



Please submit the following information to apply for funds through the Small Business Grant Program Focused on Minority, Women, and Veteran-Owned Businesses. More information on the eligibility and guidelines is available [here](#).

Free application support is available by contacting:

PA Health Access Network

Call/Text: (610) 750-8200

Email: montcota@pahealthaccess.org

Online Help Form: www.pahealthaccess.org/montcota

Questions with an asterisk (*) are required.

Page 1: Business and Applicant Information

1. Name of Submitter (First and Last)*
2. Title/ relationship to business*
3. Email address for communication about grant funds*
4. Name of Business*
5. Business Physical Address*
6. Business Mailing Address (if different)
7. Type of Business* Please select from dropdown:
 - Sole proprietorship
 - Partnership (LP or LLP)
 - Limited Liability Corporation (LLC)
 - Corporation (C Corp, S Corp, B Corp, etc)
 - Cooperative
 - Other
8. Date of incorporation/ date opened*
Please enter the month and year the business opened. If the business opened before 2019, the year is sufficient.
9. Business Industry* Please select from dropdown:
 - Agriculture, farming, fishing
 - Mining, quarrying, and oil
 - Utilities
 - Construction
 - Manufacturing
 - Wholesale trade
 - Retail trade
 - Transportation and warehousing
 - Information
 - Finance and insurance
 - Real estate and rental and leasing
 - Professional, scientific, and technical services
 - Management of companies and enterprises
 - Administrative and Support and Waste Management and Remediation
 - Educational services

- Health care and social assistance
 - Arts, Entertainment, and Recreation
 - Accommodation and Food Service
 - Public Administration
 - Other
10. Business EIN (Sole proprietors may use last 4 digits of Social Security Number)*
11. Please provide a brief (1-2 sentence) description of your business.*
Please write 1-2 sentences describing the business.
12. Is the business independently owned and operated?*Please select from dropdown:
-Yes
- No
- Unsure- Please explain
13. Number of employees as of October 1, 2022 (full and part-time)*
14. What was the gross annual revenue reported on the last filed tax return?*
15. What is the date of your last filed tax return?*
16. If tax information is not available, please explain.
17. Is the business current on all local, state, and federal taxes?* Please select from drop down menu:
- Yes
- No
- Unsure
If no or unsure: Please explain.
18. Is this business still in operation as of October 1, 2022?* Please select from drop down menu:
- Yes
- No
- Other

If no or other: What is the status of the business's operations?
19. Did this business submit an application to the Montgomery County Pandemic Recovery Fund/ American Rescue Plan Act program? Please select from drop down menu:
- Yes
- No
- Unsure
20. Additional comments on the responses above.

Page 2: Minority, Women, and Veteran-Owned Business Information

Businesses owned by minorities, women, veterans, and other groups disproportionately impacted by the pandemic are encouraged to apply for funds. Please complete the following information to help assess progress on meeting this goal.

1. What is the race of the primary business owner?* Please select from drop down menu:
- White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Multiple Races
 - Other

- Prefer not to answer
2. What is the ethnicity of the primary business owner?* Please select from drop down menu:
 - Hispanic/ Latino
 - Non-Hispanic/ Non-Latino
 - Prefer not to answer
 3. What is the gender of the primary business owner?* Please select from drop down menu:
 - Male
 - Female
 - Transgender
 - Non-binary/ non-conforming
 - Other
 - Prefer not to answer
 4. Is the primary business owner a veteran?* Please select from drop down menu:
 - Yes
 - No
 - Prefer not to answer
 5. Does the primary business owner identify as any of the following? Please select from drop down menu:
 - Immigrant
 - Member of the LGBTQIA+ community
 - Person with a disability
 - Person with limited English proficiency
 6. Additional comments on the responses above:

Page 3: Financial Impact Information

Businesses can apply for one of two grant programs:

(1) **Streamlined grant program for businesses in Norristown and Pottstown:** Small businesses that have a physical address in [qualifying communities of Norristown and Pottstown](#) are eligible to receive a standard grant award of \$10,000:

- Businesses do not need to provide documentation of financial impact due to the pandemic but must meet the basic eligibility as a small business under this program.
- To qualify, businesses must submit their most recently filed tax return and still be in operation as of 10/1/22.
- If the business's most recently reported net revenue is lower than \$10,000, their grant award will be equal to their reported net revenue.

(2) **Impacted business grant program:** This grant program will provide grants up to \$20,000 to businesses that can demonstrate a revenue loss or other financial impact to their business as a result of the pandemic.

- Businesses must be able to show a net revenue loss as a result of the pandemic. For example, a loss in net revenue or demonstrated loss of contracts due to the pandemic.
- This grant is available to any business that meets the small business eligibility defined for this program, in any location in the County.
- Businesses in Norristown and Pottstown are able to apply for this grant program instead of the "streamlined" program if they can demonstrate losses greater than \$10,000.
- Grant awards will be \$20,000, unless a business's demonstrated financial losses are lower than \$20,000 in which case the grant award will be for the demonstrated amount of their loss.

1. Which grant program are you applying for?*

 - Streamlined grant program
 - Impacted business grant program

2. What impact has the pandemic had on your business?*

Please write a few sentences about the financial impact of the pandemic on your business.

3. **Impacted Business Grant Program Only:** What is the net revenue loss (net profit loss) to your business as a result of the pandemic?

Please enter the actual dollar amount of revenue loss to your business. This should match the documentation you are providing, for example, through your tax returns.

4. **Impacted Business Grant Program Only:** How did you calculate this revenue loss?

Please explain how this revenue loss was calculated. For example, if you used the difference in net profit from your tax returns.

5. **Impacted Business Grant Program Only:** What documents are you submitting to verify this loss? Please clearly describe what the documents show and how they support your claim.

Please describe the documents that you are submitting to show the revenue loss. Note that your grant amount can only be processed if the reviewer is able to verify the losses based on the documentation provided. Please be as clear as possible and only submit relevant information.

6. Please describe how these funds will be used in line with the grant parameters.*

Reference the grant fund guidelines for allowable uses of funds and provide a few sentences about how the grant funds will be used, if received.

7. Please upload your most recently filed tax return*

Drop file here or select file (pdf, doc, docx, xls, xlsx, pptx, ppt, txt)

8. **Impacted Business Grant Program Only:** Prior year tax return (required for Impacted Businesses)

Drop file here or select file (pdf, doc, docx, xls, xlsx, pptx, ppt, txt)

9. Proof of number of employees*

Drop file here or select file (pdf, doc, docx, xls, xlsx, pptx, ppt, txt)

10. Additional financial documentation (optional)

Drop file here or select file (pdf, doc, docx, xls, xlsx, pptx, ppt, txt)

11. Additional financial documentation (optional)

Drop file here or select file (pdf, doc, docx, xls, xlsx, pptx, ppt, txt)

12. Additional comments

Page 4: Certification and Submit

1. I understand that submission of this grant application does not constitute an award of funding. I understand that the Recovery Office may require additional documentation and it is my responsibility to provide all requested documentation in a timely manner in order to be considered for funding.*
- Confirm.

2. I understand that the Montgomery County Recovery Office is subject to the Pennsylvania Right to Know Law, and information submitted for review and analysis by this office may be subject to open records requests. I understand that I can review Montgomery County's Open Records Policy and Privacy Policy for more information.*
Confirm.
3. By typing my name below, I certify that all of the information submitted in this application is true and correct.
Enter name.