



Owen County Chamber of Commerce & Economic Development

PO Box 87, Spencer, IN 47460 Phone: 812-829-3245

FAX: 812-829-9958

Owen County Economic Recovery Small Business Bridge Grant

OWEN COUNTY
CHAMBER OF COMMERCE &
ECONOMIC DEVELOPMENT

The Owen County Chamber of Commerce & Economic Development (OCCCEDC) in partnership with the Owen County Community Foundation and its partners have designed this limited grant program in response to the impacts Owen County business have suffered due to the COVID-19 Pandemic.

The Small Business Bridge Grant's purpose is to help support Owen County Businesses maintain operations and fill a gap in emergency funding.

- Your business must be located in Owen County.
- You must have at least one (1) full-time equivalent employee or be a sole proprietorship and have 100 employees or less.
- Your business must have been opened prior to February 20, 2020.

PLEASE NOTE: This grant program is not for charitable businesses or organizations. This program is for for-profit businesses only, if you are a not-for-profit or charitable organization please contact the Owen County Community Foundation for the charitable grant recovery program.

Small Business grant amounts will be awarded from \$500 to \$5,000. These grants will not resolve all small business challenges but are meant to help bridge some funding issues. If you require help to fill out this application, business consulting services are available through the Chamber of Commerce, free of charge to you. Please call, 812-829-3245 to set-up services. Incomplete applications will not be reviewed, they will be returned and must be resubmitted.

There are no due dates or deadlines for requesting the Small Business Bridge grants but funding is limited. Applications may be submitted by email or mail. You must provide your financial statements and tax returns. An electronic template for the Grant Application is available on these websites:

<https://www.myowencountychamber.com/>
www.owencountycf.org (COVID)

To complete this form, save the template to your computer and then type in your information. Save the file, print it, and then email the application and necessary documents to marce@myowenchamber.com or mail to OCCCEDC, PO Box 87, Spencer, IN 47460.

If your grant application is approved, you will receive notice, a check and a Grant Report form. Please submit your grant report within 30 days of spending your funds and no later than 13 months from the date on your acceptance letter. Keep a copy for your records, this funding may be taxable and you should consult your tax professional. When complete, the grant report should be mailed to the Owen County Community Foundation, PO Box 503, Spencer, IN 47460.

If you have questions about this Bridge grant, please contact Marce King, at 812-829-3245 or send an email to marce@myowencountychamber.com.

Please save this page for future reference.

Owen County Economic Recovery Small Business Bridge Grant Application



OWEN COUNTY
CHAMBER OF COMMERCE &
ECONOMIC DEVELOPMENT

Check all that apply.

My business is physically located within the County of Owen.

I agree to provide documentation to help verify the economic hardship suffered as a result of COVID-19; including, tax returns, financial statements, and other financial data.

I agree to document and report economic impact achieved as a result of the program, including but not limited to: jobs created, jobs retained, increased sales, and access to capital.

This business has at least one (1) full-time equivalent employee (FTE) and no more than 100 (FTE) or is a sole proprietorship.

I agree to provide proof of application for other funds, including but not limited to 1) federal stimulus funds now available or 2) funds available from local lenders and other grants.

My business was open prior to February 29, 2020.

INSTRUCTIONS: Email or mail your completed application to the OCCCEDC to: marce@myowencountychamber.com or OCCCEDC PO Box 87, Spencer, IN 47460. We will contact you if more information is needed. Do not write on the back of this application or attach another sheet unless requested. Incomplete applications will not be reviewed and will be returned.

There is a required employee survey that must be filled out for each employee. Please make one copy for each employee. When complete return the surveys with your application. You can scan the survey and email.

Business Name: _____ EIN# : _____

Contact: (First, Last): _____ Title : _____

Contact Phone #: _____ Email: _____

Business Address: _____

Street Address, PO Box

City, State, Zip

Mailing

Address: _____

Street Address, PO Box

City, State, Zip

As an authorized representative of this organization, I have reviewed the grant application and certify that the information is accurate. We understand that if OCCCEDC approves a grant, the Grant Agreement must be signed and returned before any expenses will be reimbursed. When the money has been spent, a grant report and receipts will be submitted.

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

*Please type your signature,
title and the date submitted*

_____ *signature*

_____ *date*

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

** We understand that certain financial statements or tax documents may not be readily available, but by providing what you can will facilitate the process.*

Additional Information

What is your business organization type? *Example: Childcare, Healthcare, Hospitality (restaurant, catering, hotel...etc.) Entertainment (theater, culture institution, ect.) Construction, Manufacturing, Distribution, Personal Services (salons, barbers, dry cleaners etc.) Retail, Other (please specify)*

What year was your business incorporated/founded? _____

Have you declared personal/business bankruptcy in the past year? Yes No

Do you rent or own your business property? Rent? Own? Monthly Rent/
Mortgage \$ _____

Lease Expiration Date (if applicable) _____

Number of Full-time Employees _____

Number of Part-time Employees _____

2018 Gross Revenue _____

2019 Gross Revenue _____

2018 average monthly revenue _____

2019 average monthly revenue _____

What is your projected monthly revenue moving forward during this crisis? _____

% Revenue loss experienced since March 1, 2020. _____

% Total revenue loss projected for 2020. _____

Please describe the impact COVID-19 has had on your business.

What are the challenges your business is facing because of COVID-19?

Do you commit to best faith efforts to retain your staff? check if yes

How will you use these funds to help your business or retain staff?

Do you have insurance that will cover your business closure? _____

Amount received from insurance? _____

What other forms of funding have you or will you apply for? (You must certify your application/s for other funding in future steps of the process.)

Funding Applied For	Amount

In total how much funding are you applying for?

Other Sources: \$ _____ Owen County Recovery: \$ _____ (\$5,000 max)

How are you budgeting all additional funding?

Expense	Total Funds	Other Funds	OCER
Commercial Mortgage/Rent Costs			
Inventory/Vendor/Supplies			
Other Budgeted Expenses			
Other: <i>(Explain)</i>			

Frequently asked questions:

What if I have problems filling out this application? Business consulting services are available through the Chamber of Commerce, free of charge to help you complete this application. Please call, 812-829-3245.

I need more room to explain, can I attached a letter? No, use the space that is provided, please be brief and complete. If we require additional information we will contact you.

How long will it take to get a response? Once your application is received you will get an acknowledgement. Your application will then be prioritized by the Recovery Committee with other community businesses. As your application progresses you will be contacted. If you do not get an acknowledgement that your application has been received please call 812-829-3245.

Who do I contact if my situation changes? If your business situation or funding sources change drastically for the good or the bad, please contact the Chamber by email and explain the situation.

Can I print out the application and write it by hand? No, we cannot accept hand written applications. If you need help to fill this application electronically please reach out to the Chamber, marce@myowencountychamber.com

Why do I need to provide information on my employees finances? These Bridge grants are funded in part with a generous grant provided by the State of Indiana, Office of Community and Rural Affairs. The employee survey is for proper grant reporting to the State which provides these grants to focus on low-to-moderate income families.

Submit:

- √ Completed Application
 - √ Most recent tax documents
 - √ Financial Statement (balance sheet)
- *additional documents may be requested.

By Email: marce@myowencountychamber.com

By USPS: OCCCEDC, PO Box 87, Spencer, IN 47460



Owen County Recovery Grant Agreement

Grantee organization:

This grant agreement is between the grantee organization, the Owen County Chamber of Commerce and the funding partner, Owen County Community Foundation, Inc. It is understood that funds will be used only for the purpose(s) as outlined in the grant request. **If an exception is needed, the request must be made in writing and approved in advance by OCCCEDC Recovery Committee.**

The grantee organization agrees to submit a final report on the grant within 30 days of use of all grant funds or no later than 13-months from date the grant is accepted.

Payments will be made at the time the grant application is approved to the grantee **only**.

These grants are generously provided through the Owen County Community Foundation in partnership with other granting agencies. When you receive your check you will be notified the funding source. We respectfully ask you to acknowledge the funding source with a thank you acknowledgement.

This grant will be automatically closed out one year after the above date unless the foundation receives notification that you would like a continuance and we approve that request. Unused funds at the end of 13-months greater than \$25 should be returned to the Owen County Community Foundation, PO Box 503, Spencer, IN 47460.

Agreed by Owen County Community Foundation:

_____ Date: _____
Mark E. Rogers, President & CEO

Agreed by Owen County Chamber of Commerce:

_____ Date: _____
Marce King, Director

Agreed by Grantee Organization:

_____ Date: _____
Signature of Applicant

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Business Name: _____

If you have any questions concerning this survey please call: 812-829-3245

Please submit one copy for each employee and return with your completed application.

1. Determine the correct number of person(s) in your family and circle that number in the appropriate box below.
2. Please list the average monthly income for the last three months and add it to "\$" the box below.

1 Person \$	2 Persons \$	3 Persons \$	4 Persons \$	5 Persons \$	6 Persons \$	7 Persons \$	8 Persons \$
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NOTE: ALL FORMS OF INCOME SHOULD BE INCLUDED

Family Racial/Ethnic Information:
Respondents may refuse to provide the following information by marking an (X): Refuse to answer ____

Number in Family	Of Hispanic Origin
White	
Black/African American	
Black/African American and White	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/ Alaskan Native and White	
Asian and White	
American Indian/Alaskan Native and Black African American	
Other Multi Racial	
TOTAL PERSONS IN FAMILY:	

Family Make-Up:

Enter the number of elderly (62 or older) or severely disabled family members:

Elderly _____ Severely Disabled _____

Indicated with an "X" if a female head of the household is present: Yes ____ No ____

Full Time Hours/Week _____ Average Hours Per Week _____
 (Hours Expected To Work) (Hours Actually Worked)

NOTE: This form must be filled out for each FULL TIME Employee. Please list employees' initials ONLY.
Employee Initials _____

Date this form was completed: _____