

Stokes County COVID-19 Small Business/Non-Profit Grant Program

Application Checklist:

- Completed and Signed Application
- IRS form W-9
- Proof of Non-Profit Status if applicable
- 2019 Tax Return
- Monthly gross receipts from January 2019-Current

Legal Name of Business

DBA:	
Tax ID Number:	

Mailing Address

Street:	
City:	
State:	
Zip:	

Primary Physical Address in Stokes County

Street:	
City:	
State:	
Zip:	

Contact Information

Name:	
Phone Number:	
Email:	

Is this business current on its Stokes
County Tax obligations?

☐ Yes ☐ No

Organization Type:

☐ Sole Proprietorship
☐ Partnership
☐ Franchise
☐ Corporation
☐ LLC
☐ Other: _____

Is your business for Profit?

☐ Yes ☐ No

Primary Business Function:

Summary about business (how long in
business, services/products offered, hours of
operation, track record prior to the COVID-19
crisis)

How many employees in Stokes
County as of March 1, 2020:

How many employees in Stokes
County as of July 31, 2020:

If you are a non-profit please provide
information on any special events,
fundraisers, etc. that have been impacted
by COVID-19:

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2019 Gross Receipts, by month

January	February	March
April	May	June
July	August	September
October	November	December

2020 Gross Receipts, by month

March	April	May
June	July	August

What is the current status of your business?

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Please indicate the amount of funding you are requesting with any additional information you wish to provide:

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***Maximum amount of grant funding depends on the number of applications approved.**

**Stokes County COVID-19 Small Business/Non-Profit
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**Please check the following statements
indicating that you understand and agree
to the following conditions:**

☐ This application, even if favorably received, does not constitute a commitment on the part of Stokes County to extend grants.

☐ I agree to notify Stokes County immediately in writing if any of the information contained in this application changes in any respect.

☐ I certify that all information contained in the application is true and accurate to the best of my information and belief.

☐ I understand that by submitting this application that Stokes County is under no obligation to approve and/or extend an assistance grant.

☐ I agree to hold harmless and indemnify Stokes County, its Board members, and County employees against any claims, charges, suits, damages or other similar liability and to further waive any claims against Stokes County, its Board members and, County employees whether now existing or arising in the future, for damages, losses, liability, costs or expenses (including reasonable attorney fees) incurred and arising from this application process.

☐ I agree that a false certification, false statement, or false receipts on this application will subject the applicant to repayment of the grant funds and other penalties under the law.

☐ I certify that I have not received and do not expect to receive federal or state funds to partially offset the expenses that I am submitting for reimbursement through this program.

**I HEREBY CERTIFY AND ACKNOWLEDGE THAT
I HAVE READ THIS ENTIRE APPLICATION AS
COMPLETED, AND THAT EACH RESPONSE IS
TRUE, COMPLETE, AND ACCURATE.**

Applicant

Authorized Signature

Title

Date

**Please submit application via email to
sshaver@co.stokes.nc.us**

Or by mail to:

Stokes County Manager's Office

Attn: Shannon Shaver

PO Box 20

Danbury, NC 27016