

**Hertford Small Business COVID-19 Relief Funding Program**

Name of Applicant

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Business Name

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Business Address

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Primary Phone Number

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Secondary Phone Number

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Email Address

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Tax ID/EIN # & Social Security Number

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Number of Years in Business in Hertford County

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Type of Business

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Is Your Business a Non-profit?

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Is Your Business (Check All that Apply)?:

Woman-owned

Minority-owned

U.S. Military Veteran-owned

None of these apply to my business

What Other Forms of Assistance have you received?

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Current Monthly Sales Volume:

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**Hertford Small Business COVID-19 Relief Funding Program**

Current Number of Employees:

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Please Describe how you will use the funds awarded by the Hertford Small Business COVID-19 Relief Funding Program.

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(Use additional pages if necessary)

Have you included all required supporting documentation?

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Has the Business filed for bankruptcy?

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Does the Business have any open tax liens?

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Does the Business have any current open judgements?

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Does the Business have an outstanding utility bill balance?

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Do you meet all of the eligibility criteria?

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By signing below you attest/affirm that the information provided to demonstrate eligibility is true and accurate. You further agree that if it is determined that you are not eligible after a grant has been awarded that you will repay the full amount of the grant award.

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Signature

Date