

CITY OF NORWICH OFFICE OF COMMUNITY DEVELOPMENT  
SMALL BUSINESS GRANT (SBA) PROGRAM  
PROGRAM APPLICATION

Complete all questions carefully and accurately to the best of your knowledge.

\* Required

Name of Business \*

Business Address \*

Business Website \*

Business Owner Name \*

Business Owner Address \*

Business Owner Phone Number \*

Business Owner Email \*

Business Organization Type (check all that apply) \*

Corporation

Partnership

Sole Proprietor

Minority-owned

Woman-owned

Other:

How much have you received from other sources? \*

EMPLOYEE INFORMATION

The funding source (Community Development Block Grant) requires funds to be provided to businesses that employ low-to-moderate income people. The following questions are required to provide documentation that the applicant is eligible for funding.

Total Number of Employees \*

Total Employees Residing in Norwich \*

Total Employees Impacted by COVID \*

BUSINESS OPERATIONS: The following questions are required to document need and use of funds.

Have you been in business for one (1) year or longer (as of 1/1/2020)

Yes

No

Have you received other COVID funds \*

No

Payroll Protection Program (PPP)

Economic Injury Disaster Loan (EIDL)

CT Department of Economic and Community Development (DECD)

Other:

\*Are your Norwich Public Utility Bills paid and current?

Yes

No

\*Are your Real and Personal Property Taxes to the City of Norwich current?

Yes

No

\*Have you been cited for any zoning, building, health or property code violations in the City of Norwich?

No

Yes (specify)

Percent Revenue Loss \*

Proposed Use of Funds \*

#### CERTIFICATIONS

The applicant hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed grant.

Name of Person Completing this Form \*

Signature

Date