

Downtown Chapel Hill Small Business Relocation Grant Program

Application

(Please attach your responses in separate, typed document.)

Applicant's Contact Information

Applicant's Name

Applicant's Role in the Enterprise

Please describe Applicant's gender

Please describe Applicant's race and/or ethnicity

Applicant's mailing address (Applicant mailing address OR Enterprise mailing address must be in the city limits of Chapel Hill)

Applicant's email address (must respond to grant communication promptly to be eligible for funding)

Applicant's cell phone

Business Information

Enterprise's legal name (if incorporated)

Enterprise's corporate form (if incorporated, Sole Proprietor, LLC, C-Corp, S-Corp, Coop, 501(c)3, 501(c)6 etc.)

Enterprise's Operating Name

Is the enterprise physically located within the Downtown Chapel Hill Municipal Service District? Yes or No

Enterprise's Physical Address

Enterprise's Mailing Address

Enterprise's Federal Employer Identification Number

Enterprise's Website

Enterprise's Social Media Handles

Describe your enterprise (280 characters)

How long has your enterprise been in business? (choices)

- Less than 6 months
- Less than 2 years
- 2-5 years
- 5+ years

How many other people work for, or are employed by, the enterprise? Are any of these employees remote workers? If so, how many?

Grant Application

Total Grant Funds Requested

How will you plan to spend the grant money, should you receive it? (500 characters)

Why should you be awarded a Downtown Small Business Relocation Grant? (750 characters)

Why is this grant important to your continued success? How will these funds support your continued growth? (500 characters)

How does your business support the economic vitality of Downtown Chapel Hill? (To answer this question, consider how your business drives local economic opportunity. I.e., Does your business support Downtown programming or other community-led initiatives? Is your business a destination for visitors and locals alike?) (500 characters)

If applicable, please list sources of other financial resources and/or cost savings measures that you will utilize to contribute to your success in the new location?

Has your enterprise received funding from the Town of Chapel Hill in the last two years, and if so, how much?

Has your enterprise received any funding from Orange County in the last two years, and if so, who, how much?

Has your enterprise received any funding from any state or federal agency in the last two years, and if so, how much?

Are you a locally owned business? Meaning, is at least one owner, or 35% of board members, a resident(s) of the Town of Chapel Hill? (a "No" answer is not disqualifying.)
Yes or No

Please attach a copy of the business owner(s) or designated agent's valid/unexpired driver's license or other government-issued identification.

Please attach a copy of your business formation documents and/or partnership agreements.

Please attach copies of the following financial documents:

- Last two years of business tax returns
 - Balance sheet for last two years must be provided if business filed on a Form 1040 – Schedule C
 - If prior year's tax returns are not filed:
 - Filed extension for the prior year
 - Prior year Profit and Loss Statement
 - Prior year Balance Sheet
- Interim Balance Sheet and Profit and Loss Statement for the current year, dated within 60 days of application
- Debt schedule
- Most recent business bank statement

Please attach a letter of agreement from the Property Owner or designated agent/representative (only applicable if the business is not the property owner) demonstrating a long-term lease for a property within the Relocation Area. If the business owner is the property owner, please attach Proof of Ownership for the property within the Relocation Area.

Do you have an existing relationship with a recognized training partner (SCORE, SBTDC, Launch Business Accelerator, 1789 Venture Lab, Empowerment Business Incubator, Durham Tech Small Business Center) or other similar organization that is helping to advance the effort? Y/N and if so, who?

Are you, your spouse, a person you live with, or any member of your immediate family, or any other owner or their immediate family a member of the Chapel Hill Town Council? Yes or No

Have you, your spouse, a person you live with, or any member of your immediate family, or any other owner or their immediate family filed an intent to run for elected office in the Town of Chapel Hill? Yes or No

Are you, your spouse, a person you live with, or any member of your immediate family or any other owner a Senior Staff Member or Department Head for the Town of Chapel Hill or The Chamber for a Greater Chapel Hill Carrboro? Yes or No

Are you, or any owner or principal, involved in a pending bankruptcy been disbarred or suspended from doing business in North Carolina? Yes or No

Do you agree to comply with Chapel Hill's Non-Discrimination Policy and to hire, select vendors, and serve customers without regard to age, sex, race, color, religion, nonjob-related disability, national origin, sexual orientation, gender identity, gender expression, or marital status? Yes or No

Do you meet the rest of the "Qualifications" outlined in the [Small Business Relocation Grant Program Guidelines](#)? Yes or No

OTHER TERMS & CONDITIONS

The Grant Administrator reserves the right to request documentation and applicant must respond in 72 hours.

The Committee, at its own discretion, reserves the right to approve or deny any grant application based on information submitted by the applicant in the grant application.

If requesting funds in the form of down payment assistance, the applicant must demonstrate a high degree of project readiness, including detailed cost estimates for the acquisition and a detailed deal structure, including proof of financing for the remaining amount of funds needed for purchase.

If requesting funds to make physical improvements to an eligible commercial space, the applicant must demonstrate a detailed site development and construction budget, an identified project team with contractors, and a project timeline. The applicant must demonstrate how the proposed project will comply with Town codes and ordinances.

If requesting funds to cover relocation-related expenses, such as moving costs, the applicant must produce receipts or proof of payment.

All enterprises MUST complete and submit a W-9 form as part of the application process. The form can be completed online at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>. All unincorporated individuals seeing funds must complete a Federal Form 990. Email the completed W-9 or 990 form to katie.bowden@townofchapelhill.org. Applications received without a properly completed W-9 or 990 (including signature) WILL NOT be considered for funding.

CERTIFICATION

By submitting this application, you are (1) CERTIFYING that all information provided in this application is true and accurate; (2) GRANTING us permission to contact your primary bank, mortgagor or landlord (as applicable), any owner of the Applicant or otherwise verify information included in your application if determined helpful in assessing your application; and (3) AGREEING to cooperate and assist in the verification of information provided in this application and to provide additional information if requested. Applicant further understands that should the Applicant herein be awarded assistance and there is a subsequent determination that misleading or false information was provided in this application or otherwise provided to obtain the assistance, the Applicant may be subject to civil or criminal penalties.

DISCLAIMERS *

1. Application for the Small Business Relocation Fund DOES NOT GUARANTEE award of funding. 2. The total amount awarded will be based on funds available. 3. All enterprises receiving funding MUST complete a W-9 form prior to receipt of funding (and individuals with an organization a Federal Form 990). 5. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant and its Owners associated with any funds received by the applicant. Please confirm your understanding of these disclaimers by circling "Yes" and initialing next to your response.

Yes

No

CERTIFICATION *

By signing your full name in the space below, you are certifying that all the information provided in this application is true and accurate. You are granting us permission to contact your primary bank, landlord (if applicable), and the owners of the Applicant if determined helpful in assessing your application. You are also agreeing to assist in the verification of information provided in this application and to provide additional information, if requested.

Signature

Printed Name

Date