

**Town of Marion, VA  
COVID-19 Small Business Relief Grant Fund**

Grants of \$2,500 are available to qualifying small businesses located in the Town of Marion to aid in the recovery from the effects of the COVID-19 pandemic.

**Eligibility Information:**

- Business is physically located in the Town of Marion, VA.
- Business employs 30 persons or less.
- Business was open to the public and actively doing business on March 1, 2020.
- Town taxes and utilities are current.
- Must fully complete and submit the application.
- Business must be in good standing with the Town.
- Intended use of funds must be necessary expenditure(s) that has been incurred due to the public health emergency with respect to COVID-19.
- Must submit a copy of 2019 Federal & State Tax Forms along with a W-9 Form. (2018 if 2019 not completed).
- Applications will be reviewed by the Town of Marion and in its sole discretion will make grant awards after review.
- Grants will be made on a first come first serve basis until funds allocated to this program are expended.
- Business must maintain grant expenditure documentation or receipts.
- Certify that the information provided on the application is accurate and truthful.
- If you have received Payroll Protection Plan Funds, the grant cannot be used for payroll purposes.

If you have any questions, please call Ken Heath, Director of Community and Economic Development, at (276) 378-5026 or email [kheath@marionva.org](mailto:kheath@marionva.org).

Please submit all completed applications and supporting documentation to:

ATTN: KEN HEATH  
c/o The Town of Marion  
138 West Main Street  
Marion, VA 24354  
[kheath@marionva.org](mailto:kheath@marionva.org)

Grant Advisory Board Recommendation for Approval

\_\_\_\_\_ Yes                      \_\_\_\_\_ No





### SECTION III: CIVIC RIGHTS & EQUAL OPPORTUNITY

The following information is requested by the Federal Government in order to monitor the Recipient’s compliance with Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, and the Age Discrimination Act of 1975.

You are not required to furnish this information, but are encouraged to do so.

The law requires that the Recipient may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Recipient is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

#### Applicant Information

**Ethnicity:**

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to furnish this information

**Sex:**

- Male
- Female

#### Co-Applicant Information (If applicable)

**Ethnicity:**

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to furnish this information

**Sex:**

- Male
- Female

*Credit or assistance from this program is provided without regard to sex, marital status, race, color, religion, national origin, age, physical or mental disability, receipt of income from public assistance or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.*

## SECTION IV: DISCLOSURE STATEMENTS

If the answer to any of the following questions is “yes”, please furnish details on an attached sheet.

1. Have any owners, officers, directors, guarantors, general partners, or stockholders or limited partners owning 20% or more of the Applicant, ever been charged with, or convicted of, any criminal offense, other than minor motor vehicle violations?  
 Yes  No
2. Has the Applicant or management of the Applicant been informed of any current or on-going investigation of the Applicant with respect to possible violation of state or federal securities law?  Yes  No
3. Has the Applicant or any owners, officers, directors, guarantors, general partners, or stockholders or limited partners owning 20% or more of the Applicant ever been in receivership, filed for bankruptcy, or adjudicated as bankrupt?  Yes  No
4. Is the Applicant or any owners, officers, directors, guarantors, general partners, or stockholders or limited partners owning 20% or more of the Applicant, involved in any pending lawsuits?  Yes  No
5. Does the Applicant or any guarantors owe past due federal, state, or local taxes of any nature?  Yes  No
6. Does any elected member or employee of the Town of Marion, or any board member or employee of any state or local government, board, council, agency, authority, or commission, have any “personal interest” (as defined in the Virginia State and Local Government Conflict of Interests Act) with respect to any aspect of the project or this funding request?  Yes  No
7. **Has the Applicant received ANY funds from ANY source related to the CARES Act?**  Yes  No

The Applicant hereby understands and agrees to the following:

1. Eligibility for financial assistance from the Town is determined by the information presented in this application and in the required attachments. Any changes in the proposed project from the facts presented herein could disqualify the project. Therefore, the Town immediately must be advised in writing of any material changes in the information contained in this application.
2. The Applicant understands that neither the submission of this application, nor any other communications (oral or written), creates any legally binding obligations upon Town. There is no guarantee of approval.
3. The Town may require supplemental information from time to time. Any such submitted supplemental information shall become a part of this application.
4. This application shall form a part of a grant agreement between the parties, whether or not expressly adopted by any such agreement.
5. In order to keep submitted financial information confidential and not part of public records (unless such information is required by law to be open to the public), each page must be marked “CONFIDENTIAL”.
6. Applicant authorizes the Town to contact any and all credit references, obtain credit reports, and otherwise perform whatever background investigations or obtain whatever information the Town deems necessary or desirable in processing this application.
7. Only complete applications will be considered.

## V. ATTESTATION

The undersigned hereby certifies that all information contained above and all information contained in attachments which make up this loan application are true and correct to the best of his/her knowledge and belief, and are submitted for the purpose of obtaining financial assistance from the Town of Marion

**Applicant hereby agrees to maintain financial records and post the supplied “And Justice for All” and “Equal Employment is the Law” posters if loan funds are approved. Further, the applicant hereby commits to comply with all federal and state employment tax requirements.**

<p><b>SIGNATURE:</b></p> <p><b>Applicant Name:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Print Name:</b> _____</p> <p><b>Title:</b> _____</p>
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Submit one original copy of this application to:  
Town of Marion | 138 West Main Street, Marion, VA 24354 or via email to [kheath@marionva.org](mailto:kheath@marionva.org).

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, DC 20250*

**END OF DOCUMENT**