

EMERGENCY DISASTER RELIEF FUNDING PROGRAM

PURPOSE

The purpose of the Disaster Relief Funding Program (DRF) is to assist Winchester city businesses that are being affected by mandatory closures and changed operational policies brought upon by the COVID-19 Pandemic.

TERMS AND CONDITIONS

Loan terms and conditions shall be structured on the basis of need and ability to repay. The Disaster Relief Funding Program has a limited amount of funding, so not every loan will be approved.

Minimum standards include the following.

Loan Amount: The maximum amount of Disaster Relief Funding available for any single business enterprise shall be \$5,000. No payment will be required for the first six (6) months, or 180 days after the loan is disbursed.

Interest Rate: The interest rate shall be zero percent (0%) for the first twenty-four (24) months of the loan with a two percent (2%) interest rate being applied to the remaining additional thirty-six (36) months of the loan term. Please note, the Winchester EDA will reevaluate this interest rate policy after the first eighteen (18) months of the Program's existence.

Loan Term and Repayment: The EDA wishes to keep the loan term at 5 years or less so that the Disaster Relief Funding can be replenished.

Prepayment: There are no penalties for prepaying the loan in whole or in part at any time during the loan term.

ELIGIBLE AREAS

The area served by the DRF program shall be within the corporate limits of the City of Winchester, Virginia.

ELIGIBLE APPLICANTS

Eligible businesses are defined to be "small businesses" operating at a full-time commercial location within the City of Winchester corporate limits. Small businesses are those that generate under \$2.5 million in annual revenue and employ under twenty-five (25) employees. Applicants shall not be disqualified based on age, race, religion, color, handicap, sex, physical condition, development disability, sexual orientation or national origin. Eligible businesses are those that have been operating within the City of Winchester for at least six (6) months before the date of the application.

DEMONSTRATION OF NEED

Applicants will be asked to demonstrate their need for working capital as a result of a reduction of business due to the COVID-19 Pandemic.

USE OF FUNDS

Funds may be used for costs associated with rent, utilities, payroll, inventory, etc.

INELIGIBLE APPLICANTS

Disaster Relief Funds will not be eligible for any member of the Winchester City Council; the EDA; or any other official, employee, or agent of the City who exercises decision-making functions or responsibilities in connection with the implementation of the DRF program is eligible for financial assistance under this program. No member of Winchester City Council; the EDA, or any other official, employee, or agent of the City may financially benefit from this program. Applicants who utilize a business address that is a home office, or operate inside of a residential property may not apply for funds. Non-for profit entities may not apply.



DISASTER RELIEF FUNDING PROGRAM APPLICATION

Name of Business:	Tax ID#:
Address:	Telephone #:
Website:	Date Established:
Applicant:	Telephone #:
Address:	Email:
Co-Applicant:	Telephone #:
Address:	Email:
Structure of Borrower (Check One)	Months of Operation
Sole Proprietorship: <input type="checkbox"/>	S-Corporation: <input type="checkbox"/>
Limited Liability Company: <input type="checkbox"/>	C-Corporation: <input type="checkbox"/>
Limited Partnership: <input type="checkbox"/>	Other: <input type="checkbox"/>
	More than 6 months: <input type="checkbox"/>
	Less than 6 months: <input type="checkbox"/>

MANAGEMENT & OWNERSHIP

(Proprietor, partners, key personnel, officers, directors and all shareholders 100% ownership must be shown). Use separate sheet if necessary.

Name:	Title:	# Years with Business:
Address		% Owned:
Telephone #:	Email:	
Name:	Title:	# Years with Business:
Address		% Owned:
Telephone #:	Email:	
Name:	Title:	# Years with Business:
Address		% Owned:
Telephone #:	Email:	

ADDITIONAL CONTACT INFORMATION

Name of Primary Bank:	# of years:
Contact Name:	Telephone #:
Address:	
Name of Accountant/Bookkeeper:	# of years:
Contact Name:	Telephone #:
Address:	



BUSINESS OPERATIONS

Describe your business and the products and services that you provide and who your target market is (customer base). Please include number and type of employees (full-time/part-time), and wage ranges and your current annual sales.

DEMONSTRATION OF NEED & AMOUNT OF FUNDS REQUESTED

Describe your need for working capital as a result of a reduction of business due to the COVID-19 Pandemic. Please include amount of loan funding requested and documentation showing what funds will be spent on.
If more space is needed, please continue on separate sheet:

BUSINESS EXPENSES

Please include a breakdown of monthly business expenses to include rent, mortgage, payroll, utilities, inventory, etc.)

COLLATERAL

Collateral is preferred but not required as part of this application. Please describe existing assets that may be available for collateral.



DISCLOSURES

- 1. Have you or any officers of the company ever declared bankruptcy or defaulted on any financial or contractual obligation? YES NO
- 2. Are you or your business involved in any pending litigation? YES NO
- 3. Are you or your business delinquent on any federal, state or local taxes? YES NO
- 4. Have any of the individuals listed in the "Management & Ownership" section been convicted of a felony? YES NO

If the answer is YES to any of the above questions, please explain.

CREDIT REPORT

Please submit your most recent credit report. Loan applicants must obtain, review, and submit a free copy of their credit report at the time of the loan application. Free reports are available for download at www.annualcreditreport.com.

CERTIFICATION AND CONSENT TO RELEASE OF INFORMATION

I certify the above information and statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a loan. I understand that incomplete applications may be rejected and at the very least will delay the decision on the requested loan. I authorize the Economic Development Authority of the City of Winchester to investigate the applicant's and affiliated companies' credit and financial records including banking records. As part of the investigation, I authorize the EDA to request and obtain consumer credit reports on the applicant and affiliated companies' in connection with the opening, monitoring, renewal and extension of this and other loan requests with the EDA.

Signed: _____ Title: _____

Date: _____

Mail completed application package to the Economic Development Office, 33 East Boscawen Street, Suite 100, Winchester, Virginia 22601, or email to staff at shirley.dodson@winchesterva.gov. Call with any questions to the Economic Development Office Staff: (540) 247-1826