create a New DUNS Number:

- Secretary of State Articles of Incorporation
- Secretary of State receipt of Filing
- Taxpayer Identification Number (TIN) Confirmation Letter
- Employer Identification Number (EIN) Confirmation Letter
- DBA / Assumed Name Certificate Filing
- Lease Agreement
- Mortgage
- Phone or Internet Bill
- Utility Bill
- Homeowners or Renters Insurance
- City or State Tax Permit
- DBA/Assumed Name filing
- Invoice from a third party
- Proof of Insurance



## Small Business Recovery Assistance Grant

### Performance Agreement

I, **Name** \_\_\_\_\_, am the owner of **business name** \_\_\_\_\_ and have the legal authority to enter into this contract on its behalf. As part of the conditions of **business name** \_\_\_\_\_ receiving \$ \_\_\_\_\_ in funds from the **County of Tazewell** from their **Small Business Recovery Assistance Grant**, I make the following statements under penalty of perjury:

I covenant to save, defend, hold harmless and indemnify the **County of Tazewell**, 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 grant analysis. **Business name** \_\_\_\_\_ acknowledges that all proprietary information voluntarily provided by **Name on application** \_\_\_\_\_ 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 the **County of Tazewell** 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 will be required to submit a follow-up **summary**: The summary needs to explain how the grant funds were spent, and the benefit it brought to the business and that if I fail to provide such report by **July 1<sup>st</sup> 2021**, I will be required to pay back all grant funds.

I have not received financial assistance for the items that I have requested funds from **Small Business Recovery Assistance Grant**. 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 the **County of Tazewell**, and understand that I may be held personally liable for the repayment of these funds.

I understand that these funds are from 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 and date of Authorized Representative  
**County of Tazewell**

\_\_\_\_\_  
Signature of Authorized Representative of  
**County of Tazewell**



Form **W-9**

Commonwealth of Virginia  
 Substitute W-9 Form  
 Revised July 2014

# Request for Taxpayer Identification Number and Certification



<b>Section 1 - Taxpayer Identification</b>	<input type="checkbox"/> Social Security Number (SSN)  <input type="checkbox"/> Employer Identification Number (EIN)  _____	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.		
	Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)  _____	Legal Name: _____	Business Name: _____	
	<b>Entity Type</b>	<b>Entity Classification</b>		<b>Exemptions (see instructions)</b>
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other		Exempt payee code (if any): (from backup withholding) _____  Exemption from FATCA reporting code (if any): _____
<b>Contact Information</b>				
Legal Address: _____  City: _____ State : _____ Zip Code: _____	Name: _____ Email Address: _____ Business Phone: _____	Fax Number: _____ Mobile Phone: _____ Alternate Phone: _____		
Remittance Address: _____  City: _____ State : _____ Zip Code: _____	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
<b>Section 2 - Certification</b>  Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification				
Printed Name: _____	Authorized U.S. Signature: _____		Date: _____	