

# COVID -19 Assistance for Shawano Hope Grant



## Applicant Information

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Name of Applicant \_\_\_\_\_

Address: \_\_\_\_\_

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

Name and address of Business: \_\_\_\_\_

Employer contact person: \_\_\_\_\_

Business phone: \_\_\_\_\_

Number of years business open: \_\_\_\_\_

How many employees does the business have? \_\_\_\_\_

Are you current on Real estate and personal property taxes? \_\_\_\_\_

How has your business been affected by the Covid-19 Pandemic?

- Business has been deemed nonessential and is closed (0-25% of normal business)
- Business is operating in a modified capacity (25-75% of normal business)
- Business is open/operating at close to normal capacity (75-100% of normal business)

Is your business adhering to the Safer-at-Home rules and guidelines established by the State of Wisconsin executive order?      YES              NO

Have you applied to either the Federal Economic Injury Disaster Loan Program (EIDL) or the Paycheck Protection Program (PPP)?      YES              NO

If no, Why not?

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Does your business have an existing bank loan with Co-Vantage Credit Union?      YES      NO

Have you applied for additional assistance from their Grant Program?      YES      NO

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## Applicant Information (Continued)

Are there other costs related to your physical location that you would like the city to consider assisting with?

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Any additional information you would like to provide to help us better understand the current status of your business?

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### **Please ensure the following items are attached to your application.**

Copy of application for either the EID or PPP program.

Previous 12-month\* financial statements (profit and loss statements, balance sheet). \* *If you have not been in business for 12 months, attach what you have for financial statements*

Documentation of previous two months occupancy costs including mortgage, rent, utilities, insurance.

Estimated 2-month budget from the date of this application.

## Certification

I understand that by providing application information I am authorizing the Wisconsin Department of Administration and its authorized agents to verify the data provided against federal, state, county, energy provider, employer and landlord databases or records. I also understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to the Wisconsin Department of Administration for the purposes of eligibility determination of this and future applications, benefit determination, and program evaluation and analysis including before and after receiving any weatherization services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date