

MAVERICK COUNTY BUSINESS ASSISTANCE GRANT APPLICATION

The following information is collected to determine if the applicant is eligible to receive a business grant aimed to assist businesses who suffered a negative impact to their operations due to COVID-19. Grants are awarded on a first-come, first-serve basis. All information must be completed to be eligible and processed. Applications will not be deemed submitted until all documentation is compiled in full.

SECTION I – BUSINESS INFORMATION

Business name: _____

EIN or SSN (for Sole Proprietorships): _____

Organization type: _____

Is the Applicant a non-profit organization? Yes No

Is the Applicant a Franchise? Yes No

Was the business in operations prior to March 18th? Yes No

Total gross revenue for calendar year 2019: _____

Did you receive other compensation from assistance programs? If so, please list programs and amount received: _____

Business address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Business Phone number: _____

Business Email: _____

Business Website: _____

Business social media handles (if applicable):

Facebook: _____ Instagram: _____

Twitter: _____ Other: _____

Date business was established: _____

Type of business: _____

Number of employees (As of March 18th, 2020): _____

SECTION II – BUSINESS OWNERS INFORMATION

First Name: _____ Last Name: _____

Cell Phone (or primary number): _____

Title: _____

Email: _____

Ownership percent: _____

Date of Birth: _____

Residential Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

SECTION III – REQUIRED DOCUMENTATION

Grant amount is determined using monthly rent due for up to three months with grants awarded in the amounts of \$3,000 OR \$5,000. For businesses who own their property, this amount is based on total utility bills, and interest paid on mortgage for up to three months. Please submit the following documents when submitting application.

- Copy of signed lease agreement
- Invoice or receipt of previous monthly payment
- Bank statements with proof of decrease in revenue of more than 15% (Self-Certification letter if bank statements are not available)
- Copy of W-9
- If building owner – copy of signed commercial real estate loan, or business mortgage
- If building owner – receipt of previous monthly payments
- If building owner – receipt of utility bills applicable to location

Total amount requested: _____

SECTION V – FOR INTERNAL USE ONLY

APPLICATION RECEIVED ON: _____

Approved: Yes No Amount Approved: _____

Grant issued on (Date): _____

Submit this application and any additional documents to:

**MAVERICK COUNTY PLANNING
500 QUARRY STREET, STE. 6
Eagle Pass, TX 78852
(830) 773-4377**

