

## Grant application

### **Grant Eligibility Questions**

1. Select the western North Carolina county where your primary business is located:  
Avery    Buncombe    Burke    Cherokee    Clay  
Graham    Haywood    Henderson    Jackson    Macon  
Madison    McDowell    Mitchell    Polk    Rutherford  
Swain    Transylvania    Yancey    Qualla Boundary
  
2. What is the estimated dollar value of your business's physical infrastructure, and/or the market value of business possessions, damaged as a result of Hurricane Helene?
  
3. What is your business's estimated revenue loss from 9/27/2024 through 11/27/2024 associated with Hurricane Helene?
  
4. Please select the Operating Status that best matches your situation:  
Fully-reopened/back to normal operations  
Partially open, but not back to normal/full operations  
Closed, but planning to reopen within the next month  
Closed, plan to reopen but not sure when  
Closed, don't plan to reopen

### **Impact on Jobs**

1. How many Full-Time Equivalent (FTE) employees did your business have as of September 27th, 2024?
  
2. How many FTE employees do you currently have?



## Grant application

### **Business Information**

Legal Business Name

*(Enter Owner Name if Sole Proprietor)*

Business DBA

*(Only if registered with NC Dept of State)*

Business Physical Address

Physical Address – Line 2

City/Town

State

Zip Code

1. Please enter the business Date of Incorporation (MM/DD/YYYY)

2. Enter your business gross revenue for tax year 2023. (NOTE - only businesses with 2023 gross revenue under \$1,000,000 are eligible for this grant program!)

3. Is your business locally owned (50% or more of owners live within the eligible counties)?

Yes

No

4. Is the business minority-led (50% or more of the owners identify as persons of color)?

Yes

No



5. Is the business woman-led (50% or more of the owners identify as women)?

Yes

No

### **Social Presence**

1. Primary Social Media Address (e.g. Facebook, Twitter, or Instagram) (...if applicable)

2. List your business website (...if applicable)

### **Owner Information**

NOTE: Business owners with multiple businesses, may apply for one business only! If you're a multi-business owner, please do not complete more than one preliminary application.

An Applicant must be a majority owner with the authority to sign on behalf of the organization

Owner First Name

Middle Name

Owner Last Name

What is your preferred language?

English

Spanish

Primary Email for Business Owner

Verify Primary Email



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Percentage Owned

Best phone number to reach the applicant/business owner?

If selected for grant funding, you will need to provide a Social Security Number (SSN), Federal Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN). Are you able to provide this information?

Yes

No

(WARNING - answering "No" to this question will make this application ineligible for a grant award! Please check your response before moving forward with the application.)

Are you a non-Owner completing this application on behalf of the business?

Yes, I am a private party assisting the business owner

No, I am the business owner

If answered Yes to the previous question, what is your relationship to this Business?

Employee or Staff Member

Accountant or Financial Advisor

Business Counselor

Other

As a private party facilitator, please provide your name, email address, and phone number as a person that is authorized to communicate on behalf of the business. (Note: private party submissions will be validated with the business owner prior to moving forward in the eligibility process.)



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Preparer/Partner First Name

Preparer/Partner Last Name

Preparer/Partner Email

Preparer/Partner Phone

### **Funding Request**

How much are you requesting from the WNC Small Business Initiative? Funding requests must not exceed your actual and estimated losses due to Hurricane Helene.

Funding Amount Requested:

(NOTE - the maximum grant size under the program is \$25,000!)

What will these funds be used for? Please list major known costs as well as key categories.

*(Optional)* If you have applied for other disaster funding, please note any funding requests you've submitted and the status or result of these applications (including amounts)?

*(Optional)* What additional needs and support (besides funding) do you think you'll have for re-opening safely and sustainably?

You can learn more about the program and apply by visiting this page: <http://bit.ly/4hukKfs>



**Ownership Demographics**

1. Race (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Prefer Not to Answer      | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Pacific Island  |
| <input type="checkbox"/> Alaskan                   | <input type="checkbox"/> White           |
| <input type="checkbox"/> Asian American            | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Hawaiian                  |  |

2. Ethnicity

- Prefer Not to Answer
- Hispanic or Latino
- Not Hispanic or Latino

3. Gender identity

- Prefer Not to Answer
- Female
- Male
- Transgender Male/Trans Man/Female-to-Male (FTM)
- Transgender Female/Trans Woman/ Male-to-Female (MTF)
- Gender Non-conforming
- Nonbinary
- Other

4. Sexual Orientation

- Prefer Not to Answer
- Straight/Heterosexual
- Gay or Lesbian
- Queer
- Don't know
- Other



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5. Has the owner served in the U.S. military?

Yes

No

6. If yes, what is their military status?

Prefer Not to Answer

Service-Disabled Veteran

Veteran

Transitioning Active Duty Military Member

Reservist or National Guard

7. Is the owner disabled?

Yes

No

### **Business Owner Certification**

The Western North Carolina Small Business Recovery fund is made possible by Dogwood Health Trust, with program administration from Appalachian Community Capital and Community Reinvestment Fund Inc. As the program administrator overseeing the WNC Small Business Initiative program (Program), Appalachian Community Capital and Community Reinvestment Fund Inc rely on the certifications provided by the Business Owner (Applicant). These certifications cover the utilization of funds, business eligibility, owner details, and financial information related to both the business and its owner. The details are being or will be submitted as part of the grant application process and/or the final grant agreement documentation. Applicants are required to make these certifications in good faith, acknowledging their legal responsibility to provide accurate and truthful information.

A designated and authorized representative of the Applicant must certify such compliance.

Please review the following statements. Click "Yes" to certify your acceptance. Click "No" to certify that you do not accept.



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**(WARNING** - a certified "No" response to any of the following statements will make this preliminary application ineligible for a grant award.)

My business has been in operation since September 27th, 2023 or earlier.

Yes  No

My business has a physical location within the eligible region, as defined in the Eligibility Criteria for this grant program

Yes  No

I understand that if I receive an award, my business name, award amount, and number of jobs supported may be publicly announced, and I agree to this disclosure. All other information will be kept strictly confidential.

Yes  No

If awarded, I agree to respond to a future survey about the impact of the grant on my business.

Yes  No

I understand and agree that funds may only be used for operating costs, including hiring and payroll costs, and expenses incurred in reopening or otherwise resuming normal operations of my business .

Yes  No

By certifying "Yes" to this statement, I authorize Appalachian Community Capital (ACC) and its authorized representative (Community Reinvestment Fund, or "CRF") under the Program, to request and review the Applicant's state and federal tax returns as well as tax return information. I hereby warrant that I am an authorized representative of the Applicant and have full authority to waive confidentiality under state and federal law and authorize release of this information.

Yes  No





## Grant application

I certify that the information provided in the grant application submitted for this program and, if selected for a grant award, the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a grant is punishable under state and federal law.

Yes

No

As an Applicant, I understand that any grant funds received through the Program are considered taxable revenue. As such, the Program Administrator will issue a 1099 Form to all businesses required to receive them.

Yes

No



## Grant application

**Disclaimer:**

Information provided during the application process is the responsibility of each applicant. Applicants will not hold Program Administrator (CRF), its affiliates, members, partners, and staff liable for any losses, damages, costs, or expenses, of any kind relating to the use or the adequacy, accuracy, or completeness of any information loaded in the form.

Each question should be read carefully, and answers accurately selected. Program Administrator (CRF) cannot accept changes to your grant application once it has been submitted.

**I certify that all this information is complete and correct, and give permission for a team member from WWBC, CSBDF, or MBW to copy that information over into the online application form and submit it on my behalf. Furthermore, I provide permission for a WWBC or CSBDF team member to be copied on all communications about this grant application and any potential awards so that they can assist me and my business in navigating the grant application process.**

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Signature

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Date

