



## **DID Small Business Emergency Fund Application**

### Introduction/Purpose/Target Area:

The Harrisburg Downtown Improvement District (DID) acknowledges that small business is key to the fabric of the entire downtown community. We believe the DID Small Business Emergency Fund program recognizes that important role small business plays in building the framework for our downtown community. Therefore, in an effort to help our small business owners who are suffering financially as a result of the COVID-19 pandemic; the DID will be offering unrestricted funds of up to \$2,500 to small business owners whose businesses are located within the DID territory.

### Requirements/Guidelines/Application Process/Affidavit

1. For profit businesses such as: restaurant, coffee shop, retailer or retail service provider that are located within the DID territory and who have paid their assessment through 2019.
2. Deadline for submitting the application is Friday, May 1, 2020. Applicant selections and funds distribution will be made on or about Tuesday, May 5, 2020.
3. The business has demonstrated longevity, has a presence in the community and has no more than 5 locations with no more than \*25 full-time equivalent employees.
4. All program funds are allocated and administered by the DID. The DID will make every effort to support as many businesses as possible; however, we cannot guarantee funding to every applicant. Program amounts and formulas are subject to change and the decision on funding is at the DID's sole discretion.
5. All fields of the application must be completed in its entirety. The affidavit must be signed and dated by the person who is completing the application. Once completed, the application and affidavit can be emailed to: [Todd@HarrisburgDID.com](mailto:Todd@HarrisburgDID.com) or by fax: 717 236-5534

## **DID Small Business Emergency Fund Application**

Business & Owners Name

Business Address

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Business Phone

Business Email

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Primary Contact (relationship to/with the business)

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Federal EIN, Tax ID, or SSN# \_\_\_\_\_

Form of Business Ownership \_\_\_\_\_

(i.e. LLC, S-Corp, C-Corp, Partnership, Sole Proprietorship)

Date Business Established \_\_\_\_\_

Brief Description of the business

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Number of full-time employees

Number of part-time employees \*

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- 2 part-time equals 1 full-time employee

Annual Gross Revenue (for months of March and April 2019 only)

March 2019 \_\_\_\_\_ April 2019 \_\_\_\_\_

What will you be utilizing these funds for? (I.e. payroll, rent, utilities, insurance, etc.)

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## **Affidavit**

1. I, (name) \_\_\_\_\_ hereby certify that (business name) \_\_\_\_\_ has been in operation as of February 1, 2020, operates within the DID's established boundaries, is a restaurant, coffee shop, retailer or retail service provider, and that the information contained herein is, to the best of my knowledge, information and belief, accurate and complete.
2. I understand that the DID may require additional details or documents to validate information that was provided in the application in order to determine funding eligibility.
3. I am authorized to complete and submit this certification on behalf of the Business. I verify that the statements contained herein are true and correct and that the Business has not misrepresented its eligibility for the funds.
4. I certify that if I am selected to receive the unrestricted funds from the DID, I will use the funds towards maintaining my/the Business.
5. If I am selected to receive the unrestricted funds from the DID, I agree to complete a brief, confidential survey about the state of my/the Business.

By providing my signature below, I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from any funding by the DID.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)