



Bedford COVID-19, Phase 3 Supplemental- Small Business Grant

A grant program for small businesses impacted by COVID-19

Application

Section I, Business Information:

Business Owner(s):

Name Home Address Mobile Phone E-mail Address

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: () _____ Fax #: () _____ E-mail Address: _____

Federal ID#: _____

Describe Type of Business (product or service): _____

Business Annual Gross Revenue: _____

Type of Business Organization (Check One):

- Partnership Sole Proprietorship Microenterprise (5 or fewer employees)
- "S" Corporation "C" Corporation Other: _____

Date Business Established: _____

How long has business been operating under current owner? _____

Please check if your business is the following: Female-owned business? Yes No

Minority owned business? Yes No

Veteran owned business? Yes No

Amount of grant funding requested? (May not exceed \$10,000): _____

What is the intended use of the funds?

Working Capital Continue Operations Support Remote Work

Have you received additional Federal CARES Act financial assistance for your business?

<u>Program (PPP, CDBG Small Business Grant COVID 19, Phase 1 or Phase 2, etc.)</u>	<u>Amount of Assistance</u>	<u>Use of Assistance</u>

Section II, Financing Information:

How will these funds enable your business to recover from the ongoing need related to the COVID 19 pandemic or build resiliency for future pandemics? Please explain:

Section III, Other Supporting Information:

If there is additional supporting information you would like to provide before your application is reviewed, please explain below.

Section IV, Certifications:

Please read the following and sign the Application Form below.

The information in this grant application is provided for the purpose of applying for funds under the City of Bedford CDBG COVID-19 Phase 3 Supplemental Small Business Grants program in response to the coronavirus pandemic. If I have received Federal CARES Act funding listed in Section 1, I certify that I am not using multiple COVID 19 relief programs to pay for the same expense. The information is accurate to the best of my knowledge. I further understand that my name and grant amount and other non-financial information may be subject to the Indiana Public Access Law. I also understand that the Bedford COVID-19, Phase 3 Supplemental response grant program retains the sole discretion as to whether this grant application is approved, disapproved, or modified. It is my right to accept or decline the grant amount.*

Name (Printed): _____

Name (Printed): _____

Signature: _____

Signature: _____

Date: _____

Date: _____

*An agreement or contract is required between the City and each successful business applicant prior to funds being released. Additionally, the grant committee reserves the right to request additional information as needed during the application review process.

Application should be submitted to:

Ashlynn Bender, Director of Business & Community Development
Office of the Mayor, City of Bedford
1102 16th Street
Bedford, IN 47421
Email: abender@bedford.in.us
Phone: 812-279-6555

City Use Only

Date Received: _____ **Date(s) Reviewed:** _____ **Tracking Status:**

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
-	
-	
or	
Employer identification number	
-	

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

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. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.