Town of Ashland CDBG Grant Checklist

Grant Application #20-20-40-_____ Applicant _____

SWAM Business? (circle one) -   Yes   No

Applicant Responsibilities

    1. <u>All Grants</u> – Required Attachments

    □ **A.** - Copy of current registration with State Corporation Commission

    □ **B. -** DUNS Number provided

    2. <u>Safety Grant</u> - Required Attachments

    □ **A.** - Narrative description of how the funds would be used to meet a specific element of current Executive Orders or other State-issued COVID Safety requirements. Please specifically list the requirement the grant would respond to. Include project description and timeline.

    □ **B.** - An estimate, with itemized costs, and receipts (if already completed)

    □ **C. –** Previous Safety Award Amount, if any $_____

    □ **D.** – Total amount of Safety Grant Requested $_____

    3. <u>Rent Assistance</u> – Required Attachments

    □ **A. -** Narrative description of COVID-19 Pandemic impact on this business. Include as much detail as possible, such as how this has caused a drop in revenues, customers/clients, or otherwise impacted your ability to pay rent.

    □ **B. -** Signed copy of current property lease agreement

    □ **C.** - Copies of rent checks paid or other verification of payment

    □ **D.** –Total amount of Rent Assistance Requested $_____

Town Staff Responsibilities

    □ Verification that business is in one of the 10 qualifying categories, and employs 20 or less,

    □ Verified that applicant is current on all Town taxes, including meals and transient taxes and has a **<u>current</u>** business license

    □ Verification of valid and signed lease from applicant to landlord

    □ Verification of SCC Registration in same name as applicant

    □ Verification that documentation of payment to landlord provided

    □ Verification of itemized estimate or receipt for Safety Grant, if applicable

    □ All receipts received from applicant for Safety Enhancements, if applicable

    □ Approved / Denied (circle one) – Explanation will be provided to the applicant if the application is denied.

    □ Grant Amount Approved Rent: $_____ Safety: $_____

    □ Check Image Saved on S: Drive - Check #: _____

    □ Registered for Technical Assistance