

**SUFFOLK EDA / OBICI HEALTHCARE FOUNDATION  
COVID-19 SMALL BUSINESS ASSISTANCE GRANT  
POLICY AND GUIDELINES**

The Economic Development Authority of the City of Suffolk (Suffolk EDA) will manage a Suffolk EDA COVID-19 Small Business Grant to help businesses that have experienced reduced in operating hours, losses in revenue, and/or reductions in staffing as a result of ALL APPLICABLE Governor Northam Executive Orders (EO) related to COVID-19 (including, but not limited to EO #53, #55, #67 Amended, and #68 Amended). This grant was made possible with funding by the Obici Healthcare Foundation. This grant is available to eligible for-profit small businesses in amounts not to exceed \$5,000 per approved application. The *September 2020 Distribution* will be limited to a total allotment of \$200,000 for grant funds. Economic Development staff along with either the Chairman or Vice Chairman of the Suffolk EDA shall make grant awards based on an applicant's completed application, with supporting documentation, and fund availability. All award determinations are final. The Suffolk EDA board will receive notice of final grant approvals.

**Selection Guidelines:**

To be considered for the grant, a business must meet all of the following requirements:

- Must be a for-profit business
- Must have experienced verifiable reduction in operating hours, losses in revenue, and/or reductions in staffing as a result of ALL APPLICABLE Governor Northam Executive Orders related to COVID-19.
- Must operate in a physical brick and mortar or home based business\* in the City of Suffolk.
- Must have been established and operational on or prior to September 1, 2020 and have a current Suffolk business license, as verified with the City of Suffolk Treasurer's office.
- Must be in good standing with local taxes and licenses, as verified with the City of Suffolk Treasurer's office.
- Must have had 50 full-time equivalent employees or fewer as of September 1, 2020.
- Applications from recipients of funding from the *June 2020 Distribution* will be considered/prioritized after all *September 2020 Distribution* applications have been selected.

New September applicants will be processed and considered before applicants that received grant funds during the June 2020 Distribution.

Grants will be awarded as reimbursements based upon the following verifiable business expenses (e.g. paid receipts/invoices). Business expense receipts/invoices for applicants that received grant funds from the June 2020 Distribution must be for business expenses incurred after June 30,2020.

- Private Utilities
- Rent or mortgage payments
- Insurance, or similar expenses
- Products or services directly used in production of a product for sale or service provided
- Operating equipment
- Pandemic related safety equipment and/or pandemic specific operational expenses
- \*Home based businesses will only receive reimbursement for pandemic related safety equipment and/or pandemic specific operational expenses

**Application Submission Guidelines:** Submit completed applications, supporting documentation, and the Application Checklist online to: [suffolkeda@suffolkva.us](mailto:suffolkeda@suffolkva.us). **Incomplete applications will be returned to the applicant for completion prior to being considered.** Complete applications will be accepted beginning Thursday, September 10, 2020 through Wednesday, September 30, 2020.

*Distribution: September 2020*

**SUFFOLK EDA / OBICI HEALTHCARE FOUNDATION  
COVID-19 SMALL BUSINESS ASSISTANCE GRANT  
APPLICATION CHECKLIST**

Contact's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

**Application Submission Guidelines:** Submit completed applications, supporting documentation, and **THIS** Application Checklist online to: [suffolkeda@suffolkva.us](mailto:suffolkeda@suffolkva.us). **Incomplete applications will be returned to the applicant for completion prior to being considered.** Complete applications will be accepted beginning Thursday, September 10, 2020 through Wednesday, September 30, 2020.

- Completed Application - Signed and Dated
- Completed Form W-9 (Request for Taxpayer Identification Number and Certification - Signed and Dated)
- Supporting Documentation
  - Business expense receipts/invoices (private utilities, rent/mortgage payments, insurance or similar expenses, products or services directly used in production of a product for sale or service provided, pandemic related safety equipment and/or pandemic specific operational expenses)
  - Business expense receipts/invoices for applicants that received grant funds from the June 2020 Distribution must be for business expenses incurred after June 30,2020.
- Completed Application Checklist

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Distribution: September 2020*

**SUFFOLK ECONOMIC DEVELOPMENT AUTHORITY / OBICI HEALTHCARE FOUNDATION  
COVID-19 SMALL BUSINESS ASSISTANCE GRANT PROGRAM APPLICATION**

**GRANT INFORMATION**

Grant funds shall be awarded as a reimbursement of eligible business expenses incurred since March 24, 2020, the effective date of Governor Northam's Executive Order #53. To be considered for the grant, a business must meet all of the following requirements:

- Must be a for-profit business
- Must have experienced losses in operating hours, in revenue, and/or reductions in staffing as a result of ALL APPLICABLE Governor Northam Executive Orders related to COVID-19 including, but not limited to EO #53, #55, #67 Amended, and #68 Amended.
- Must be a "brick and mortar" operation located in Suffolk, Virginia; home-based businesses are eligible for pandemic related safety equipment and/or pandemic specific operational expenses only.
- Must have been established and operational prior to September 1, 2020 and have a current Suffolk business license
- Had 50 full-time equivalent employees or fewer as of September 1, 2020
- Must be in good standing with local taxes and licenses

Submit completed applications and supporting documentation online to: [suffolkeda@suffolkva.us](mailto:suffolkeda@suffolkva.us)

For questions contact: Greg Byrd, 757-514-4042 or Kevin Hughes, 757-514-4043; or send email inquiries to [suffolkeda@suffolkva.us](mailto:suffolkeda@suffolkva.us)

**CONTACT INFORMATION**

Contact's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**BUSINESS INFORMATION**

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

Business Address (Owned  Leased): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different from business address)

Business Phone: \_\_\_\_\_

Form of Entity (check one):

Sole Proprietorship Limited Liability Company Partnership Corporation Other \_\_\_\_\_

Date Operational in Suffolk: \_\_\_\_\_ Date of Current Business License: \_\_\_\_\_

As of September 1, 2020      As of Application Date

Number of Full Time Equivalent (FTE) Employees: \_\_\_\_\_  
(One FTE = Minimum of 35 hours per week)

Description of Operation: \_\_\_\_\_

COVID-19 Comments (Maximum 100-words; include losses in operating hours, revenue, employment, and non-payroll expenses - type & dollar amount):

(COVID-19 Comments continued):

---

---

---

---

---

---

---

**PROPOSED USE OF GRANT**

(check all that apply)

Please provide expenses paid, not to exceed a total of \$5,000 and provide evidence that the expense has been paid (e.g. cancelled check, paid invoice, etc.).

Lease/Mortgage (please specify): \_\_\_\_\_

Private Utilities (please specify): \_\_\_\_\_

Insurance or similar expenses (please specify): \_\_\_\_\_

Products or services directly used in production of a product for sale or service provided (please specify):  
\_\_\_\_\_

Operating equipment expenses (please specify):  
\_\_\_\_\_

Pandemic related safety equipment and/or pandemic specific operational expenses (please specify):  
\_\_\_\_\_

*I hereby certify that the payment of all applicable taxes, including but not necessarily limited to business, real estate, personal property, meals, and sales taxes are current. I further certify that the information provided on this application is true and correct to the best of my knowledge and that as a representative of the business named in this application I am legally authorized to execute this application.*

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**THIS SECTION FOR OFFICIAL USE ONLY**

Evidence of expenses paid

City Treasurer's Office confirmation of "good standing"

Confirmation of current business license

Signature/Date: \_\_\_\_\_