



City of Lithonia Cares Act Small Business/Nonprofit Grant Application

Date:

Name of Business:

Physical Address of Business:

Business Contact Number:

Business Email Address:

Business Website Address:

Have you received a hardship due to Covid-19? Yes No

If yes, please provide details pertaining to your hardship:

Days of Operation:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours of Operation per Week:

1-20 21-40 41-60 Over 61 Hours

Did the business obtain an Occupational Tax Certificate with the City of Lithonia Prior to March 13, 2020?

Yes No

If yes, please provide a copy of your certificate, to expedite the process.

Has your business received any Federal EDIL, PPP Funding and/or other Funding from DeKalb County?

Yes NO

If yes, please check all Cares Act Funding Sources:

Federal EDIL PPP Funding DeKalb Co. Other Funding Source _____

Number of Employees: 0-10 11-20 21-30 31+

Disclosure Statement:

I, _____ do hereby make an application for the City of Lithonia Small Business/Nonprofit Grant. I verify that the information in this application is valid and correct. I verify that I have reviewed and understand the requirements for this grant, and I agree to be bound by the same. I understand that I must be a business located within the jurisdiction of the City of Lithonia and provide financial documents (directly to the City of Lithonia) that support my hardship. I understand that the Maximum amount I can receive is \$500.00.

I understand that the receipt by the City of Lithonia of my application does not obligate the City of Lithonia in any way or indicate that my application will be approved. I understand that furnishing false or misleading information can lead to denial of my application and/or restrict me from receipt of any funds.

Printed Name: _____

Signature: _____

Date: _____

**Please include a picture ID

Printed Name

Signature

Date