TOWN OF IRVINGTON BUSINESS GRANT PROGRAM

The Town of Irvington has established a \$10,000 grant fund to support small business recovery following the COVID-19 pandemic. Grant funds will be used to reimburse the costs of business interruption caused by required closures. One-time grants of \$1,000 will be awarded to eligible businesses on a first-come, first-served basis and subject to availability of funds.

DATE OF APPLICATION		
BUSINESS NAME		
STREET ADDRESS		
ADDRESS LINE 2		
CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		
STREET ADDRESS		
ADDRESS LINE 2		
CITY	STATE	ZIP CODE
PHYSICAL BUSINESS ADDRESS		
STREET ADDRESS		
ADDDEGG LINE 2		
ADDRESS LINE 2		
CITY	STATE	ZIP CODE
CHI	SIAIE	ZII CODE

TOWN OF IRVINGTON BUSINESS GRANT PROGRAM CONTINUED

I CERTIFY THAT MY BUSINES

 Is a for-profit small business enterprise located business physically located in the Town of Irvington corporate limits. Suffered business interruption (mandated or voluntary, full or partial) in response to the COVID-19 pandemic Operational for at least one year prior to March 1, 2020 Is current on fees, county and town taxes as of date of application
APPLICANT SIGNATURE & CHECKLIST
Applicant Signature and Certification
I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.
The Applicant covenants to save, defend, hold harmless and indemnify the Town of Irvington and the Lancaster County Economic Development Authority, and all of its officers, departments, agencies, agents and employees from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees, charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application.
The Applicant provides a waiver of confidential information provided to Lancaster County Economic Development Authority and the Town of Irvington, authorizes the internal use of this information for the grant analysis. The Applicant acknowledges that the Town of Irvington will keep all proprietary information voluntarily provided by the Applicant confidential to the extent permitted by the Virginia Freedom of Information Act and other applicable laws and regulations pertaining to the disclosure of records in its possession, and acknowledges that all grant award decisions are final and are not subject to appeal.
I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.
Date:
Checklist: Proof of business address
W-9 Request for Taxpayer Identification Number and Certification
Signed and completed application
I certify my business is current on all county and town taxes and fees as of the date of the application.