



# REBUILD! VA

## SMALL BUSINESS GRANT PROGRAM

### *Application and Certification*

The Rebuild Virginia Grant Fund (Rebuild VA) is a program to help small businesses and non-profits whose normal operations were disrupted by COVID-19, including restaurants and beverage services, non-essential brick and mortar retail, fitness and exercise facilities, personal care and personal grooming services, entertainment and public amusement establishments, and campgrounds and overnight summer camps. Rebuild VA helps to meet financial obligations and operating expenses that could have been met had the economic disaster not occurred, and to recover with the resources to offset the additional costs of operating a small business in the post-pandemic environment.

Please read the application carefully, answer all applicable questions, and submit all of the documentation needed to verify your eligibility and eligible expenditures, and to ensure timely consideration. A list of documentation to support your application is found on Pages 5 and 7.

To qualify for Rebuild VA your business or organization must be a corporation (C-Corp), pass through entity (S-Corp, Partnership, LLC), or other legal entity that is organized separately from the owner; 501c3, 501c7 or 501c19 organizations; Virginia Tribes; sole proprietor or independent contractor; **AND** fall within one of the eligible categories:

√	Please check the appropriate box for your business or organization:
	<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>



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Please answer the questions that apply to you with a √ in the appropriate Yes or No box except where otherwise indicated:	Yes	No
1. Is your business or organization's principal place of operation in the Commonwealth of Virginia?		
2. Is the business or organization primarily engaged in or does substantially all of its production in Virginia?		
3. How many total full-time employees does your business or organization employ? (Part-time employees are not eligible) <i>(Numeric answer)</i>		
4. How many of your full-time employees have their permanent residences in VA? <i>(Numeric answer)</i>		
5. How many of your full-time employees do not have their permanent residences in VA? <i>(Numeric answer)</i>		
6. Is your business or organization's annual gross revenue less than \$1.5 million in the most recent calendar or fiscal year?		
7. What is the value of your business owner or stockholder equity, or organization net assets (non-profits), for the most recent calendar or fiscal year?		
8. Was your business or organization operating before March 12, 2020?		
9. Is your business or organization in current good standing with the Virginia State Corporation Commission?		
10. Is your business or organization delinquent on Virginia state taxes?		
11. If delinquent on Virginia state taxes, does your business or organization have a payment plan in-place?		
12. Is your business or organization engaged in legal activity?		
13. Is your business or organization in compliance with all Federal, State and Local laws?		
14. Did your business/organization receive money from any CARES Act program: PPP, EIDL or additional \$600 unemployment insurance relief?		

**Business Information**

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

**Business or Organization Name:** \_\_\_\_\_

**Business or Organization Description:** \_\_\_\_\_

**TIN:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

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

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

**Business or Organization Principal Place of Business:**

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

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

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

**Mailing Address: (if different than above):**

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

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

**Business or Organization Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

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

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

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

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

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



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**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.**

Please answer the following question:	Yes	No
1. Are you or your organization or business a lobbyist?		
2. Are you, or a principal of the organization or business with 20 percent or greater ownership interest, more than sixty (60) days delinquent on child support obligations?		

**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, I am a veteran of the U.S. Armed Forces  No, I am 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 census tract?**  Yes my LIC tract # is \_\_\_\_\_ (<https://maps.vedp.org/licgeocoder>)  No



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**Documentation Requirements for Eligibility and Verification**

(Please ✓ the appropriate box)

<b>Owner identification</b>	Owner's Current Photo Identification; one of the following MUST BE VALID <input type="checkbox"/> Virginia Driver's License <input type="checkbox"/> VA Real ID <input type="checkbox"/> Resident Alien Card <input type="checkbox"/> Passport
<b>Required to distribute the grant award</b>	<input type="checkbox"/> Commonwealth of Virginia's Substitute W-9 Form - Request for Taxpayer Identification Number and Certification
<b>Entity, place of business and good standing identification</b>	<input type="checkbox"/> Commonwealth of Virginia State Corporation Commission Certificate of Good Standing <u>OR</u> <input type="checkbox"/> Copy of a current business entity or organization search ( <a href="https://cis.scc.virginia.gov/">https://cis.scc.virginia.gov/</a> )
<b>Business or organization type identification</b>	<input type="checkbox"/> <u>Corporation</u> : Articles of Incorporation <input type="checkbox"/> <u>Limited Liability Company</u> : Articles of Organization <input type="checkbox"/> <u>Limited Partnership</u> : Certificate of Limited Partnership <input type="checkbox"/> <u>Partnership</u> : Declaration of Partnership or Partnership Agreement <input type="checkbox"/> <u>Non-Profit</u> : IRS Letter of Determination (e.g., 501c3, 501c7, 501c19) <input type="checkbox"/> <u>Sole Proprietor</u> : Copy of Business License and Certificate of Fictitious Name <input type="checkbox"/> <u>Independent Contractor</u> : Articles of Organization or Articles of Incorporation (based on business structure) or 1099s
<b>Revenue identification</b>	<input type="checkbox"/> Complete filed copy of 2019 Federal Income Tax Return (provide all schedules) <u>OR</u> <input type="checkbox"/> If 2019 Federal Income Tax Return has not been filed, a year-end internally prepared Income (Profit and Loss) Statement and Balance Sheet for the subject tax year and an interim 2020 YTD Income Statement and Balance Sheet
<b>Employee and payroll expense identification</b>	<input type="checkbox"/> 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> . Reports should be dated for December 31, 2019 or March 31, 2020 <u>OR</u> <input type="checkbox"/> Payroll Processing Records <input type="checkbox"/> Form 1099-MISC <input type="checkbox"/> Form 1040-ES
<b>Eligible expenditure identification</b>	<input type="checkbox"/> Most recent mortgage statement – Date of statement _____ <input type="checkbox"/> Other Principal and Interest Payments-Date of statement(s) _____ <input type="checkbox"/> Facility rental or lease agreement Most recent utility bills/date of bills: <input type="checkbox"/> Electricity/ _____ <input type="checkbox"/> Gas/ _____ <input type="checkbox"/> Water/Sewer/ _____ <input type="checkbox"/> Telephone, Internet/ _____ <input type="checkbox"/> COVID-19 expenses/ _____ <i>Eligible Expenses and Disbursements made on or after 3/24/2020</i>



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Rebuild VA helps to meet financial obligations and operating expenses that could have been met had the economic disaster not occurred, and to recover with the resources to offset the additional costs of operating a small business in the post-pandemic environment. Approved applicants shall receive grants of up to 3.0 times their average monthly eligible expenditures, or recovery reimbursements, up to a maximum of \$10,000.

Eligible Expenses and Disbursements	Verification Document	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 <i>(Further documentation clarification on Page 7 Addendum I)</i>	Virginia Employment Commission Quarterly Report FC21/20 or Third-Party Payroll Records or 1099's	\$
Mortgage payments <i>(Further documentation clarification on Page 7 Addendum I)</i>	Copies of monthly mortgage payment statements	\$
Rental Payments (including rents under a lease agreement) <i>(Further documentation clarification on Page 7 Addendum I)</i>	Copies of monthly payment statements	\$
Utilities defined as: Electricity, Gas, Water/Sewer, Telephone and Internet Service <i>(Further documentation clarification on Page 7 Addendum I)</i>	Copies of monthly utility statements OR copies of bank statements showing monthly utility payment amount	\$
Principal and Interest Payments for any organization loans from nationally or state chartered financial institutions that were incurred prior to, or during the COVID-19 emergency <i>(Further documentation clarification on Page 7 Addendum I)</i>	Copies of monthly payment statements	\$
Purchase of equipment, infrastructure, technology or other capital assets necessary to permit the applicant to prevent the transmission of COVID-19 and provide a healthy and safe work environment for its employees, including the modification of work stations and furniture, the installation of barriers, shields and Plexiglas <i>(Further documentation clarification on Page 7 Addendum I)</i>	Paid Invoices/Receipts from Purchases or Contractual Agreement for Installation or Purchase	\$
Expenses to comply with OSHA and VDH safety standards relating to COVID-19 prevention, including the purchase or improvement of high-efficiency ventilation systems or hand-washing stations <i>(Further documentation clarification on Page 7 Addendum I)</i>	Paid Invoices/Receipts from Purchases or Contractual Agreement for Installation or Purchase	\$
Expenses to reconfigure business facilities to comply with physical distancing standards to prevent the transmission of COVID-19, including the installation of drive-through windows <i>(Further documentation clarification on Page 7 Addendum I)</i>	Paid Invoices/Receipts from Purchases or Contractual Agreement for Installation or Purchase	\$
Expenses for the utilization or phase-in of touch-free technology or equipment, such as touch-free toilets, sinks, fixtures, dispensers and trash cans; installation of signage to encourage physical distancing and hand-washing <i>(Further documentation clarification on Page 7 Addendum I)</i>	Paid Invoices/Receipts from Purchases or Contractual Agreement for Installation or Purchase	\$
Purchase of equipment, infrastructure, technology or other services to prepare for and respond to coronavirus: necessary expenses related to long-term economic recovery and expenses related to the establishment of alternative business sales and delivery methods, including web-based platforms <i>(Further documentation clarification on Page 7 Addendum I)</i>	Paid Invoices/Receipts from Purchases or Contractual Agreement for Installation or Purchase	\$



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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 days for review and approval

### **Notification**

- All applicants will be notified upon decision by United States Postal Service

### **Grant Distribution**

- Grants will be disbursed by check from the Virginia Treasurer’s Office
- Due to expected high demand allow 14 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: [VSBFA.Online@sbsd.virginia.gov](mailto:VSBFA.Online@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:** \_\_\_\_\_



## **ADDENDUM I**

### **EXPENSE AND DISBURSEMENT DOCUMENTS AND INSTRUCTIONS**

#### **Applicant Payroll Records**

Submit VEC-FC-21/20 quarterly report for the periods ended 12/31/2019 or 3/30/2020; **or** three 3rd party payroll processor records, or other supporting documentation, such as IRS Form 1040-ES for sole proprietors and independent contractors, for any three months during the 12 month period of August 2019 – July 2020, to confirm qualifying salary or payroll amounts - payroll support includes salaries, paid leave, costs associated with group health care benefits, and any other applicable benefit(s) costs.

#### **Applicant Mortgage Loan Statement**

Submit your last three Applicant mortgage statements to confirm monthly mortgage payments (refinancing, pre-paying or paying off existing debt is ineligible); documents need to be dated within 120 days of application.

#### **Applicant Loan Statement(s)**

Submit three loan billing statement(s) for any three (3) months during the 12 month period of August 2019 – July 2020, to verify monthly loan payments for any business loans that you incurred prior to or during the COVID-19 emergency (refinancing, pre-paying or paying off existing debt is ineligible).

#### **Applicant Rent or Lease Statement(s)**

Submit the Rent or Lease Agreement and all amendments that is currently in effect for your business

#### **Applicant Utility Statement(s)**

Submit three billing statements for any three (3) months during the 12 month period of August 2019 – July 2020, to confirm the following eligible business utility expenses: electric, water-sewer, gas, telephone and internet service

#### **Other Related Documents**

Submit any other pertinent documentation to substantiate Rebuild VA Grant Fund Applicant Eligibility or Disbursement and Expense Eligibility (COVID-19 disbursements and expenses in particular) not already listed, identified or requested