



## COVID-19 Business Recovery Grant Application

**Application deadline is noon on Friday, Nov. 13, 2020.**

Please submit completed form and all applicable documentation to: Cedaredge Town Hall,  
235 W Main Street; PO Box 398, Cedaredge CO 81413;  
or via email to [kcollins@cedaredgecolorado.com](mailto:kcollins@cedaredgecolorado.com).

Contact Kami Collins, Town Clerk/Economic Development Coordinator, for questions or  
information, at 970-856-3123 ext. 112 or [kcollins@cedaredgecolorado.com](mailto:kcollins@cedaredgecolorado.com).

Requested Amount: \$\_\_\_\_\_ (max up to \$7,500)

### Applicant Information

Name of Business/Organization: \_\_\_\_\_

Business/Organization Physical Address: \_\_\_\_\_

Business/Organization Mailing Address (if different than above): \_\_\_\_\_

Contact Person/Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Tax ID/EIN number: \_\_\_\_\_

\*Do you have a 2020 Town of Cedaredge business license? \_\_\_\_ Yes \_\_\_\_ No

*\*Required for for-profit businesses doing business within Cedaredge town limits*

How many years has your business/organization been in existence/operation? \_\_\_\_\_

Number of employees: Full-time \_\_\_\_\_ Part-time (less than 30 hours/wk) \_\_\_\_\_

### COVID-19 Impact Information

Were you mandated to shut down at any time during the pandemic? If so, what were the dates  
your business was closed? \_\_\_\_\_

What do you estimate your COVID-19-related losses or costs to be? \_\_\_\_\_

What employee and customer safeguards, including masks, PPE, or social distancing measures  
have you implemented in your daily business operations? \_\_\_\_\_

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Have you received any of the following?

- ☐ Paycheck Protection Program (PPP)
  - ☐ Economic Injury Disaster Loan (EIDL)
  - ☐ Delta County COVID Relief Grant
  - ☐ Other COVID-19 specific funding. Please explain: \_\_\_\_\_
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### **Attestation**

I hereby acknowledge that I have completed this application truthfully and accurately to the best of my knowledge. I understand all conditions of this funding. I agree I have not received reimbursement from any other COVID-19 related grants or relief programs using these same receipts, and, if funded by this program, agree not to use them for other related grants or relief programs.

I understand that the Town does not provide pre-approvals for the use of funds. There is no guarantee of reimbursement and funds are based on the applicability of the expense to the CVRF CARES Act and federal and state guidelines. The Applicant may not be reimbursed for expenditures and in this case, the applicant understands that they shall be solely responsible for the item(s) cost.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Town of Cedaredge COVID-19 Business Recovery Expense Report

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