Matthews CARES

Application for CARES Act Funding Relief Program for Matthews Small Businesses and Non-Profit Organizations

Applications must be submitted by 12:00 pm on October 26, 2020. Completed applications and supporting materials should be emailed to matthews@matthewsnc.gov or dropped off at Matthews Town Hall (232 Matthews Station Street Matthews, NC 28105). All fields must be completed. Incomplete applications will be returned to the applicant.

Business/Nonprofit Organization (Organization) Name:

Organization Type: Business

Non-Profit Organization

Organization Mailing Address

Organization Physical Address

Tax ID#

Month/Year Organization was established:

Number of Full-Time Employees

Number of Full-Time Equivalent Employees

Name of Contact Person (Contact)

Business Phone Number

Cell Phone Number

Business Website

Contact Email Address

Contact Title/Role in Organization

Has the organization applied for any other COVID-19-related financial assistance program? (e.g. SBA Paycheck Protection Program (PPP), SBA Economic Injury Disaster Loan or Golden Leaf Programs)?

Yes No

If yes, provide details, including funding source and amount of funds requested

Has the organization received notice that it has been approved for financial assistance from any other COVID-19-related assistance program, whether or not funds have been received?

Yes No

If yes, provide details, including funding source and amount of funds requested

Has the organization received financial assistance from any other COVID-19-related assistance program?

Yes No

If yes, provide details, including funding source and amount of fund received

Grant amount being requested (up to $10,000)

What does the organization do or offer?

How has COVID-19 affected the organization? (Check all that apply)

- [ ] Temporary Business Closure
- [ ] Reduced Hours of Operation
- [ ] Employee Layoffs
- [ ] Revenue Decline
- [ ] Increased Operating Costs (e.g. new health/safety protocols)
- [ ] Inability to Respond to Home Delivery Requests
- [ ] Interrupted Supply/Delivery
- [ ] Inability to Serve Customers
- [ ] Decreased Customers
- [ ] Other (Explain below)

What costs has your business/non-profit incurred to adapt or innovate operations since March 1, 2020 in response to COVID-19?

What costs do you anticipate being incurred to adapt or innovate operations that can be completed before December 18, 2020 in response to COVID-19?

Describe the steps taken/will be taken to implement the planned use of these grant funds.

Document costs. How much are you requesting? If applicable, how will you fund the difference? Please itemize all costs. Attach a separate page if necessary.

What is your timeline for implementation?

What results can be expected once the project is complete? Identify metrics to show success

Approved applicants are required to make reports as to how recipients have expended the funds dispersed. This includes providing receipts for all expenditures. Grants funds are considered federal funds; if used inappropriately, applicants may be found liable and may be required to pay back funds.

Please submit the following with your completed application:

- 2019 business tax return or a Form 990 (non-profit organizations).
- If expenses have already been incurred, please submit copies of all receipts. If expenses still need to be incurred, those receipts will be required to be submitted prior to grant funding being awarded.

☐ I have reviewed the Matthews CARES Eligibility and Criteria guidelines and certify that my organization and the expenses I am listing qualify for this grant program.

☐ The information provided in this application is true and correct.

☐ I have not applied for or received other loans or grants to cover the expenses I am seeking funding for through the Town's program, and I will notify the Town within two business days and return funds within seven days if this changes.

☐ I agree to repay the Town of Matthews if it is found that funds were misapplied or misused for purposes not eligible for CARES Act funding.

☐ I agree that an authorized agent of my organization will complete all additional paperwork that may be necessary in order to receive funds from the Town to include a W-9 and grant agreement.

Incorporated businesses: This application must be signed by the President or Vice President.
LLCs: This application must be signed by a Manager.
Partnerships: This application must be signed by a General Partner.
Non-Profits: This application must be signed by an authorized official for the organization.

Signature Date

Full Name

Title

Business/Organization