



Providence City Business Support Program Application Instructions

The Providence City Business Support Program is intended to support businesses in Providence City that have been affected negatively by the COVID-19 pandemic. You are eligible for the program if you have a current Providence City business license, you were operating your business as a legal entity or DBA that is registered and current with the Utah Division of Corporations as of February 1, 2020, and meet at least one of the following criteria:

1. Your business was closed (or will be closed) to conform with state or Bear River Health Department guidelines to reduce the spread of COVID-19 between the dates of March 1 and June 30, 2020.
2. Your business practices have been modified to conform with state or Bear River Health Department guidelines to reduce the spread of COVID-19 between the dates of March 1 and June 30, 2020 AND those modifications have resulted in additional costs of doing business that have not been reimbursed by other federal programs, including CARES Act funds distributed through state or local government channels.
3. Your business has experienced a significant reduction in revenue between the dates of March 1 and June 30, 2020 relative to either February of 2020 or to March I-June 30, 2019 with evidence that decreased customer traffic was associated with citizen compliance with state or Bear River Health Department directives, guidelines, or orders to limit the spread of COVID-19. This may take the form of decreased revenues, numbers of clients, or other information deemed to demonstrate this by Providence City.

To apply, submit:

1. The attached application form with all information completed (front and back of form) and signed by all owners of the Business; and
2. The following documentation:
 - a. Most recent Business Federal Tax Return (2018 or 2019); if self-employed/sole proprietorship then the most recent IRS Form 1040 with Schedule C (2018 or 2019);
 - b. IRS Form W8 or W9;
 - c. IRS Form 941s for 2020 year to date; and
 - d. Profit and Loss statements for the prior year and year to date.
3. Any other documentation that otherwise demonstrates eligibility under one of the three criteria listed above.

Submissions are encouraged to be submitted via email to email to be inserted. Alternatively, physical copies of your application and documentation may be deposited in a sealed envelope in the Bill Pay drop box located outside the Providence City offices or mailed to Providence City, attention to be inserted.

The initial round of applications will consider a grant of up to **\$10,000** per business. The city will initially allocate **\$40,000** to this program to assist eligible affected businesses and reevaluate the program based on demand and availability of funds. Funding decisions will be made on the basis of availability of funds and demonstration of need.

The Program will be implemented in a manner consistent with State and Federal equal opportunity laws. No person shall be excluded from participation in, denied the benefit of, or be subjected to discrimination on the basis or his or her religion, age, race, color, ancestry, national origin, sex, marital status, family status, disability, sexual orientation, gender identity, veteran status or other arbitrary cause.



Providence City Business Support Program Application

Business Name: _____

Contact Person's Email: _____

Phone: _____ Address: _____

The undersigned hereby certifies that the undersigned meets the following criteria [check box for each criteria that applies]:

The Business was closed (or will be closed) to conform with state or Bear River Health Department guidelines to reduce the spread of COVID-19 between the dates of March 1 and June 30, 2020.

The Business practices have been modified to conform with state or Bear River Health Department guidelines to reduce the spread of COVID-19 between the dates of March 1 and June 30, 2020 AND those modifications have resulted in additional costs of doing business that have not been reimbursed by other federal programs, including CARES Act funds distributed through state or local government channels.

The Business has experienced a significant reduction in revenue between the dates of March 1 and June 30, 2020 relative to either February of 2020 or to March I-June 30, 2019 with evidence that decreased customer traffic was associated with citizen compliance with state or Bear River Health Department directives, guidelines, or orders to limit the spread of COVID-19. This may take the form of decreased revenues, numbers of clients, or other information deemed to demonstrate this by Providence City.

Please write a brief statement that outlines your need for this business support grant:

You, the undersigned owner(s) of the Business, hereby represent and warrant to Providence City following:

1. Section 1001 of Title 18 of the United States Code provides that whoever knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.
2. Providence City or any designated agent, affiliate, or assignee of the same is authorized to investigate the personal and business financial credit history, check credit reports, verify bank accounts, employment, debts, mortgages, and all reasonable and necessary information to process the application of the undersigned.
3. The undersigned understand and acknowledge that the funds from this Program may or will be provided by the federal government through the Coronavirus Relief Fund (CFR) established by the Coronavirus Aid, Relief, and Economic Security Act (CARES) of 2020 and that the undersigned will adhere to all terms and conditions of the CARES Act and any current and future guidance related to the CFR provided by the U.S. Treasury Department.
4. The undersigned understand and acknowledge that this an application for funds from a public government entity and that certain non-confidential parts of the application may be disclosed to the public as required by law notwithstanding that Providence City will redact confidential personal information such as bank account numbers, social security numbers, and personal financial information where allowed by law.
5. The purpose for which funds from this Program are sought have not been or will not be covered by any other federal program, including other federal CARES Act funds such as, but not limited to, Payroll Protection Program (PPP).

6. Businesses may not receive federally subsidized disaster assistance that duplicates any part of their disaster loss covered by insurance or another source. Applicants for the Program must disclose any funds applied for or received from these sources or other federal and state assistance programs. It is the City's sole discretion to determine if funds received from any of these sources constitutes a duplication of benefits. If a duplication of benefits determination is made after the City funds have been disbursed, the amount of funds that were determined to be duplicative must be repaid to the City. The Business has applied for the following other funds or grants related to Coronavirus relief of any kind, including insurance sources:

The purpose for which funds from this Program are sought have not been and will not be paid for under private donation or forgiveness programs from a utility service provider.

8. The Business will only use the funds received from the Program for the uses indicated on this application and for no other purpose.

9. The undersigned and Business will cooperate with Providence City in providing to Providence City any documentation or information requested by Providence City as may be needed to verify the proper use of any funds received under the Program or the eligibility of the Business to receive funds under the Program.

10. The Business has a current business license issued from Providence City.

11. The undersigned was operating the Business as a legal entity or DBA that is registered and current with the Utah Division of Corporations as of February 1, 2020.

12. All information on this application is correct and true.

Applicant's Declaration & Signature

Pursuant to Utah Code Ann. § 78B-18a-104, the undersigned declare under criminal penalty of the State of Utah that he or she is an owner of the Business that is the subject of this application and that the contents of the application are in all respects true and correct based upon the undersigned's personal knowledge. The undersigned also agree to jointly and several indemnify and defend Providence City against any and all losses, claims, damages, liabilities and obligations of any kind and description, including any reasonable attorney fees incurred by Providence City in investigating, defending or settling such losses, damages, liabilities and obligations, arising out of any misrepresentation or false statement on this application or any breach of any warran⁹ provided hereunder and any matters directly related thereto.

Applicant's Name: _____
Percentage of Ownership: _____
Date: _____

Signature: _____
Position (if an entity): _____

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Date: _____

Signature: _____
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Date: _____

Signature: _____
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Percentage of Ownership: _____
Date: _____

Signature: _____
Position (if an entity): _____

PROVIDENCE OFFICE USE ONLY

Date Received by the City	___ / ___ / _____
Amount of grant money submitted to applicant	\$ _____
City Staff Authorizers	Name (Print) _____ Name (Signature) _____ Date ___ / ___ / _____

	Name (Print) _____ Name (Signature) _____ Date ___ / ___ / _____
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