



When did the impact start? Start Date: \_\_\_/\_\_\_/\_\_\_

Please estimate your revenue impact comparing Q1 & Q2 2019 to Q1 & Q2 2020 : \_\_\_\_\_

Additional comments about revenue impact:

**Likelihood of Permanently Closing the Business?**       High       Medium       Low

**Business Closed Due to Governor's Directive at any time?**       Yes       No

Number of potential jobs lost \_\_\_\_\_

Will this grant help retain jobs? If so, how many? \_\_\_\_\_

Has the company received any state, federal, or other funding? If yes, please provide details.

#### ELIGIBLE COSTS

All eligibility documentation must be received by the City prior to disbursement. Applications, agreements, invoices and receipts are required to be submitted to prove eligibility and they must be legible. Expense lists, copies of checks, check registers and bank statements alone do not suffice and will not be considered. **Allowable Expenses:** Rent or mortgage on a commercial property, proof of late rents; utilities (power, gas, water, sewer); business insurance; State/City licenses; personal protective equipment; sanitizing and social distancing costs; equipment installed for safety and social distancing measures; and proof of reduction in operations. **Unallowable Expenses:** Costs un-related to the COVID-19 public health emergency and pandemic; payment of real estate taxes; costs covered by other COVID-19 State, Federal or local assistance; costs covered by insurance or loans; ordinary and usual supplies, inventory and equipment; capital projects, and building additions.

#### EMPLOYMENT INFORMATION

Average Salary:

Benefits Paid:       Yes       No

Is the applicant's State & Fernley Business License Current       Yes       No       Not Sure

List the measures the company is already taking or trying to take to support employees during the pandemic?

#### ADDITIONAL INFORMATION

Currently, is the company facing any pending litigation or legal action?

Has the company had any state compliance/regulatory issues within Nevada or another state you are or have done business in?

The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) and were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020. If awarded the grant, I agree to submit proof of allowable expenditures to the City of Fernley totaling \$5,000 prior to any disbursement of funds by the City of Fernley. By signing below I am agreeing to all sections and terms of "The City of Fernley COVID-19 Small Business Economic Assistance Program" and that I have met the grant eligibility and CARES Act requirements. I also agree that I am liable to the City of Fernley and will pay back the full \$5,000 should it be found that I have provided false information, any misrepresentation of facts or have committed fraud with respect to receiving these funds.

Printed Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_