

We Care 757 Application

Section 1: Primary Contact Information

- 1) **Primary contact name**
- 2) **Role of primary applicant** (choose one)
If applicant organization is a for-profit business or franchise, primary contact must be the business owner. If applicant organization is a non-profit, primary contact must be either the Executive Director or a member of Board of Directors.
 - Business Owner (for-profit)
 - Executive Director (non-profit)
 - Member of Board of Directors (non-profit)
- 3) **Phone number for primary contact**
- 4) **Certification**
By checking this box I certify that I have the authority to apply on behalf of this organization.

Section 2: Organization Information

- 5) **Organization name**
- 6) **Organization type** (choose one)
 - For-profit
 - Non-profit
- 7) **Description of organization's services and/or products (character limit 250)**
- 8) **What makes your organization special? (character limit 1,000)**
- 9) **Employer Identification Number (EIN)**
Some organizations use a Social Security Number in place of an EIN. In either case, please make sure the number provided matches your organization's Federal Tax Return.
- 10) **Location of organization (including: street address, city, and locality)**
We Care 757 Rebuild Program awardees must be located in the Hampton Roads Region.
- 11) **Age of organization: Has your organization been in operation since March 1, 2018 or earlier?**
- 12) **Organization's incorporation date**
- 13) **Business License (upload document)**
 - *Business Licenses are required for some localities, but not all*
 - *If your organization does not have a business license, you may provide either:*
 - *An alternative relevant license type (if applicable), or*

- o *Certificate of Good Standing or Certificate of Fact from the Virginia State Corporation Equipment (VA SCC). You may find your organization's VA SCC filing history [here](#).*
- *Relevant information required on documentation:*
 - o *Document is current and not expired*
 - o *Name of organization matches application*
 - o *EIN matches application*

14) Commonwealth of Virginia Form W-9 (upload document)

- *Please upload a signed copy of your organization's Commonwealth of Virginia W-9 Form. If needed, a blank copy of the form can be found [here](#).*
- *Relevant information required on documentation:*
 - o *Organization name, EIN, and address match application*
 - o *Form is signed*

15) Gross annual revenue

- *Eligible organizations must have at least \$50,000 but not more than \$2 million in gross annual revenue*
- *Please enter your organization's 2019 gross revenue (not including expenses) as reported on your 2019 Federal Tax Return or Form 990 (or internal financial statements, if 2019 Federal Tax Return has not been filed yet)*

16) 2019 Federal Tax Return or IRS Form 990 (upload document)

- *Please upload your organization's 2019 Tax Return (for-profit organization) or 2019 Form 990 (non-profit organization)*
- *If your organization has not yet filed a 2019 Federal Tax return or Form 990, you may provide your 2019 Internal Financial Statements. Internal Financial Statements must include your Income Statement (also known as Profit and Loss Statement) and Balance Sheet.*
- *Relevant information required on documentation (if applicable):*
 - o *Organization's name, address, and EIN match application*
 - o *2019 Gross revenue matches amount stated on application*
 - o *All applicable exhibits and signature pages are included*
 - o *All signature pages are signed*

17) Number of employees

- *Please enter your organization's total number of employees as of the current date*
- *Organizations with 2 to 100 employees are eligible.*
 - o *Employee count may include owner, full and part-time employees, and 1099 contractors.*
 - o *Sole proprietors with 1099 contractors are eligible.*

18) Is your organization Black, women, and/or minority-owned?

- *Please check all that are applicable to your organization. Black, women, or minority ownership is not an eligible requirement for the We Care 757 Program.*
- *If your organization is not Black, women and/or minority owned, or if your organization is a non-profit, choose 'Not applicable'.*

Choose one:

- Black-owned
- Women-owned

- Minority-owned
- Not applicable

19) Is your organization SWaM certified?

- *SWaM is the acronym for Small, Women- and Minority-owned businesses. A SWaM vendor is a business that has been certified by the Virginia Department of Small Business and Supplier Diversity and is listed in the SWaM Vendor Directory.*
- *SWaM certification is not an eligibility requirement for the We Care 757 Program.*

Choose one:

- Yes
- No
- Not applicable (non-profit)

20) Related or affiliated entities

- *Related or affiliated entities may apply for the We Care 757 Program.*
- *Each entity must have a unique EIN and must submit separate applications.*

If your organization has one or more related entities that are applying to the We Care 757 Program, please list the relevant entity name(s) below.

Section 3: Emergency Grant Request

21) Please select the total amount of Emergency Grant funding requested for your organization.

- \$2,500
- \$5,000
- \$10,000

Section 4: Business Impact of COVID-19 Pandemic

22) Has your organization suffered a negative impact due to the COVID-19 pandemic?

- Yes
- No

23) Please identify the type(s) of impact your organization has suffered due to the COVID-19 pandemic.

Select all that apply:

- Supply chain disruption
- Inability to purchase PPE or supplies to maintain social distancing
- Prolonged closure resulting in loss of revenue
- Loss of customers due to pandemic
- Other

If you checked 'Other' in the list above, please provide a brief description of any additional type of impact your organization has suffered due to the COVID.

24) Number of employees prior to March 1, 2020?

Employee count may include owner, full and part-time employees, and 1099 contractors.

25) Number of employees as of May 31, 2020

Employee count may include owner, full and part-time employees, and 1099 contractors.

26) March 1, 2019 through May 31, 2019 gross revenue

Please enter your organization's total gross revenue for the period from March 1, 2019 through May 31, 2019, as reported to the Internal Revenue Service

27) March 1, 2020 through May 31, 2020 gross revenue

Please enter your organization's total gross revenue for the period from March 1, 2020 through May 31, 2020, as reported to the Internal Revenue Service

28) Additional Information

Please use this space to provide any additional information regarding the impact the COVID-19 pandemic has had on your business not otherwise captured in this application.

29) Has the organization received financial assistance to cover COVID-19 related losses?

- *Receiving financial assistance from other sources does not disqualify your organization from eligibility for the We Care 757 Program.*
- *Examples include, but are not limited to: Paycheck Protection Program (PPP) Forgivable Loan, Economic Injury Disaster Loan (EIDL), Federal or State Unemployment benefits*
- *If yes, please provide additional information in the space below.*

Choose one:

- Yes
- No

30) Prior COVID-19 funding

If applicable, please list any prior COVID-19 related funding your organization has received, including the amount(s) and source(s).

31) If awarded Emergency Grant funding, how will your organization use the proceeds?

Section 5: Technical Assistance Grant Program

In addition to Emergency Grant funding, awardees may also be eligible for a Technical Assistance Grant to expand economic and entrepreneurial opportunity in the Hampton Roads region. How it works:

- Awardees of the Technical Assistance Grant will be provided with a \$2,500-\$5,000 allowance which may be used towards technical assistance services and capacitybuilding, examples of which may be found below.
- If awarded, a list of preferred service providers from the Black BRAND membership network will be provided to your organization. Your selected service provider will be compensated directly by Black BRAND, and the fees will be deducted from your allowance. Allowances are available for use for a period of one year from the date of grant award.

32) Would you like your organization to be considered for a Technical Assistance Grant?

Choose one:

- Yes
- No

33) Please identify types of technical assistance from which your organization could benefit. Please select product(s) and/or service(s) from which your organization could benefit most.

Choices:

- Business plan
- Strategic plan
- Financial audit
- Tax preparation services
- Business License renewal fees and assistance
- One hour of legal counsel services
- Payroll services
- IT assistance
- Web-based marketing services
- Sales and marketing consulting services
- Financial statement and cash flow management consulting
- Quickbooks training
- SWaM certification assistance
- Other

If you checked 'Other' in the list above, please provide a brief description of any additional type of service from which your organization could benefit from most.

Section 6: Terms

34) Application certification

I certify that the information provided in this application and in all supporting documents is true and accurate in all material respects.

- Yes, I certify

35) Social media opt-in

May we contact you for social media and/or promotional purposes to tell your story as a great 757 small business?

Choose one:

- Yes
- No

No Guarantees for Applicants

Completion of an application does not guarantee that an applicant will qualify to participate in the grant program and/or that an applicant will be approved for a grant in a certain amount. Eligibility does not automatically result in approval for a grant and not all eligible applicants may receive grants.

Application Data

The grant advisory committee may request additional financial information to support your application. If any information an applicant provides is untrue, inaccurate, not current or incomplete, we have the right to terminate your application, and may withhold any awarded funds. In addition, in such an event, the applicant agrees to return any previously awarded funds. Collected information will only be shared internally and as it directly relates to the goals of administering the grant program.

Sharing of Information

In order to facilitate the grant program, the applicant allows Urban League of Hampton Roads and Black BRAND to disclose, exchange and otherwise provide to the grant advisory committee any and all information collected for the purpose of administering, evaluating your ability to qualify for, assessing your application for, and/or otherwise carrying out any aspect of the grant program.

Grant Awards

After the application window has closed, the grant advisory committee will review properly submitted eligible applications and recommend grant awards for qualifying eligible organizations. Decisions to make awards and the amount of awards will be made by the grant advisory committee members in their sole discretion based on their assessment of impact and need. All decisions regarding applications, eligibility, awards, and award amounts are final.

Taxes

To the fullest extent allowable under applicable law, all taxes, as well as any expenses arising from acceptance or use of the grant award, are your sole responsibility. Prior to receiving any grant award, you must provide a properly completed Commonwealth of Virginia W-9 Form, as applicable.