

SPOTSYLVANIA COUNTY SMALL BUSINESS REIMBURSEMENT PROGRAM

The Spotsylvania County Economic Development Department has been authorized by the Spotsylvania County Board of Supervisors to administer a small business reimbursement program, to assist small businesses with unexpected expenses that have been incurred due to the COVID-19 pandemic. The program is designed to reimburse small businesses for COVID-19-related business expenses.

Examples of qualifying expenses for reimbursements are outdoor seating, outdoor heaters, social distancing measures, video conferencing subscriptions, technology for e-commerce, personal protective equipment, thermometers, etc. *Normal business operation expense items are not valid. Examples include rent, equipment/ vehicle repairs, utilities, advertising, etc.* Each Spotsylvania County business that submits an application will be eligible for up to \$5,000 in reimbursement funds and may submit multiple applications throughout the program until the business reaches the maximum reimbursement award of \$5,000. If there are more qualified applications than there are allocated funds, applications will be awarded in the order a complete application was received.

Applications will only be accepted via email at [economicdevelopment@spotsylvania.va.us](mailto:economicdevelopment@spotsylvania.va.us) beginning on Monday, February 15, 2021.

**Qualifications**

1. Principal place of business must physically be located within Spotsylvania County.
2. Business must be in good standing with Spotsylvania County (*current on all taxes, licenses, fees and permits*).
3. Must demonstrate that the business was operational during the Coronavirus pandemic and experienced negative impacts to their operation due to the pandemic.
4. **Business must submit W-9 tax form, receipts and itemized receipt form with the application (*If any of the above items are not included the application will be disqualified.*).**
5. Business employs less than 75 employees.
6. By signing the application, the business certifies that they have not already received reimbursement through other sources for the submitted expenses.

INTERNAL USE ONLY		
Date & time received:		
Reviewed by:		
Items received:	<input type="checkbox"/> Application	<input type="checkbox"/> W-9 Form <input type="checkbox"/> Itemized Receipt List <input type="checkbox"/> Receipts
Review team comments:		
Review team approval & date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treasurer approval & date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treasurer comments:		
Date sent to Finance:		
Check number & date:		
Company notified & date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Submittals:		

## Application

Company Name: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Contact: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_  
Contact E-mail: \_\_\_\_\_

Please provide a brief description of your business: \_\_\_\_\_  
*(How long have you been operational in Spotsylvania? How many jobs prior to pandemic? How many jobs currently? What is your major obstacle?)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How has the Coronavirus Pandemic affected your business? *(Loss of jobs, closures, reduced hours, need for digital marketing, virtual or social media capabilities?)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (Applicant) hereby confirm that (1) \_\_\_\_\_ is currently a licensed business located in Spotsylvania County and that said business employs less than 75 employees; (2) that the business has not received funding from any other local, state, or federal assistance program for the expenses being submitted with this application; (3) that the business is currently up to date on all local taxes, licenses, fees and permits; (4) and that I have the authority to submit this application on behalf of the named business.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

