

Selma Small Business Reinvestment Program Application

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	Less than 5%	5-10%	10-25%	>25%
Anticipated percentage decline in revenue 30 days from application	Less than 5%	5-10%	10-25%	>25%
Anticipated percentage decline in revenue 60 days from application	Less than 5%	5-10%	10-25%	>25%

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

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

Grant Funds [Please note maximum grant is \$5,000.00]

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.
- I understand the information submitted in this application may require additional supporting documentation and will be shared with the City of Selma.
- I understand the City of Selma will not accept and/or evaluate incomplete applications.
- I understand the City of Selma may grant or deny applications at its sole discretion. The City of Selma 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 guaranty that a grant will be provided.

Applicant Signature

Date

Completed applications may be sent by mail or email to:

City of Selma
Attn: Wyatt Agee
9375 Corporate Drive
Selma, TX 78154
Email: wagee@ci.selma.tx.us