

**Castle Hills Small Business Reinvestment
Program Application**

Submission Deadline - September 18, 2020 at 5:00 P.M.

Applicant Information

Name of Applicant: _____

Name of Business: _____

Business Address: _____

Email: _____ Phone: _____

Business Category/NAICS Code: _____ Number of business locations: _____

Name of Business Owner(s): _____

Business Disaster/Interruption Insurance: Yes No

Business Impacts

Please describe how many employees you employed prior to the impact, how many you currently have, and how many you anticipate in the future as a result of COVID-19.

	Full Time Employees
How many did you have on January 1, 2020?	
How many did you have on March 1, 2020?	
How many do you currently have as of application date?	
How many do you anticipate in 30 days from application date?	

Business Revenue

Current and anticipated percentage revenue decline related to COVID-19 Impacts.

Current percentage decline in revenue	<input type="checkbox"/> Less than 5% <input type="checkbox"/> 5-10% <input type="checkbox"/> 10-25% <input type="checkbox"/> >25%
Anticipated percentage decline in revenue 30 days from application	<input type="checkbox"/> Less than 5% <input type="checkbox"/> 5-10% <input type="checkbox"/> 10-25% <input type="checkbox"/> >25%
Anticipated percentage decline in revenue 60 days from application	<input type="checkbox"/> Less than 5% <input type="checkbox"/> 5-10% <input type="checkbox"/> 10-25% <input type="checkbox"/> >25%

What are the impacts to your business from COVID-19? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Temporary Business Closure | <input type="checkbox"/> Permanent Business Closure |
| <input type="checkbox"/> Reduced Hours of Operation | <input type="checkbox"/> Employee Layoffs/furloughs |
| <input type="checkbox"/> Restricted access to capital to address costs | <input type="checkbox"/> Revenue decline |
| <input type="checkbox"/> Inability to respond to home delivery | <input type="checkbox"/> Inability to serve customers |
| <input type="checkbox"/> Interrupted supply/deliveries from vendors | <input type="checkbox"/> Decreased customers |
| <input type="checkbox"/> Increased operating costs | <input type="checkbox"/> Other |

Grant Funds

Please indicate dollar amount your business will utilize from the grant funding if approved:

\$ _____ Rent/Mortgage,

\$ _____ Employee support (salaries, insurance, paid leave, etc.)

\$ _____ Utilities (electricity, phone/internet, etc.)

\$ _____ Purchase of supplies to offer alternative business access (curbside pickup, delivery, shipping)

\$ _____ Purchase of COVID-19 supplies for business/customer protection/cleaning

\$ _____ Additional expenses as a result of increased cost from suppliers or alternate suppliers

\$ _____ Other

Briefly describe how your business has been impacted and the intended use of the grant funds. You may include any applicable expense descriptions and associated due dates.

I, _____ **certify to the best of my knowledge, that:**

- All the information provided is true and accurate and financial information has not been manipulated to exaggerate the financial duress of this business.
- Applicant has not previously received a Bexar County Grant/Loan
- I understand the information submitted in this application requires additional supporting documentation as listed in the Grant Verification Process – **Required Documentation description and will be provided to the City of Castle Hills not later than September 18, 2020 at 5:00 p.m.**
- I understand the City of Castle Hills will not accept and/or evaluate incomplete applications.
- I understand the City of Castle Hills may grant or deny applications at its sole discretion. The City of Castle Hills does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, or any other basis of discrimination prohibited by law.
- I understand that submission of the application does not guarantee that a grant will be provided.

Applicant Signature

Date

Applicant Name

Completed applications may be sent by mail or email to:

**City of Castle Hills
209 Lemonwood, TX 78213**

ATTN: City Manager
rrapelye@castlehills-tx.gov

City of Castle Hills
(210) 293-9673