

City of Pearland Small Business Recovery Grant Program

Thank you for taking the time to start your application. Please prepare by gathering the documents required listed below for your business or non-profit.

Tips:

- All documents must be provided in order for the application to be considered complete. Any applications submitted without documents or incorrect documents will NOT be considered. Applicants have the ability to upload the documents securely and safely through the online application. Applicants may log in and log out saving their application information and document uploads.
- Please note that as you proceed with the application there will be guidance as to whether or not you will qualify for this program. Please pay attention to those messages to avoid not meeting the qualifications.
- If you have questions please email info@liffund.com or call 1.800.494.4973.

THE APPLICATION WILL START ON THE NEXT PAGE

Applicant Information

Name of Business: _____

What is your business address? _____

What county is your business located in? _____

Name of the Business Owner:

First Name: _____

Middle Name: _____

Last Name _____

Business Phone: _____

Cell Phone: _____

Email: _____

Business Industry

- | | |
|--|---|
| <input type="checkbox"/> Accommodation, Food Services | <input type="checkbox"/> Mining, Quarrying, Oil, Gas Extraction |
| <input type="checkbox"/> Admin, Support, Waste Management, Remediation | <input type="checkbox"/> Professional, Technical Services |
| <input type="checkbox"/> Agriculture Forestry, Fishing, Hunting | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Arts, Entertainment, Recreation | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Education | <input type="checkbox"/> Service |
| <input type="checkbox"/> Finance, Insurance | <input type="checkbox"/> Technology, Information |
| <input type="checkbox"/> Healthcare, Social Services | <input type="checkbox"/> Transportation, Warehousing |
| <input type="checkbox"/> Management of Companies | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale |

Business NAICS Code: _____

Find your NAICS code on your tax return or [here](#)

Business Website: _____

Business social media page (Facebook, Instagram, Twitter): _____

Was your business/non-profit organization operating prior to March 1, 2019?

- Yes
- No

Date Business was registered: ____ / ____ / ____

Recovery Grant Application continued

Business Legal Structure

- Sole Proprietorship
- Partnership
- Limited Liability Company (LLC)
- Corporation

Employer Identification Number (EIN): _____ - _____

Social Security Number/ITIN: _____ - _____ - _____

Please provide a brief description of your business:

Operations Questions

Is the business currently operating?

- Yes
- No

Please provide a description of how you are maintaining operations.

Do you plan to continue your operations in Pearland?

- Yes
- No

Will the grant that you receive save or create any jobs? If so, how many? _____

Will the funds help to prevent you from being evicted?

- Yes
- No
- N/A

Have you had a prior loan with LiftFund?

- Yes
- No

What is your annual gross revenue? You can find this on Line 1 of your Schedule C or Line 1a of your 1120 or 1120-S. _____

Insurance

Do you have insurance that will help to cover your short-term losses from disaster?

- Yes
- No
- Unsure

If Yes...

Do you have PROPERTY INSURANCE coverage?

Standard property insurance policies usually include two types of valuable coverage for disruptions like the coronavirus. Business interruption coverage insures against losses resulting when the policyholder's operations are directly affected; and contingent business interruption coverage insures against the risk of indirect losses, such as when suppliers or customers are affected.

- No
- Yes Deductible Amount: \$ _____

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes Funds Received: \$ _____

Do you have COMMERCIAL GENERAL coverage?

- No
- Yes Deductible Amount: \$ _____

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes Funds Received: \$ _____

Recovery Grant Application continued

Do you have LIABILITY INSURANCE coverage?

- No
- Yes Deductible Amount: \$ _____

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes Funds Received: \$ _____

Do you have DIRECTORS/OFFICERS INSURANCE coverage?

- No
- Yes Deductible Amount: \$ _____

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes Funds Received: \$ _____

Do you have ERRORS & OMISSIONS coverage?

- No
- Yes Deductible Amount: \$ _____

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes Funds Received: \$ _____

Recovery Grant Application continued

Do you have WORKERS COMPENSATION INSURANCE coverage?

- No
- Yes Deductible Amount: \$ _____

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes Funds Received: \$ _____

Do you have OTHER coverage?

- No
- Yes Deductible Amount: \$ _____

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes Funds Received: \$ _____

Employees

Are you self employed or an employer?

- Self Employed
- Employer

How many full-time employees does your business have, including yourself? _____

Did you have any full-time employees that you had to lay off or furlough?

- Yes
- No

How many full-time employees did you lay off or furlough? _____

Have you rehired any laid-off employees or brought back any furloughed employees?

- Yes
- No

If yes, how many? _____

Disaster Budget Overview

Please include all sources of revenue for the business. To prevent your application from being disqualified, please make sure you are using a monthly average not your annual gross revenue.

Tips for calculating gross revenue loss due to COVID 19 Pandemic:

1. Calculate your monthly average, first take your January and February bank statements and add the total deposits together.
2. Divide this number by 2.
3. Enter the amount in the “Jan- Feb 2020 Monthly Gross Revenue” box.
4. Add the deposits from your March – July bank statements. Subtract any deposits related to a PPP loan, EIDL, receivables from previous month or last year, unemployment or other one-time cash infusions.
5. Divide that total by 5.
6. Enter that number in the March- July 2020 Monthly Gross Revenue box.

Seasonal Business Tip:

If you are a seasonal business take your 2018 or 2019 revenue from tax return and divide that by 12 to get the average revenue. Then follow steps #4-6 above to get the March-July Monthly Gross Revenue instructions above.

Did your company experience a loss of revenue or profit since March 1, 2020 due to COVID-19?

- Yes
- No

Business Budget

Do not enter cents. Please round to the nearest whole number.

	January – February 2020 or 2019 Average	March – July 2020
Monthly Gross Revenue		
Monthly Expenses		
Balance		

Business Expenses Modified or in Process of Modification

Rent Deferred (in next thirty days) _____

Insurance Benefits Expected (in the next 30 days) _____

Other _____

Grant Budget

Grant Amount Requesting \$ _____

How will you use the Grant Funds?

USE OF GRANT FUNDS	AMOUNT	DESCRIPTION
Payroll		
Utilities		
Rent/Lease		
COVID-19 Compliance Expenses		
Supplies		
Inventory		
Equipment for Business Improvements		

Required Documents List

- Business entity formation document through your county clerk's office or Texas Secretary of State. (The certificate of filing, sales and use tax permit, certificate of occupancy are not acceptable.)
- Certificate of Occupancy
- LLCs or corporations can obtain a copy of your articles of formation/incorporation on the Secretary of State's website. You will need to create a "temporary use" log in account. There is a cost of \$1 per search. You will be asked to enter your credit card information.
- January business bank statement
- February business bank statement
- March business bank statement
- April business bank statement
- May business bank statement
- June business bank statement
- July business bank statement
- August business bank statement
- September business bank statement
- Payroll documentation with employee listing/count
- Quarter 1 and/or 2 2020 IRS 941
- 2019 Business tax return to determine business revenue
- 2019 Profit and Loss Statement
- 2020 Profit and Loss Statement
- Valid ID (driver's license, passport, matricula)
- Proof of business location (utility bill or lease)

Owner Information

Please select your race

- | | |
|---|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hawaiian Native |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |

Are you of Hispanic Origin?

- Yes
- No

What is your gender?

- | | |
|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer to self-describe |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to state |
| <input type="checkbox"/> Non-binary/third gender | |

Date of Birth ____ / ____ / ____

Are you a veteran?

- Yes
- No

Are you a spouse of a veteran?

- Yes
- No

What is your level of education?

- | | |
|---|---|
| <input type="checkbox"/> No Formal Education | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Some Graduate |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Trade School | <input type="checkbox"/> Post-Graduate |
| <input type="checkbox"/> Some College | |

Annual Household Income: \$ _____

Number of people living in your household: _____

Number of dependents living in your household: _____

Certify and Submit

Subject to the Texas Public Information Act, the information provided in this application will be shared in aggregate form and anonymously for reporting and impact purposes.

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By signing, I attest that all of the information on this application is true. I authorize LiftFund Inc. to investigate and verify the above information. I understand that LiftFund will retain this application whether the grant is approved or denied.

Signature

Date