

Johnson County Underestimated Small Business Grants

Community Foundation of Johnson County

ORGANIZATION INFORMATION

Business Legal Name*

Character Limit: 100

Doing Business As (if different than legal name)

Character Limit: 100

Employer ID Number (EIN), Social Security Number (SSN), or Individual Taxpayer ID Number (ITIN)*

Character Limit: 100

Type of Business*

Must be a for-profit business.

Choices

- Sole Proprietorship
- Partnership
- C-Corp
- S-Corp
- LLC

Business Address*

(Must be within Johnson County, Iowa.)

Please provide street address, city, state, and zip code.

Character Limit: 250

Business Website*

Character Limit: 150

Contact Name*

Character Limit: 100

Contact Daytime Phone*

Character Limit: 100

Contact Email Address*

Character Limit: 100

Language Preference*

What is your preferred language for communications? (The committee will work to address language translation service requests as possible throughout the process.)

Character Limit: 200

Method of Communication*

What is your preferred method of communication with the committee throughout the grants process and subsequent support services? (Examples: email, phone call, text, etc.)

Character Limit: 250

Business Owner Name (if different from contact)

Character Limit: 100

Date Business Established*

Character Limit: 10

Date You Became Owner (If different from date of establishment)

Character Limit: 10

Ownership Qualifications for Underestimated Grant Definition*

Is your ownership 50% or more:

- Person(s) identifying as black, indigenous, or a person of color; AND/OR
- Person(s) who identify as women, regardless of gender assigned at birth; AND/OR
- Person(s) with a disability as defined by the Americans with Disabilities Act (ADA) as individuals with physical or mental impairments that substantially limit one or more major life activities.; AND/OR
- Person(s) with minority status (Example: LGBTQ+, immigrants, refugees, etc.).

Choices

Yes

No

Employee Information*

Please include number of full-time employees (work 30 or more hours per week)

Please include number of part-time employees (work less than 30 hours per week)

Character Limit: 250

Signed Attestation Form*

[Download Attestation Form Here](#)

Please upload a signed copy of the Attestation Form, indicating the business certifies:

- Business location and operations eligibility requirements are met;
- Disproportionate impact from the coronavirus pandemic;

- o Ownership criteria are met; and
- o A waiver of additional documentation to prove the above.

File Size Limit: 5 MB

APPLICATION BASIC INFORMATION

Please name your request*

Please indicate here if you are interested in:

- Impacted Small Business Operational Support
- Storefront Improvement Support
- BOTH

Character Limit: 100

Business Summary*

Please provide a brief description of your business and the service(s) or product(s) you offer.

Character Limit: 1000

Economic Impact & Current Challenge*

Please explain the economic impact COVID-19 has had on your organization and the current challenge or barrier your organization is working to address due to those impacts.

Character Limit: 1000

Additional Support Received*

Has your business received any local, state, or federal funding in response to the COVID-19 pandemic?

(e.g., SBA Paycheck Protection Program, SBA Economic Injury Disaster Loan and Advance, Iowa Small Business Relief Grant, Iowa Targeted Small Business Sole Operator Fund, a loan from a local lending institution such as a bank, etc.)

Choices

Yes

No

If yes, from whom did you receive funding and at what amount?

(Please note: funds from this grant cannot be used for line items ARPA dollars have already supported.)

Character Limit: 250

Funding*

How much funding are you requesting?

Character Limit: 20

Duplication of Benefits*

I certify that by applying for these funds I have not received a duplicative benefit for the identified purpose and the total assistance received for that purpose is less than the total need for assistance.

Choices

- Yes, I certify I have not received duplicative benefits
- No, I have received duplicative benefits

Funds Expenditure*

Please indicate how the funds will be used via written summary OR line item budget. (Reminder: Examples of appropriate fund expenditures and prohibited activities are located in the grant guidelines.) If you have match dollars committed to the project already, please indicate that here.

Character Limit: 1000

Funds Expenditure Upload

If you choose to upload an Excel spreadsheet, PDF, Word Document, or JPG for your funds expenditure, please do that here. Files cannot be larger than 5MiB.

File Size Limit: 5 MB

Funds Expenditure Timeline*

Please provide a brief written timeline of the implementation plan for the grant funds, if received. Approximate dates are acceptable.

Character Limit: 1000

What additional supports do you need?

Please mark any/all that apply.

Choices

- Technical Support (Accounting, IT, etc.)
- Business Incubator Hub Connection
- Office Space
- Mentorship Opportunities

Is there any additional information you wish to share with the selection committee about your need?

Character Limit: 250

APPLICATION SUBMISSION

Reporting Requirements

By completing the authorized signature information below, you agree to completing any

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reporting requirements in a timely manner as required by the Grants Committee, to include: survey(s), written summaries, and funds expenditure receipting. Failure to submit reporting requirements may result in refunding grant award monies to the committee.

Authorized Signature

By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date you are:

- (1) representing that you are an officer or other agent for the Applicant
- (2) agreeing to submit this grant application in an electronic form on behalf of the Applicant
- (3) agreeing that you provided true, accurate, current and complete information
- (4) agreeing that your insertion of data into the following fields constitute an electronic signature

Name (Authorized Representative)*

Character Limit: 150

Title*

Character Limit: 50

Date*

Character Limit: 10