

American Rescue Plan: New/Start-Up Business Grant Application

The City of Waycross through the Finance Department is offering in grants via American Rescue Plan funds to assist local new/start-up businesses in providing public services to address adverse impacts of the Coronavirus.

DEADLINE TO SUBMIT APPLICATION IS 5:00 PM NOVEMBER 19, 2021.

Complete each section and attach all required documents to be considered for the City of Waycross New/Start-Up Business Grant. You may email your application and supporting documents to: Patrick Simmons; psimmons@waycrossga.com or China Agu; cagu@waycrossga.com or deliver to City Hall, attn: Patrick Simmons/China Agu, 417 Pendleton Street, Waycross, Georgia.

Applicants are encouraged to keep a copy of the application for their records.

Due to anticipated response, staff will not provide feedback regarding the status of submissions. Applications will be reviewed in the order received. Contact will be limited to businesses selected to move forward in the process. Provide as much documentation as possible to support your request.

PROGRAM SUMMARY

Eligibility

- Located within Waycross city limits.
- Must have an EIN (show proof from the IRS).
- Must submit a complete business plan.
- Required to obtain (and show proof) 50% of cost through a lender, equity or collateral.
- Commit to create or retain jobs.
- Show proof of difficulties of raising capital due to COVID-19.
- Demonstrate a reasonable chance for success.
- Have 200 or less employees.

Funding

- Funds may be used for operational costs (payroll, rent, mortgage, utility).
- Program period/expenditure timeframe is one year from date of application approval.
- During the program period, proof of payment must be submitted to document eligible use of grant funds.
- The recipient will be required to certify that the City's assistance is not duplicative of any other funding.

Awards

Award amount will be based on:

- Number of eligible applications submitted at conclusion of the solicitation period
- Location of business
- Once all submissions have been received, award letters will be mailed to application point of contact.

Recipient Responsibilities

- Enter into a formal, written, funding agreement with the City of Waycross.
- Provide documentation to support expenditure of funds.
- Make every effort to continue operations at least a year from award date.
- Retain all related records for 3 years after receipt of grant close out letter.
- Advise City of Waycross' Finance Department of closure by letter from authorized agent with last day of operation and detailed reason for closure.
- Provide a financial report one year from award date.

Fraud & Repayment

Applicants are advised that making false statements, concealing information, submitting altered documents, utilizing funds for ineligible purposes, or similar actions are considered fraudulent and may result in repayment of the grant award or other legal action.

Submission

- Applications should only be submitted by a properly authorized agent of the business.
- Applications may be submitted in person, email or mail.
- Applications will be reviewed in the order received.
- Incomplete applications will not be considered for funding.

****You may attach your responses as a separate Word document.**

*****Application must be typed**

AUTHORIZED AGENT SUBMITTING APPLICATION

Name*

_____	_____	_____
Title	First	Last

Address*

Address Line 1

Address Line 2

_____	_____	_____
City	State	Zip Code

_____	_____
Phone*	Email*

BUSINESS INFORMATION

Business Name*

Address*

Address Line 1

Address Line 2

_____	_____	_____
City	State	Zip Code

_____	_____
Opening Date at this Location*	Business Phone*

_____	_____
Website	Facebook

Instagram

Twitter

Total Current Full-Time Paid Staff Positions*

Total Current Part-Time Paid Staff Positions*

Total Current Full-Time Paid Volunteer Positions*

Total Current Part-Time Paid Volunteer Positions*

Previous Location (if applicable)

Address Line 1

Address Line 2

City

State

Zip Code

ADDITIONAL BUSINESS INFORMATION

Is the business currently closed?

Yes No

If closed, when is reopening expected?

***Grant dollar amount requested and description of how funds will be used**

- 1) Has application been made to other financial resources? If so, detail resources and status. If funding has been received, detail how funds were used and whether all funds have been exhausted. *

- 2) Detail the proposed program to be funded and its response to COVID. The narrative should include WHAT you will do, WHEN the project will begin, WHO you will serve, WHY the project is needed, location WHERE you will provide services, and exactly HOW you will notify the public. *

- 3) Describe the business' background, experience, and capacity to provide the proposed service. *

- 4) Do any other businesses provide a similar service? If so, what differentiates your business? *

OPTIONAL DOCUMENTS (Not required but preferred)

Attach payroll, rent, mortgage, utility or COVID mitigation expenses incurred March 3, 2021 through application date that the City of Waycross funding will be used for. Be sure that items HAVE NOT and WILL NOT be funded or reimbursed by any other source.

Payroll, Rent, Mortgage, Utility, COVID Expenses

CERTIFICATIONS & ACKNOWLEDGEMENTS

- Certify* I certify that this American Rescue Plan assistance will be used to provide services which address adverse impacts of Coronavirus.
- Certify* I certify that the business/agency will make consistent and assertive efforts to continue through March 2, 2022.
- Certify* I certify that I am not aware of any conflicts of interest that exist between the business/agency, myself, or any person who is an employee, agent, consultant, officer, elected official, or appointed official of the City of Waycross and is in the position to participate in a decision-making process or are responsible for the administration or oversight of the Non-profit Public Service Program.
- Acknowledge* I acknowledge that, if selected, a formal agreement will be signed with the City of Waycross.
- Acknowledge* I acknowledge that, if selected, the program requires that a Lawful Presence Affidavit and IRS Form W9 be completed in order to receive payment.
- Acknowledge* I understand that making false statements, concealing information, submitting altered documents, utilizing funds for ineligible purposes, or similar actions are considered fraudulent and may result in repayment of the grant award or other legal action. I also understand that failure to submit timely and adequate documentation may result in repayment of funds received.

AUTHORIZED SIGNATURE

By signing and submitting this document, I certify that I am a duly authorized agent of the business. Further, I have made the necessary notifications and received the appropriate authorization to submit an application on behalf the business/agency. I attest that I have thoroughly reviewed the application. The information presented is true and accurate.

Printed Name

Signature

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*****Application must be typed**