

## FAIRFIELD COVID-19 MICROENTERPRISE ASSISTANCE PROGRAM

### Section 1: Applicant Information

Business Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Website URL \_\_\_\_\_

Federal Employer Identification Number (EIN): \_\_\_\_\_

What month and year was your business incorporated? \_\_\_\_\_

Years in Fairfield: \_\_\_\_\_ Years at Current Location: \_\_\_\_\_

2019 Gross Revenue \$ \_\_\_\_\_ 2019 Net Profit/Loss: \$ \_\_\_\_\_

Do you own or rent your business property?  Own  Rent

How is your business structured?  Sole Proprietorship  Partnership

Limited Liability (LLC)  C-Corporation  S-Corporation

Type of Business:  Retail Trade  Personal Services  Food Service

Professional Services  Educational Services  Manufacturing

Other (Describe): \_\_\_\_\_

Briefly Describe Your Business:

Is your business considered a women-owned business:  Yes  No

Is your business a minority-owned business enterprise:  Yes  No

How many employees did your business have on March 15, 2020? \_\_\_\_\_

How many employees does your business currently have on payroll? \_\_\_\_\_

Are more than 50% of your employees persons of low/moderate income?  Yes

No

## Section 2: Owner Information

Please list all owners below and percentage of business ownership.

Owner 1 Name \_\_\_\_\_

Owner 1 % Business Ownership: \_\_\_\_\_ Owner 1 SSN: \_\_\_\_\_

Owner 1 Phone \_\_\_\_\_ Owner 1 E-Mail: \_\_\_\_\_

Is Owner 1 a person of low/moderate income?  Yes  No

If yes, how many persons reside with you? \_\_\_\_\_

Total household income for the most recent calendar year: \$ \_\_\_\_\_

*Optional:*

Owner 1 Ethnicity (check one):  Hispanic or Latino  non-Hispanic or Latino

Owner 1 Race (check all that apply):  White/Caucasian  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander

Owner 2 Name \_\_\_\_\_

Owner 2 % Business Ownership: \_\_\_\_\_ Owner 2 SSN: \_\_\_\_\_

Owner 2 Phone \_\_\_\_\_ Owner 2 E-Mail: \_\_\_\_\_

Is Owner 2 a person of low/moderate income?  Yes  No

If yes, how many persons reside with you? \_\_\_\_\_

Total household income for the most recent calendar year: \$ \_\_\_\_\_

*Optional:*

Owner 1 Ethnicity (check one):  Hispanic or Latino  non-Hispanic or Latino

Owner 1 Race (check all that apply):  White/Caucasian  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander

### Section 3: Underwriting

Were you and your business current on all tax obligations to the Internal Revenue Service, the State of Connecticut and the Town of Fairfield as of March 15, 2020?

Yes  No If no, please explain:

Have you applied for any funding from federal programs such as the Payroll Protection Program (PPP) or SBA Economic Injury Disaster Grant/Loan Program related to the current pandemic and disaster declaration?  Yes  No

Have you been approved or received any funding to date from federal or state relief programs related to the pandemic and disaster declaration?

Yes  No If yes, please provide details as to program and amount:

Please describe the impact of COVID-19 on your business:

Funds being requested? \_\_\_\_\_

How will you use those funds to help your business respond to COVID-19?

Will this assistance help you retain jobs?  Yes  No

**Section 4: Applicant Certification**

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge. I further authorize the Department of Community & Economic Development as well as its participating partners to make inquiries as necessary to verify the information contained in this application. The undersigned agrees that any funds provided pursuant to this application will be utilized exclusively for the purpose(s) set forth in this application, as may be amended. I understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_