



Washington County COVID-19 Response Fund
Funding Application

Welcome to the application process for funding from the Washington County COVID-19 Response Fund. Please contact the Economic Response and Recovery Team at (979) 337-7234 if you have any questions.

Business Name: _____

Business Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone:** _____ **Email:** _____

Name of Business Owners (Including all investors): _____

Business Category (Restaurant, Law Office, Clothing Store, etc.): _____

Does this business have multiple locations? Yes No

If you answered yes to the previous question, please list all locations with addresses:

Is this business a franchise? Yes No

How many full time equivalent (FTE) employees were employed by the business on January 31, 2020? (FTE: 40 hours of work, so two 20-hour part-time employees = one FTE): _____

Please submit your most recent Texas Workforce Commission Form C-3 with this application.

How many full time equivalent (FTE) employees are employed by the business as of the date of this application? (FTE: 40 hours of work, so two 20-hour part-time employees = one FTE): _____

Please submit your most recent Texas Workforce Commission Form C-3 with this application.

Please describe how COVID-19 recommendations/restrictions have impacted your business:

Please describe how you have made accommodations in your business to continue operations and/or keep employees on the payroll:

If approved, please list expenses for which you would apply Washington County COVID-19 Response Funds toward. Please include the expenses description, dollar amount, and due date for each line item. *Please submit copies of individual invoices with this application.*

Expense: _____

Expense: _____

Dollar Amount: _____

Dollar Amount: _____

Due Date: _____

Due Date: _____

Expense: _____

Expense: _____

Dollar Amount: _____

Dollar Amount: _____

Due Date: _____

Due Date: _____

Total Funding Requested: _____

Please indicate the assistance programs applied for, or in process of application:

- Economic Injury and Disaster Loan (EIDL): Date applied: _____ Date funded: _____ In process
- Paycheck Protection Program (PPP): Date applied: _____ Date funded: _____ In process
- Other: _____ Date applied: _____ Date funded: _____ In process
- Other: _____ Date applied: _____ Date funded: _____ In process

I certify that the information I have given is truthful and accurate to the best of my knowledge and ability. Financial information provided has not been manipulated to exaggerate the financial distress of this business. I understand that the information submitted in this application will be shared with a committee, comprised of individuals that will determine the allocation of funding to applicants. I understand that the decision to whom the funds will be disbursed is at the sole discretion of the Fund Oversight Committee. I understand that if my business is selected to receive funding, it is in the form of a forgivable loan and I will be required to sign a loan agreement. It is further my understanding that once I have paid the bills for which the funding was given and submit proof of such payment, the full amount of the loan will be forgiven.

I agree to the terms and conditions above.

Signature

Date

Printed Name

Applications may be submitted by:

Mail: Susan Cates, City of Brenham, PO Box 1059, Brenham, TX 77834-1059

Email: SCates@CityofBrenham.org

In Person: At the City of Brenham Utility Department Drive-thru, 200 W. Vulcan