



# REBUILD! VA

SMALL BUSINESS GRANT PROGRAM

## ***Application and Certification***

Please read the application carefully, answer all applicable questions, and submit all of the documentation needed to verify your eligibility and eligible expenditures.

To qualify for Rebuild VA your business or organization must be a corporation, pass through entity or other legal entity that is organized separately from the owner; 501c3, 501c7 or 501c19 organizations; Virginia tribe; sole proprietor or independent contractor **AND** fall within one of the *Eligible Business Categories* in the table below, **OR a business that provides Goods or Services for a business identified in one or more of the *Eligible Business Categories* in the table below.**

√ Please check the box for your <i>Eligible Business Category</i> :	
	<p><b><u>Restaurant and Beverage Services</u></b> Restaurants, dining establishments, food courts, breweries, cideries, distilleries, wineries, and tasting rooms, and farmers markets (and vendors within farmers markets)</p>
	<p><b><u>Brick and Mortar Retail</u></b> Non-essential brick and mortar retail establishments include everything <b>EXCEPT</b> the following:</p> <ul style="list-style-type: none"> <li>• Grocery stores, pharmacies, and other retailers that sell food and beverage products or pharmacy products, including dollar stores, and department stores with grocery or pharmacy operations;</li> <li>• Medical, laboratory, and vision supply retailers;</li> <li>• Electronic retailers that sell or service cell phones, computers, tablets, and other communications technology;</li> <li>• Automotive parts, accessories, and tire retailers as well as automotive repair facilities;</li> <li>• Home improvement, hardware, building material, and building supply retailers;</li> <li>• Lawn and garden equipment retailers;</li> <li>• Beer, wine, and liquor stores;</li> <li>• Retail functions of gas stations and convenience stores;</li> <li>• Retail located within healthcare facilities;</li> <li>• Banks and other financial institutions with retail functions;</li> <li>• Pet and feed stores;</li> <li>• Printing and office supply stores; and</li> <li>• Laundromats and dry cleaners</li> </ul>
	<p><b><u>Fitness and Exercise Facilities</u></b> Gymnasiums, recreation centers, swimming pools, indoor sports facilities, and indoor exercise facilities</p>
	<p><b><u>Personal Care and Personal Grooming Services</u></b> Beauty salons, barbershops, spas, massage practices, tanning salons, tattoo shops, and any other location where personal care or personal grooming services are performed</p>
	<p><b><u>Entertainment and Public Amusement</u></b> Theaters, performing arts centers, concert venues, museums, racetracks, historic horse racing facilities, bowling alleys, skating rinks, arcades, amusement parks, trampoline parks, fairs, arts and craft facilities, aquariums, zoos, escape rooms, indoor shooting ranges, public and private social clubs</p>
	<p><b><u>Private Campgrounds and Overnight Summer Camps</u></b></p>
	<p><b><u>Small Hotels and Bed &amp; Breakfast Inns</u></b> AirBNB and primary or rental residential properties are <u>not eligible</u></p>
	<p><b><u>Film Industry</u></b> Music, animation, film and video production companies</p>
	<p><b><u>Goods or Service Provider</u></b></p>



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Please answer the questions that apply with a <input checked="" type="checkbox"/> Yes or No except as otherwise indicated:	Yes	No
1. Is your business principal place of operation in the Commonwealth of Virginia?		
2. Is the business primarily engaged in or does substantially all of its production in Virginia?		
3. How many full-time employees does you employ? (Part-time employees are not eligible) <i>(Numeric value)</i>		
4. How many of your full-time employees have their permanent residences in VA? <i>(Numeric value)</i>		
5. How many of your full-time employees <u>do not</u> have their permanent residences in VA? <i>(Numeric value)</i>		
6. What is your business annual gross revenue in the most recent calendar or fiscal year? <i>(Numeric value)</i>		
7. Is your business delinquent on Virginia state taxes?		
8. If delinquent on Virginia state taxes, does your business have a payment plan in-place?		
9. Is your business engaged in legal activity?		
10. Is your business in compliance with all Federal, State and Local laws?		
11. Has your business been closed or restricted due to COVID-19?		
12. Did your business receive CARES Act economic stimulus funding due to COVID-19?		
13. Are you or your business a lobbyist?		
14. Are you, or a principal of the business with 20 percent or greater ownership interest, more than sixty (60) days delinquent on child support obligations?		

**Business Information**

-  C-Corp  S-Corp  LLC or PLLC  Partnership  LLP  501(c)3  501(c)7  501(c)19  Sole Proprietor  Independent Contractor

Name: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TIN: \_\_\_\_\_ OR SSN: \_\_\_\_\_

Date Established: \_\_\_\_\_ SCC Entity Number: \_\_\_\_\_ (<https://cis.scc.virginia.gov/>)

NAICS Code/Description: \_\_\_\_\_ / \_\_\_\_\_ (<https://www.census.gov/eos/www/naics>)

Principal Place of Business:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: (if different than above):

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_



### Application and Certification

#### Owner Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_

Owner Photo Identification: Please provide a valid copy of a Passport, VA Real ID, Commonwealth of Virginia Driver's License or Resident Alien Card

Are you a certified Small, Women and Minority Owned business?  Yes, SWaM Cert # is: \_\_\_\_\_  No

Are you a Disadvantaged Business Enterprise?  Yes my DBE Cert # is: \_\_\_\_\_  No

Are you registered with VA's electronic procurement system?  Yes my eVA Vendor ID is: \_\_\_\_\_  No

#### Data Collection for Government Monitoring Purposes (please $\checkmark$ the appropriate box)

The Virginia Small Business Financing Authority (VSBFA) is requesting additional ownership information. You are not required to provide this information, but are encouraged to do so. VSBFA does not discriminate on the basis of this information and will have no bearing on VSBFA's decision.

If you do not wish to provide the information, please check here:  I do not wish to provide this information

If you wish to provide this information, please complete the following:

- Ethnicity:  Hispanic or Latino,  Not Hispanic or Latino
- Race (select one or more designations):
  - American Indian or Alaska Native,  Asian,  White,  Black or African American,  Native Hawaiian or Other Pacific Islander
- Sex:  Female  Male  Other
- Veteran Status:  Yes, a veteran of the U.S. Armed Forces  No, not a veteran of the U.S. Armed Forces
- Woman-Owned Business:  Yes  No
 

Select "yes" if at least 51% of business is owned by one or more women or in the case of a corporation, partnership, or LLC, or other entity, at least 51% of the equity ownership is by one or more women who are U.S. citizens or legal resident aliens
- Minority-Owned Business:  Yes  No
 

Select "yes" if at least 51% of business is owned by one or more minority individuals or in the case of a corporation, partnership, of LLC, or other entity, at least 51% of the equity ownership interest in the entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens
- Is your place of business in a low income community?  Yes my LIC tract # is \_\_\_\_\_  No



## ***Application and Certification***

### **Required Verification Documentation**

(Please ✓ the appropriate box)

Owner	<p>Owner's Current Photo Identification. One of the following MUST BE VALID</p> <p><input type="checkbox"/> Virginia Driver's License</p> <p><input type="checkbox"/> VA Real ID</p> <p><input type="checkbox"/> Resident Alien Card</p> <p><input type="checkbox"/> Passport</p>
State Tax Form ( <i>required to distribute the grant award</i> )	<p><input type="checkbox"/> Virginia Substitute W-9 Form (<a href="https://www.sbsd.virginia.gov/wp-content/uploads/2020/07/W9_COVSubstitute.pdf">https://www.sbsd.virginia.gov/wp-content/uploads/2020/07/W9_COVSubstitute.pdf</a>.) <b>*Note the W-9 must include a DUNS Number (<a href="http://www.dnb.com/us/">http://www.dnb.com/us/</a>), must be filled out completely, must match the information on the application and must be signed.</b></p>
Entity, place of business and good standing identification	<p><input type="checkbox"/> Only required for: 501c3, 501c7 or 501c19 organizations</p> <p><input type="checkbox"/> Provide as applicable: Certificate of Fictitious Name (<a href="https://cis.scc.virginia.gov/">https://cis.scc.virginia.gov/</a>)</p> <p><input type="checkbox"/> IRS Letter of Determination</p>
Revenue	<p><input type="checkbox"/> 2019 Federal Income Tax Return (with all schedules), and an interim 2020 YTD Income Statement, or</p> <p><input type="checkbox"/> If 2019 Federal Income Tax Return has not been filed, a year-end internally prepared Income Statement for the subject tax year, and an interim 2020 YTD Income Statement</p>



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Approved Applicants may receive grants of three (3) times their average monthly RECURRING eligible expenses, plus COVID-19 related expenses up to \$10,000. Applicants who have received CARES Act funding are not eligible to receive reimbursement for COVID-19 related expenses under Rebuild VA.

### **Eligible Expenses & Required Documentation**

RECURRING Expenses	Documentation	Total
Payroll support including employee salaries, paid sick leave, medical leave, or family leave, and costs associated with the continuation of group health care benefits during those period of leave	The following are considered acceptable supporting documentation if you are requesting payroll reimbursement: <ul style="list-style-type: none"> <li>Virginia Employment Commission Quarterly Report: FC21/20 (<a href="http://www.vec.virginia.gov/employers/VEC-FC-2120">http://www.vec.virginia.gov/employers/VEC-FC-2120</a>);</li> <li>Payroll Processing Records; Form 1099-MISC</li> <li>Form 1040-ES with Worksheet</li> <li>For Sole Proprietors Only - 2019 Tax Return showing gross income</li> </ul>	\$
Mortgage payments	Business Mortgage statements from June 2020, July 2020 and August 2020	\$
Rental or Lease Payments	Current Rent or Lease Agreement	\$
Utilities defined as: Electricity, Gas, Water/Sewer, Telephone, Internet service	For each type of utility, you're requesting reimbursement for, attach 3 utility statements from the biller for any 3 months between September 2019 and August 2020.	\$
Principal and interest payments for business loans incurred before or during the emergency	Three (3) monthly statements dated between September 2019 and August 2020	\$
<u>COVID Related Expenses (made on or after March 24, 2020)</u>		
<input checked="" type="checkbox"/> <input type="checkbox"/> I certify that a grant received under Rebuild VA shall only be used for eligible recurring expenses and not for COVID-19 expenses for which I received funding from the CARES Act		
Purchase of equipment, infrastructure, technology or other capital assets necessary to prevent the transmission of COVID-19 and provide a healthy and safe work environment	Paid Invoices/Receipts from Purchases or Contractual Agreement for Installation or Purchase	\$
Expenses required to comply with OSHA and VDH safety standards relating to COVID-19 prevention		\$
Expenses necessary to reconfigure business facilities to comply with physical distancing standards to prevent virus transmission, including the installation of drive-through windows		\$
Expenses incurred for the utilization or phase-in of touch-free technology or equipment		\$
Purchase of equipment, infrastructure, technology or other services to prepare for and respond to coronavirus		\$



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### **Review and Approval**

- Applications will be reviewed as they are received to determine completeness and eligibility
- Reasonable attempts will be made to contact applicants with any questions
- Due to the expected high demand allow 14 business days for review and approval

### **Notification**

- All applicants will be notified upon decision

### **Grant Distribution**

- Grants will be disbursed by check from the Virginia Treasurer’s Office
- Due to expected high demand allow 14 business days for checks to be mailed after grant funds approval

### **Filing**

Although a paper applications and forms are acceptable, applicants are strongly encouraged to file electronically. It is easier, faster, and more accurate, and improves the opportunity for submitting a successful application. Program resources are limited. For that reason, grants shall be awarded to applicants on a first come first served basis until all program resources are distributed.

Please review the list of required documents for your application. Be sure to include the fillable Virginia W9 Form that you can download. All required documentation should be submitted with your application. Applications without all required documentation will be determined incomplete and may not be processed or in a timely manner. Contact and Mailing Address:

Virginia Small Business Financing Authority  
 Rebuild VA Grant Fund Processing  
 P. O. Box 446 Richmond, VA 23218-0446  
 Telephone: 804-371-8254 Fax: 804-225-3384  
 Email: [Rebuild VA Grant Fund@sbsd.virginia.gov](mailto:Rebuild VA Grant Fund@sbsd.virginia.gov)

The Virginia Small Business Financing Authority (VSBFA) is a political subdivision of the Commonwealth of Virginia and all information submitted with this application may be subject to a Freedom of Information Act request. Furthermore, all applicants are subject to the laws of Commonwealth of Virginia, including its conflict of interest provisions.

✓  I hereby certify, under penalty of perjury, that the information representations and documentation submitted herein, and the information presented to receive a grant under VSBFA COVID-19 Rebuild VA Grant Fund is submitted for the purpose of obtaining financial assistance from the VSBFA and is to the best of my knowledge true, accurate and complete.

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_