

Webster Regional Microenterprise COVID-19 Grant Program

Preliminary Application

(For businesses located in Clinton, Douglas, Lancaster, Northbridge, Sterling and Webster)

Business Information

Business Name: _____

Business DBA Name (if different): _____

Business Street Address: _____

Business Phone: _____ Business E-mail: _____

Business Website (if applicable): _____ Check if Home Based Business ☐

FEIN or SSN: _____ DUNS Number: _____ DUNS application submitted: _____

Business Type: (check one) ☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Partnership

☐ Other (Describe) _____

Ownership status of business address: (check one)

☐ Business Owns ☐ Business Rents ☐ Business Owner Owns ☐ Business Owner Rents

Number of business owners: _____ (Complete a business owner page for each owner)

Total number of employees (including business owner(s): _____ Date business established _____

Briefly describe the nature of your business: (type of goods or services provided, type of clients/customers)

Briefly describe the impact Covid-19 has had on your business:

Status (Open, temporarily closed by government order, Re-opened at reduced capacity, etc.)

Financial Impact of Covid-19 on business: _____

Is your business still affected by the pandemic? ☐ Yes ☐ No

If yes, please describe how: _____

Estimate Amount of funded needed (\$25,000 maximum) _____

Proposed use of funds: _____

I/we certify that this business is not in litigation with the state or municipality, is current with taxes and municipal fees through 3/1/2020, is not an excluded business type and holds all required licenses and registrations required for my/our business. (See instructions - all owners must sign).

Owner(s) Signatures: _____

Date: _____
