



## Grant Application Form

Town Hall ▪ 124 E. Coal Creek Drive ▪ Superior, CO 80027  
303-499-3675 ▪ (fax) 303-499-3677 ▪  
www.superiorcolorado.gov

### Small Business Emergency Relief Grant Program Application

The Town of Superior values our small businesses and wants to support them during the COVID-19 pandemic, so the Town has created the Town of Superior Small Business Emergency Relief Grant Program (the "Program"). Under the Program, the Town will provide \$5,000 and \$10,000 grants to help small businesses immediately offset some of the economic impacts due to this pandemic.

The Program is open to small businesses and restaurants with a brick-and-mortar presence within the Town's boundaries, including locally-owned franchises, provided that home-based businesses are not eligible for the Program. To be eligible for the Program, the business must have had 40 or fewer full-time employees on March 10, 2020 (the date of the Governor's disaster declaration). \$10,000 grants are available for small businesses with between 10-40 full-time employees. \$5,000 grants are available for small businesses with less than 10 employees.

The Town will review Applications as submitted. Grant awards will be determined at the discretion of the Town based on the responses provided in this Application. Submitting an application is not a guarantee of a grant award, and the Town may terminate the Program at any time, for any reason.

#### Contact Information *\*(required)*

First Name \*

Last Name \*

Email Address \*

Contact Phone Number \*

#### Business Information

Business Name \*

Type of Business (restaurant, salon, etc.) \*

NAICS (if known) \*

Business Address Line 1 \*

Business Address Line 2 \*

City \*

State \*

Zip Code \*

Business Phone Number \*

**Tell us about your business:**

What are the impacts to your business? Check all that apply. \*

- Business closure
- Reduced hours of operation
- Employee layoffs
- Revenue decline
- Increased operating costs (e.g. employee paid leave)
- Access to capital to address increased costs
- Inability to respond to home-delivery requests
- Interrupted supply/delivery
- Employee absenteeism
- Inability to serve customers
- Decreased customers
- Request of rent deferral/abatement
- Utilization of reserves

Additional comments:

**Grant amount you are applying for:**

\$5,000      \$10,000

**Are you pursuing other sources of funding? \***

**If yes, which source(s): \***

**Number of employees before COVID-19: \***

**Number of employees currently: \***

**Annual gross revenue before COVID-19: \***

- Less than \$250,000
- Between \$250,000 and \$500,000
- Between \$500,000 and \$750,000
- Between \$750,000 and \$1M
- Between \$1M and \$2M
- Greater than \$2M

**If applicable, provide the percentage (%) decline revenue comparing month last year with the same month this year. \***

**Sustainability Plan \***

Describe what will you do with grant money.

What is your plan to stabilize and continue your business during and after the stay-in-place order?

Are you investing your own funds to support your business?

Are you current with all financial obligations (rent, utilities, sales tax remittance)?

*If not, please provide a list of obligations that are not current along with the duration of the delinquency.*

**Any other comments you would like to share?**

**In addition to completing and submitting this form, please include the following documents:**

2018 Tax Return/K-1 (or 2019, if filed)

Certificate of good standing from the Colorado Secretary of State

Copy of current lease for the space in which the business is located

**Statement of Understanding & Certification by Applicant**

I have read the program eligibility criteria for the Small Business Emergency Relief Grant Program and I certify that I am authorized to sign this application as or on behalf of the Applicant. I agree to assist the Town in verifying any of the information contained in this application from any available source as requested.

By signing below, I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a Small Business Emergency Relief Grant and that the information provided is true and complete to the best of my knowledge.

By entering my name and title below, I am electronically signing my application.

*Name:* \*

*Title:* \*

All Applications will become property of the Town of Superior, and all Applications are subject to the Colorado Open Records Act, C.R.S. § 24-6-200.1, *et seq.*, provided that the Town will use its best efforts to maintain the confidentiality of any confidential financial information submitted, as permitted by law.

Please save this form to your computer after filling it out and email your saved form and supporting documentation to: [MartinT@superiorcolorado.gov](mailto:MartinT@superiorcolorado.gov)

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before attaching to an email and sending**