



COUNTY OF BEDFORD, VIRGINIA

COUNTY ADMINISTRATION BUILDING
122 EAST MAIN STREET, SUITE 202
BEDFORD, VIRGINIA 24523
540-586-5670

CARES Act Program Grant Application *for Bedford County meat processors only*

Mail to: Bedford County Office of Economic Development
122 East Main Street, Suite 202 Bedford, Virginia 24523
Or Email to: tblido@bedfordcountyyva.gov

Instructions: Fill in all fields

1. Company Name: (as listed on IRS form W-9)

2. DBA/Trade Name of Business: (if applicable)

3. Company Address:

Street Number and Name:

Unit Number: (if applicable) _____

City:

State:

Postal/Zip Code:

4. Company Phone:

5. Company Website URL:

6. Primary Business Type:

USDA/VDACS Inspected Processor:

Small-scale on-Farm Processor (Direct sales to local residents): Explain: _____

7. Entity Type: (i.e. Sole Proprietor, LLC, Franchise, Partnership, Corporation, Other _____)

8. Are you the legal business owner?

Yes No

9. Full Name of Legal Business Owner: (as listed on IRS form W-9)

10. Business Owner Title/Position:

11. Business Owner Email:

12. Applicant Full Name: (if you are not the business owner):

13. Applicant Title/Position: (if you are not the business owner):

14. Applicant Phone:

Extension:

15. Applicant Email Address:

16. This is a for-profit business and it has been operational in Bedford County for more than one year prior to March 1, 2020, and is current on taxes in Bedford County, Virginia.

Yes No

17. Is your Bedford County business address the same as your home address?

Yes No

Employment Information

18. Number of employees March 1, 2020, including yourself:

Full-time _____

Part-time _____

19. Number of employees today, including yourself:

Full-time _____

Part-time _____

Federal & State Information

20. What is your six-digit **NAICS Code**? <https://www.naics.com/search/>

21. EIN (Employer Identification Number) or TIN (Taxpayer Identification Number):

Financials

22. Gross revenue in 2019 as reflected on 2019 taxes: _____

23. Gross revenue projected for 2020 based on the first three quarters: _____

24. Please explain any losses or gains as it relates to COVID-19. This is for informational purposes only.

25. Please provide a brief narrative of the impact COVID-19 has had on your business.

26. Please describe your plan in expanding the food processing supply chain capacity in Bedford County and what items you have purchased since March 1, 2020, or intend to purchase prior to the end of this year, in an effort to expand meat and poultry products supplied to Bedford County residents:

27. Please provide any other information you would like considered as part of this application.

28. Did you receive an EIDL this year?

Yes No

29. Did you receive a PPP this year?

Yes No

30. Did you receive a Town of Bedford or Bedford County grant this year?

Yes No

Terms & Conditions:

Eligible applications will be reviewed by Finance and Economic Development staff for completeness, need, and criteria requirements. All relevant receipts must be provided along with the application in order to be considered for reimbursement. Applicants will be notified as to acceptance or ineligibility within two weeks from submittal.

All applications and materials submitted will be deemed public records and subject to the Freedom of Information Act (FOIA). Documents identified as proprietary (financial documents and receipts, for example) are exempt under FOIA. Application for the grant constitutes an unconditional agreement to and acceptance of the Terms and Conditions. The Applicant is responsible for ensuring his or her familiarity with Criteria and Terms.

By submitting an application, the Applicant certifies that he/she is not under any agreement or restriction that prohibits or restricts the ability to disclose or submit the materials included in the application, or otherwise, to apply for the grant.

Affidavit:

Under penalty of perjury, the Affiant affirms the following information to be true and accurate:

I acknowledge each of the following (please check):

	I have full authority to make the representations herein on behalf of this Business.
	The Business had its principal place of business in Bedford County, Virginia for at least one year prior to March 1, 2020.
	I certify this business will not use this grant for items that may have already been reimbursed through other CARES Act funding, such as PPP or EIDL loans or grants.

	I agree that information (namely, the business name and any statement that highlights how the grant may be used) submitted by applicant may be used by the County in the promotion or communication related to the pandemic.
	I certify that all answers submitted in the application are true and accurate, and that funds will be expended to reimburse for costs the business incurred as a result of industry disruption due to COVID-19.
	I agree to provide any documentation requested by Bedford County to verify the information in this grant application or Affidavit.

The Affiant acknowledges and understands that submitting this Application and this Affidavit does not obligate the County to distribute any CARES Act funding to the Affiant, as distribution is within the County's sole discretion, and funds are subject to appropriation by the Bedford County Board of Supervisors. The Affiant further acknowledges that the County's ability to distribute CARES Act funding is contingent upon the Commonwealth of Virginia funding the program within Bedford County and that the County will distribute the funds on a first-come, first-served basis.

If any statement in this Affidavit or in the Application is false or misleading, regardless of the knowledge or intention of the Affiant, this Business forfeits the ability to receive any CARES Act funding from the County now or in the future, and if the funds are already distributed, the Business will repay the amount funded in full immediately upon notice thereof.

In addition, if the funding award to the Business is disallowed for any reason by the County or Commonwealth of Virginia, regardless of the fault of the Business, the Business will hold harmless and indemnify Bedford County for any and all costs of whatever nature including, without limitation, the reimbursement to the Commonwealth of Virginia, as well as the costs incurred by the County in reimbursing the Commonwealth and curing any default caused by the Affiant.

In consideration of the time, expertise and other resources provided by the County, the Applicant – to the full extent permitted by law – by submitting an application, voluntarily releases the County of Bedford from any and all claims, actions, damages, costs or liabilities of any kind relating to or arising from the awarding of grant funds, and shall hold the County harmless from any claim arising from the applicant’s misuse of the grant funds.

Full Legal Name of Applicant

Signature

Date

Please submit the application along with the following documents:

- ✓ [IRS Form W-9](#)
- ✓ Receipts for eligible expenses in equipment purchased in 2020