

## **COVID-19 Business Assistance Program**

The City of Caliente has allocated \$35,000 of the Nevada State Treasury COVID-19 Relief Funds received to assist our businesses who have been negatively impacted by the COVID-19 pandemic.

Assistance provided is a one request, one-time payment for eligible expenses incurred during the shutdown. Requests will be processed on a first-come, first-serve basis.

This assistance program will expire when the allocated funds have been exhausted or on **November 16, 2020** which is the final date to file an application.

Applications will be available at City Hall, on our website, as well as our Facebook page. Upon review and approval, payments will be issued through the normal check processing. Payments for past due bills will be made to the company owed, but reimbursement for eligible bills, items purchased to respond to the COVID-19 pandemic or re-opening costs will be made to the business owner.

## TO APPLY

- Determine qualification (see below)
- Acquire an application at either City Hall, <u>www.cityofcaliente.com</u>, or <u>www.facebook.com/cityofcaliente/</u>
- Complete application and return to City Hall with required documentation

Upon review and approval, the applicant will be notified. Checks will be processed after council approval.

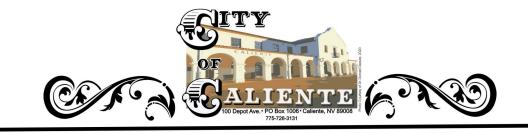
## **QUALIFICATIONS:**

Applicants MUST demonstrate how COVID-19 impacted their businesses. Examples of those impacts include (not all inclusive) wages paid during shutdown, purchase of PPE (Personal Protective Equipment), sanitizing supplies, utility bills, etc. incurred during the shutdown.

Applicants will be asked to provide proof of qualification as follows:

## Proof of Paying Wages During Shutdown

- Payroll records
- Bank records of debited check/direct deposit



# Proof of PPE Purchases, Expenses Paid During Shutdown, and Re-Opening Costs

- Statements
- Receipts
- Bank records of debited check/electronic payment

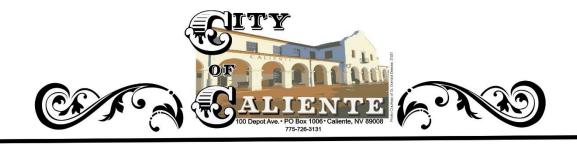
## Non-Eligible Expenses

Lost Revenue

## Ineligibility

- Participants in programs that duplicate the payments provided here
- Businesses not licensed in the City of Caliente

# DEADLINE TO SUBMIT APPLICATION: November 16, 2020 at City Hall by 4:00 pm



# **COVID-19 Business Assistance Program Application**

The City of Caliente is an equal opportunity provider and employer.

Applicant Information (please print)				
			C	Date:
Last		First	М.І.	
Stre	et Address		PO Box Number	
City	State		ZIP Code	
			Email:	
	Stre	Last Street Address	Last First Street Address	Last First M.I.   Street Address PO Box Number   City State ZIP Code

### QUALIFICATION

### Please provide copies of the documentation that applies to your situation:

Wages paid during shutdown	Payroll records
Masks, gloves, sanitizing Personal Protective Equipment/Supplies such as supplies, sanitizer dispensers, hand sanitizer	Statements and receipts for items purchased
	Statements and receipts for items past due, paid for or purchased

## Please note we CANNOT replace lost revenue

### **DOCUMENTATION:**

Please provide a list of **past due** accounts requesting to be paid along with copies of the related invoices or statements.

Name / Mailing Address of Account	Account Number	Requested Amount
		\$
		\$
		\$

Name / Mailing Address of Account	Account Number	Requested Amount
		\$
		\$
		\$
		\$
		\$
	Total Amount Requested:	\$

Reimbursement	Requested Amount
Wages paid during shutdown:	\$
Personal Protective Equipment/Supplies:	\$
Mortgage, Lease, or Rent:	\$
Phone:	\$
Utilities:	\$
Costs related to re-opening:	\$
Total Amount Requested	

# DEADLINE TO SUBMIT APPLICATION:

November 16, 2020 at City Hall by 4:00 pm

# Certification and Signature



I understand that I'm accepting a one-time COVID-19 assistance payment for my household for the approved amount.



I certify that my answers and the information provided are true and complete to the best of my knowledge.



I certify that I have not received or applied for COVID-19 funds that duplicate the funds requested here.

Date:\_\_\_\_\_