

COLUMBIA COUNTY BUSINESS CONTINUITY FUND APPLICATION

Berkshire Taconic Community Foundation (BTCF) and Columbia Economic Development Corporation (CEDC), in partnership with Berkshire Taconic's Fund for Columbia County, Columbia County Chamber of Commerce and Hudson Business Coalition, have created the Columbia County Business Continuity Fund to provide cash grants to small businesses in our city and town centers most affected by the COVID-19 crisis.

This Fund will award grants from \$1,000 to \$5,000 on a competitive basis to applicants that meet the core criteria listed below.

Applications must be submitted via the online form by 4:00pm on April 15, 2020.

YOU QUALIFY TO APPLY IF YOUR BUSINESS IS:

- **Independently owned Columbia County-based small business**
- **10 or fewer full-time employees**
- **Makes less than \$1,000,000 in annual sales**
- **Adversely impacted by COVID-19**
- **Not a nonprofit organization**
- **Open to the general public and reliant on foot traffic for customers**
- **Needs funds to continue to retain and pay their employees, stay current on rent, and cover other fixed costs related to their operations**

****All applications must be submitted through this online form.****

We recommend that you work on the questions in a separate document and copy/paste your responses into the online form when you are ready to submit as the application does not enable applicants to 'Save' or 'Preview' before submission

[Click here](#) for a PDF of the Application.

Please answer all questions in full. Incomplete applications are ineligible for funding and will be returned for completion.

Grants will be reviewed by an independent committee and awarded based on the availability of funds. For those small businesses awarded a grant, funds will be disbursed as quickly as possible. Additional funding rounds will be dependent on receipt of donations from businesses, individuals,

area foundations, and other generous contributors.

Contact grants@columbiaedc.com with any questions or guidance for submitting this application.

* 1. COVID-19 is having an unexpected and profound impact on our county's economy. This micro-grant is available to small businesses that rely on foot traffic in our town and village centers to help meet short-term financial needs. The grant can cover employee wages and benefits (including fringe benefits associated with employment, such as health insurance), accounts payable, fixed costs, inventory, rent, and utilities.

Does your business meet the above grant criteria? *

Yes - My business meets the criteria for this grant

* 2. Business Owner Contact Information

First Name

Last Name

Email Address

Primary Phone

Secondary Phone

* 3. Business Information

Legal Business Entity

Name (include D/B/A, if applicable)

Address 1

Address 2

City/Town

Village/Hamlet

Zipcode

Website

* 4. Number of Full-Time Employees (before COVID-19 closures):

1-2

3-5

6-8

9-10

* 5. Number of Part-Time Employees (before COVID-19 closures):

- 1-2
- 3-5
- 6-8
- 9-10

* 6. How Long Has the Business Been in Operation?

- Less than 1 Year
- 1-3 Years
- 4-6 Years
- 7-10 Years
- 10+ Years

* 7. What Industry is Most Applicable to the Business?

- Retail - Storefront
- Hospitality
- Restaurant / Food and Beverage Service
- Personal Care / Service
- Manufacturing
- Other (please specify)

* 8. How Does the Business Contribute to the Economic Vitality of the Community?

*** 9. What Hardships Have the Business Experienced due to COVID-19? Check All That Apply**

- Mandatory Business Closure
- Reduced Hours of Operation
- Employee Layoffs
- Unable to Cover Employee Benefits
- Revenue Decline
- Increased Operating Costs
- Lack of Access to Capital or Credit
- Inability to Adapt to COVID-19 Measures (ex: can't do delivery)
- Employee Absenteeism
- Inability to Serve Customers
- Decreased Sales and Customers
- Other (please specify)

*** 10. Please Describe Your Response to Question 9 in More Detail:**

11. How Have Business Operations Changed or Adapted in Response to COVID-19?

*** 12. Approximately What Decline in Revenue Did the Business Observe due to COVID-19, comparing March 2019 to March 2020?**

- 1-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

* 13. Please Upload Your **two most recent** ST-100 New York State and Local Quarterly Sales and Use Tax Returns and/or Your NYS-45 Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Returns for the Business:

(1 of 2)

Choose File

Choose File

No file chosen

* 14. (2 of 2)

Choose File

Choose File

No file chosen

* 15. How Long do you Estimate the Business Can Continue to Operate Based on the Above Revenue and Operating Conditions?

- Less than 1 Month
- 1-2 Months
- 3-4 Months
- 5-6+ months

* 16. What Amount of Funding are you Seeking?

* 17. If Awarded This Grant, How Does the Business Intend to Use the Funds? Check all that Apply:

- Payroll
- Employee Benefits
- Business Insurance
- Utilities
- Vendors/Suppliers/Materials
- Rent/Mortgage
- Admin (ex: business software)
- Other (please specify)

* 18. Describe Your Response to Question 16 in More Detail. Include Relevant Supporting Numbers as Possible:

* 19. What Would be the Impact on the Business if it DOES NOT Receive This Grant?

* 20. I hereby certify that the above information is true and correct, and that I have the authority to apply for the Columbia County Business Continuity Fund on behalf of the above-named business. I further certify that any grant received shall be used only for the business making this application, and for the purpose stated in this application.

I further certify that the business making this application is qualified under all criteria listed in the application materials.

Yes - I have read the above statement and certify that the above answers are true and correct

Please Type Your Name and Include Today's Date