

July 13, 2020

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# CAMDEN COUNTY SMALL BUSINESS & NON-PROFIT RELIEF FUND APPLICATION

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**APPLICATION DEADLINE: September 4th, 2020**

**Application must be filled out by business owner **ONLY****

**Completed applications may be mailed to:**

**Camden County  
PO Box 190  
330 East Highway 158  
Camden, NC 27921**

**Point of Contact:**

Program Administrator: Alexandra Lekki

Email: [alekki@camdencountync.gov](mailto:alekki@camdencountync.gov)

Phone: 252-338-6363 x312

# Camden County Small Business Relief Fund Application

Please submit completed application by 5:00 pm, September 4<sup>th</sup>, 2020.

\*Application must be filled out by business owner **ONLY**\*

## REQUIRED INFORMATION AND DOCUMENTATION

Business Owner Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Business Legal Name: \_\_\_\_\_

Business Address: (Street / City / State / Zip Code):  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

When did the business start operating/open?

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **Federal Tax ID #:** \_\_\_\_\_

### Legal structure (choose one):

- Sole Proprietorship
- LLC
- Partnership
- Corporation
- Independent Contractor
- Other: \_\_\_\_\_

**Type of Business (Restaurant, retail, service, etc.):** \_\_\_\_\_

**Check any/all that apply:**

- Small, Women, and Minority Owned (SWaM) Eligible
- Veteran Owned (must provide copy of DD-214)
- Small, Women, and Minority Owned (SWaM) Certified

\*If Veteran owned, please provide a copy of DD-214\*

**APPLICANT QUALIFICATION QUESTIONNAIRE**

Each small business may receive anywhere from \$1500-\$2500 in grant money which is dependent on a number of qualifying factors that pertain to this application. Please read carefully before submitting your responses. Program eligibility is limited to those businesses which meet the following qualifications.

Has the business been established and operational in Camden County for at least the past 12 months (since March 1, 2019)?

Yes

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No

What are the normal hours of operation for your business? (Please include days of the week and times)

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Is your business open to the general public?

Yes

No

Is the business current on all Camden County Tax obligations as of 6-30-2020?

Yes

No

How often do you process and run payroll?

Weekly (52x per year)

Bi-weekly (26x per year)

Semi-monthly (24x per year)

Monthly (12x per year)

- Total number of employees as of February 29, 2020:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

- Total number of employees as of most recent payroll run:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

- Total number of employees either laid-off or furloughed as a result of COVID-19 (since February 29, 2020):

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

- Describe how business operations have been adversely impacted by the COVID-19 pandemic:

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- Describe your plans for current and near-term operations (during reduced COVID-19 business restrictions) in order to remain operational:

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- Identify how you have maintained employment of all or certain employees and the type of positions being retained in comparison to pre-COVID-19 disruption:

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- Please list all grant/loan proceeds received from SBA programs via the 2020 CARES Act:

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- Describe how you will use, if approved, the grant money awarded:

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**ADDITIONAL INFORMATION REQUIRED**

(PLEASE ATTACH OR PROVIDE THE FOLLOWING)

- Copy of valid business registration/licenses
- Copy of Mortgage rent/lease expenses
- Any and all other financial documentation you think would be helpful in review of your application.

**Litigation Disclosure:**

A. Have you, or any principal, officer, or director of your company been involved in any claim or litigation with the County of Camden during the last ten (10) years?

Yes\*

No

B. Has any parent company or wholly owned subsidiary of your company been involved in any claim or litigation with the County of Camden during the last ten (10) years?

Yes\*

No

\*If you answered “Yes” to A and/or B above, please state the name(s) of the person(s), the nature, and the status and/or outcome of the litigation:

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**By checking below, each applicant agrees to the following statements:**

- I acknowledge that this completed and signed application is only an application for the disaster assistance grant funds expressed herein. This application, even if favorably received, does not constitute a commitment on the part of Camden County to extend grant funds.
- I agree to notify Camden County immediately in writing if any of the information contained in this application materially changes in any respect.
- I agree to hold harmless and indemnify Camden County and its board members, employees, agents, representatives, and associates against any claims, charge, suit, damages, or other similar liability. In addition, I agree to further waive any claims against Camden County whether now, existing, or arising in the future regarding any damages, losses, liability, costs, or expenses (including any attorney fees), incurred and arising from this application.
- I understand that by submitting this application Camden County is under no obligation to approve and/or extend an assistance grant.

**Non-Discrimination**

**Camden County does not discriminate against faith-based organizations or against any grant applicant because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law.**

**PLEASE CHECK AND COMPLETE APPROPRIATE BOX**

(Only complete sections that apply to you).

- **If you are an Employee:**

- I am an employee and I work for Camden County in the Department of: \_\_\_\_\_

- **If you are Related to an Employee:**

- I am related to a Camden County employee

- Their name is: \_\_\_\_\_

- They work for:
  - Camden County Department
  - Camden County EDC Board Member
  - Any Camden County Elected or Appointed Official
  
- My relationship to the person above:
  - Father
  - Mother
  - Daughter
  - Son
  - Other: \_\_\_\_\_
  
- **If Neither Apply:**
  - I am not related to an employee of Camden County, nor am I an employee of the Camden County.

**PRIVACY STATEMENT:**

ALL INFORMATION PROVIDED AND INCLUDED IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL AND WITHIN THE CAMDEN COUNTY ECONOMIC DEVELOPMENT COMMISSION. IN ADDITION, ANY INFORMATION SUBMITTED WILL **NOT** BE SHARED WITH ANY OUTSIDE ENTITIES OR ORGANIZATIONS.

**Applications must be complete for efficient and timely review. Please read carefully before submitting.** Improper or missed questions will result in a delay of application review as well as grant money awarded.

Completed applications may be emailed to [alekki@camdencountync.gov](mailto:alekki@camdencountync.gov), mailed, or hand-delivered to the Camden County Administration Building, P. O. Box 190 Camden, NC 27921.

**For more information contact:**

Camden County Administration

Program Administrator: Alexandra Lekki

Office: 252-338-6363 ext. 312

Email: [alekki@camdencountync.gov](mailto:alekki@camdencountync.gov)

**ACKNOWLEDGEMENT**

I CERTIFY THAT I AM THE OWNER OF THE BUSINESS LISTED FOR REVIEW IN THIS APPLICATION.

I CERTIFY THAT ANY AND ALL GRANT MONEY AWARDED, IF APPROVED, WILL BE USED WITHIN 60 DAYS OF RECEIPT DATE.

I ACKNOWLEDGE THAT THE FOLLOWING LIST OF EXAMPLES MAY *NOT* BE ELIGIBLE OF PAYMENTS FROM THE FUND. \*

1. Expenses for the State share of Medicaid.
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees who were not substantially dedicated to the response of COVID-19.
4. Expenses that have been or will be reimbursed under any federal program.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.

I ACKNOWLEDGE THAT ELIGIBLE SPENDING MUST BE DIRECTLY RELATED TO EXPENDITURES INCURRED FROM THE COVID-19 PANDEMIC.

I ACKNOWLEDGE THAT THE GRANT FUNDS MUST BE USED ONLY ON EXPENDITURES INCURRED BETWEEN MARCH 1, 2020 AND DECEMBER 30, 2020.

I ACKNOWLEDGE THAT THE GRANT MONEY MUST BE SPENT ON PURPOSES THAT WERE NOT ALREADY ALLOTTED FOR IN THE GOVERNMENTS MOST RECENTLY APPROVED BUDGET PLAN AS OF MARCH 27, 2020.

I ACKNOWLEDGE THAT THE RECOVERY FUND CANNOT BE USED FOR REVENUE REPLACEMENT PURPOSES.

**I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE, COMPLETE, AND ACCURATE.**

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

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