

Hays County Emergency Cash Assistance Program Grant Application

Please submit the following application if you would like to be considered for a Hays County Emergency Cash Assistance Program Grant. You must answer all questions for your application to be complete. Only completed applications will be reviewed.

For questions in regards to your eligibility or for assistance with this application, you can call 512-222-1016 and a PeopleFund team member will be able to help. You can also fill out a request for assistance using this short form and a PeopleFund team member will respond within one business day:

<https://peoplefund.org/hays/>.

APPLICANT CONTACT INFORMATION

Applicant First Name:

Applicant Last Name:

Applicant Phone Number:

Applicant Email Address:

BUSINESS INFORMATION

Business Name (must match state or county business registration):

Business Address:

Line One (street address):

Line Two (Office/Suite #):

Line Three (City):

Line Four (Zip Code):

Employer Identification Number or Social Security Number:

Website or Social Media page (if you do not have a business website, please leave blank):

1. Is your business located within Hays County?

Yes No

****Your business must be located within Hays County to be considered eligible for this grant.**

2. How many "Qualifying Employees" does your business have?

(Definition: A "Qualifying Employee" is any employee earning up to \$98,914.50 on an annualized basis and who does not have an ownership interest in the business of greater than ten percent (10%). Part-time employees and their wages shall be converted to full-time equivalents on the basis of the total hours worked during the months of January and February 2020 divided by 320 hours. Relatives of an owner shall only be deemed a Qualifying Employee if they can be documented as being a part of the business' January and February 2020 payroll. Independent contractors shall not be counted as a Qualified Employees.)

10 or fewer

More than 10

****Your business must have 10 or fewer qualifying employees to be considered eligible for this grant.**

3. Has your business experienced a loss in business revenue due to COVID-19?

Yes No

****Your business must have experienced a loss in business revenue due to COVID-19 to be considered eligible for this grant.**

4. What date was your business established?

____/____/____

**Your business must have been established on or before January 1, 2019 to be considered eligible for this grant.

5. Have you received other sources of CARES Act Financial Assistance including the Economic Injury Disaster Loan, Economic Injury Disaster Loan Program Advance, or Paycheck Protection Program funding?

- Yes, I have applied for one of the listed programs and have received funds
- No, I have applied for one of the listed program, but did not receive funding
- No, I have not applied to either of the above programs

Your business must **not have received funding from the above listed sources to be considered eligible for this grant.

6. How is your business structured?

- Independent Contractor
- Sole Proprietor
- Limited Liability Company or Limited Liability Partnership
- Corporation
- Non-profit
- Other

If other, please list:

7. What type of business do you operate?

(Industry drop-down)

Manufacturing
Agriculture
Construction
Retail
Logistics
Finance
Technology/IT
Healthcare
Marketing
Personal Services/Salon
Childcare
Adult Care
Food/Restaurant
Real Estate
Education
Other

If other, please list:

**Businesses in the following industries are not eligible for this grant: gambling or gaming, real estate investment or rental property income, adult entertainment, church and religious organizations, specific non-profit structures such as a Chamber of Commerce or NGO.

8. I certify that the funds will be used for working capital (including rent, pre-existing mortgage interest or payments, and utilities), inventory or supplies, furniture or fixtures, machinery for equipment, maintenance or repairs, or payroll or employment benefits for Qualifying Employees. I understand that if the funds are knowingly used for unauthorized purposes, Hays County may hold me legally liable, such as for charges of fraud.

Yes No

9. I know that I may be audited to prove that grant funds under this program were used appropriately. I agree to an audit of the use of grant funds received. You must agree to this statement in order to qualify.

Yes No

10. I agree to claw-back provisions if funds are used for ineligible purposes. You must agree to this statement in order to qualify.

Yes No

11. Please attach a copy of worksheet A: "List of Owners and Qualified Employees"

12. Please attach a copy of IRS Form W9.

13. Please attach a copy of your year to date payroll evidence (through July of 2020), if applicable.

14. Please attach a copy of your profit and loss statements for 2019 and 2020.

15. Please attach a copy of your business governance documents such as a Partnership or LLC agreement or similar type of documentation needed to be made available to prove current ownership and the authorization to enter into this transaction.

16. Please attach a written statement detailing how you will use the funds.

**Funds may only be utilized for eligible purposes.

17. Please share anything additional you would like this award committee to know when considering your application.

18. I confirm that I have completed this application truthfully and understand that untruthful answers will prevent me from obtaining funding under this program.

Yes No

By signing below, you agree to all of the representations, authorizations, and certifications as listed in this application.

Applicant Signature

Date

Hays County is a governmental body subject to the Texas Public Information Act. Information you submit to Hays County in this application may be subject to the Act and, therefore, subject to public release.

Documents for Request

- W-9
- Copies of year to date payroll evidence (through July of 2020)
- Proof that the business has been in operation as of January 1, 2019
- Use of funds statement (must only be for those items for which this money may be used)
- Copies of business governance documents such as a Partnership or LLC agreement or similar type of documentation needed to be made available to prove current ownership and the authorization to enter into this transaction
- Profit and Loss statements (by month if possible) through the end of July 2020
- Additional documents as needed

The County or third party administrator reserves the right to request further documentation and information as it deems necessary.

If mailing in a paper copy of your application, please send the application, worksheet A, and all requested documents to:

PeopleFund
Attn. Katherine Sobel
2921 E. 17th St,
Austin, TX. 78702