CITY OF BANGOR

Bangor Small Business Assistance COVID-19 Relief Program Application

I. BUSINESS INFORMATION

Business name (legal): _____ Business phone: _____

Business Mailing address: _____

City, State, ZIP: _____

Please provide a brief description of the type of business for which you are applying for funding:

_____

Business owner name: _____

Business owner phone: _____

Business owner mailing address: _____

City, State, ZIP: _____

Contact email: _____

Do you own 100% of the business? YES ____ NO____ (if no, additional documentation required below)

Is this business's primary operating facility located in Bangor? Yes _____No _____

How long has your business been in operation? _____ (mm/yyyy)

Was your business's gross annual revenue less than $2.5 million in 2019? Yes ____ No____

What is the legal structure of your business?

____ Corporation ____ LLC/LLP ____ Sole Proprietorship ____ Partnership ____ S Corp

Is this a for profit business? Yes ____ No_____

Current number of employees, including yourself: Full time: _____ Part time: _____

Have you applied for and/or received other COVID-19 related funding? Yes ____ No ____

Are you or any persons directly or indirectly, financially responsible for or associated with this business, employed by the City of Bangor or an elected official of the City of Bangor? Yes ____ No ____

II. GRANT AMOUNT REQUESTED

Amount Requested: $_____ ($10,000 Maximum)

Eligible Use of Funds: Up to **2 Months** of normal business operating expenses during March, April, May and June, 2020 (If the application is successful applicant will be required to provide documentation of these expenses prior to reimbursement)

EXPENSES	AMOUNT FOR (2) MONTHS
Business Rent	
Wages & Benefits	
Utility Cost	
Supplies	
Taxes	
Business Mortgage Payment	
Other Business Operational Expenses *Please specify:*	
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III. REQUIRED CERTIFICATION AND SUBMITTALS

- Must submit business's 2019 Federal Income Tax Return or 2018 tax return if the 2019 return has not been filed.
- Must provide a list of all current employee names and positions, whether they are full or part time, hours per week, and benefits provided
- Must provide a list of employee positions recalled or created (a new position or a position refilled by someone you previously employed but was laid off and was collecting unemployment benefits during the pandemic), whether they are full or part time, wages paid, and benefits provided (see program guidelines for income limits and full-time equivalent definitions)
- Business must provide documentation showing a minimum of 50% decline in sales (average sales of March, April & May, 2020 must be at least 50% less than the average monthly sales in 2019) to prove its viability has been threatened by COVID-19 quarantine measures. Funds that are owed in the future, but not yet collected, are not considered a decline in sales
- Must disclose all funds received or applied for and not yet received for COVID-19 related assistance and exactly how these funds were used (Finance Authority of Maine (FAME)

COVID-19 Relief Loan Programs; Small Business Administration: Paycheck Protection Program (PPP); Economic Injury Disaster Loans (EIDL) etc.)

- Must submit a complete list of all owners if more than one (1)

IV. PENALTY FOR FALSE OR FRAUDULENT STATEMENTS:

U.S.C. Title 18, Sect. 1001 provides: "Whoever, in any matter within the jurisdiction of any agency or department of the United States knowingly and willfully falsifies or makes false or fictitious or fraudulent statements or representations, or makes or uses any false writing or document, knowing the same to contain false, fictitious, or fraudulent statements or entries shall be fined not more than $10,000 or imprisoned not more than 5 years".

This application and documents associated with it may be subject to disclosure under Maine's Freedom of Access Act in the event of a public records request except to the extent the documents are confidential. Additionally, you agree that the business name and award amount may and will be published by the City of Bangor in the event that you are selected to receive funds pursuant to this application whether or not such a grant of funds is finalized.

If you have any questions regarding this application or associated documents call (207)992-4280.

By submitting this form, you certify that the foregoing responses, answers, and information that you provided are, to the best of your knowledge, complete, truthful, and accurate.

Please submit this application and all associated documents to covid.relief@bangormaine.gov by June 30, 2020. Applications received after June 30, 2020 will not be considered

For Office Use Only:

Date Received:	Application Number:
Approved:	Declined: