

WILSON COUNTY CARES GRANT APPLICATION



APPLICATIONS WILL BE ACCEPTED JULY 31, 2020-AUGUST 14, 2020.

Legal Name Of Business

Federal I.D.# (Company Or Corporation)

Social Security # (Individual)

DUNS # (if applicable)

Telephone Number

Email Address *if applicable*

Authorized Business Owner

Title

Complete Mailing Address

City & State

Zip

Complete Street Address

City & State

Zip

APPLICATION INSTRUCTIONS:

INSTRUCTIONS: Read this entire document carefully. Follow all instructions. You are responsible for fulfilling all requirements and specifications. Be sure you understand them.

DEADLINE

Applications must be received and time/date stamped in the County Auditor's office prior to **4:00 pm, Friday, August 14, 2020. *Late applications will not be accepted under any circumstances!***

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SUBMITTAL

Completed applications must be in a sealed envelope clearly marked with "Wilson County CARES Grant Application" written in the lower left-hand corner of the envelope containing the application.

PROPRIETARY INFORMATION

Proprietary information, if any, submitted to Wilson County in response to this application should be identified as such. Any information identified as proprietary will be handled in accordance with the provisions of the Texas Public Information Act as it applies to such information.

ADDRESS

Sealed applications may be hand-delivered or mailed to the Wilson County Auditor, 1420 3rd Street, Suite 109, Floresville, Texas 78114.

METHODS

All applications must be returned in a sealed envelope with the grant name clearly marked on the outside. **If an overnight delivery service is used**, the grant name must be clearly marked on the outside of the delivery service envelope. Facsimile and electronic mail transmittals are not acceptable.

ELIGIBLE BUSINESS REQUIREMENTS

- Must be created and operated as an established business in the State of Texas
- Sole Proprietors are eligible to apply (as long as registered as created and operated as a business in Texas)
- Non-Profit organizations are not eligible with the exception of churches, private schools, and volunteer fire/ambulance services.
- Must be current with payment of Wilson County property taxes as of October 1, 2019.
- Limited to businesses that are located and will remain in Wilson County

ELIGIBILITY CRITERIA

- Annual gross revenue not to exceed \$1 million
- Must provide documentation showing at least 20% loss of revenue during the months of March, April, and May 2020
- Must provide financial documentation for March, April, and May 2019 versus March, April, and May 2020
- Provide a brief narrative of need (not to exceed one page)
- If requested, must be willing to submit receipts for audit purposes

LEGIBILITY

Applications must be legible (printed or typed) and of a quality that can be reproduced.

APPLICATION MUST BE TYPED OR PRINTED IN INK

LATE APPLICATIONS

Applications received after submission deadline will not be opened and will be considered void and unacceptable. Wilson County is not responsible for lateness of mail, courier service, etc.

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AWARD

A total of \$103,754 is available for grant disbursements at this time. Award amounts will be based on a weighted scoring matrix by the Wilson County Auditor and Wilson County Grant Manager.

GRANT ADMINISTRATION

Under this grant, Brenda L Trevino, Wilson County Auditor and Michele Z. Mora, Wilson County Grants Manager, shall be the grant administrators with designated responsibility to ensure compliance with application requirements, such as but not limited to, acceptance, inspection, and scoring. The grant administrators will serve as liaisons between the Wilson County CARES Program Committee, Wilson County Commissioner's Court and applicants.

DOCUMENTATION

Applicants shall provide with this application, all documentation required by this grant. Failure to provide this information may result in rejection of the application.

PAYMENT

Payment shall be made by check from the County within 30 days of award notification, no later than September 30, 2020.

DISCUSSIONS

Prior to the final award selections, the grant administrators may contact the applicant for clarification of responses or questions related to the application.

NON-DISCRIMINATION

Wilson County, during the performance of this grant process, will not discriminate against any applicant because of race, religion, sex, national origin or disability.

APPLICATION SUBMISSION FORM

All applications shall be submitted on the attached Application Submission Form. Applications not submitted on this form will be disqualified.

WAIVER OF SUBROGATION

By virtue of acceptance of any award, applicant waives any and all rights whatsoever with regard to subrogation against Wilson County under this grant program.

QUESTIONS REGARDING APPLICATION PROCESS

Questions concerning this application should be directed to Brenda Trevino, Wilson County Auditor or Michele Mora, Wilson County Grants Manager at 830-393-7304 or emailed to grants@wilsoncountytexas.gov.

DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT.

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APPLICATION QUESTIONNAIRE

1. Please describe your business: _____

Business Category (check all that apply):

- Business categories with checkboxes: Retail, Child Care, Food and Beverage, Construction, Repair/Maintenance, Arts/Entertainment, Recreation, Non-Profit, Other.

2. Is the business currently in good standing with Wilson County, Texas? (Property taxes current as of October 1, 2019)? YES [] NO []

3. Is the business currently open, and if so, at what capacity? YES [] Capacity _____ NO []

4. Financials:

Total Annual Gross Revenue (2019) _____
Total Monthly Gross Revenue (2019) March 31st _____ April 30th _____ May 31st _____
Total Monthly Gross Revenue (2020) March 31st _____ April 30th _____ May 31st _____

5. If business was not operational before March 2019 or in the calendar year of 2019, please provide the gross revenue for the most recent 3 months prior to March 2020:

Month 1: _____ Month 2: _____ Month 3: _____

6. Has the business received any other type of financial assistance for COVID-19 relief? (Paycheck Protection Program, CARES ACT, Local Grants, or small business loans). If yes, please describe and list amounts (Identifying additional resources received does not make your business ineligible for this grant). _____

7. Please select anticipated primary use of funds. Select all that apply:

- Use of funds checkboxes: Personal Protective Equipment, Working Capital, Utilities, Lease/Mortgage Assistance, Marketing/Advertising, Supplies, Equipment, Renovations for social distancing requirements, Other.

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Please submit the following information with your application:

- Copy of business license
- Statement of need from previous page (if not hand written)
- Copy of valid driver's license or state issued photo ID card
- A form of documentation reflecting financial numbers provided in question 4 (bank statements, tax return, profit & loss statement, etc.)
- Completed W-9 (attached)

CERTIFICATION OF APPLICATION

The undersigned affirms that they are duly authorized to submit this application, that they understand if any information contained herein is false, they are subject to criminal prosecution and civil action under federal law, the laws of Wilson County, Texas, and the State of Texas. It is further understood that the undersigned is certifying that the business has been negatively impacted by COVID-19 and that the business has a financial need which can be supported by the use of grant funding. The undersigned also certifies that, to the best of their knowledge and ability, the business will remain operational in Wilson County for at least one year through December, 2021.

Signature of individual authorized to sign

Printed name of individual authorized to sign

Title of individual authorized to sign

Name of Business

Date

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Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										

or

Employer identification number										

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.